

PREA Facility Audit Report: Final

Name of Facility: Northern Ohio Juvenile Community Corrections Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/26/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Shirley L. Turner	Date of Signature: 07/26/2022

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	06/13/2022
End Date of On-Site Audit:	06/13/2022

FACILITY INFORMATION	
Facility name:	Northern Ohio Juvenile Community Corrections Facility
Facility physical address:	1338 Tiffin Avenue, Sandusky, Ohio - 44870
Facility mailing address:	

Primary Contact	
Name:	Eric Mathews
Email Address:	emathews@eriecounty.oh.gov
Telephone Number:	8003621279

Superintendent/Director/Administrator	
Name:	Robert Wikel
Email Address:	rwikel@eriecounty.oh.gov
Telephone Number:	419-627-7611

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Missy Faulkner
Email Address:	MFaulkner@eriecounty.oh.gov
Telephone Number:	419-627-7611

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	13
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?	Males
Age range of population:	13 to 19
Facility security levels/resident custody levels:	We are a secure facility / Resident custody remains with their family.
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

AGENCY INFORMATION	
Name of agency:	Northern Ohio Juvenile Community Corrections Governing Board
Governing authority or parent agency (if applicable):	
Physical Address:	323 Columbus Avenue, 4th Floor, Sandusky, Ohio - 44870
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Eric Mathews	Email Address:	emathews@eriecounty.oh.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
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:	2022-06-13
2. End date of the onsite portion of the audit:	2022-06-13

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:	Director of Victim Services, Erie County Prosecutor's Office/Victim Assistance Program Operator, Safe Harbour-Sandusky, Ohio Sexual Assault Nurse Examiner (SANE), Tri-County SANE Unit

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	18
16. Number of inmate/resident/detainee housing units:	3
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:	11
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:	0
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:	1
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):	Only 11 youth were present during the onsite portion of the audit; all were interviewed.
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:	15
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:	11
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:	The staff, contractors and volunteers work cooperatively in providing service delivery to the residents.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
If "None," explain:	There were only 11 youth in the facility; interviewed all of them.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were 11 youth in the facility; all were interviewed.
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):	There were 11 youth in the facility and all were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<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

<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>Talked to administrative, treatment and random staff regarding the identification of such youth.</p>
<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>	<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>Conferred with treatment staff.</p>
<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>	<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>Conferred with administrative staff and observed.</p>
<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>	<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>Conferred with administrative and treatment staff; reviewed population evidence.</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>Conferred with staff, interviews and observed population.</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>2</p>
<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:</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>Conferred with administrative, treatment and random staff; observed population.</p>

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:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Queried staff and residents.
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:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Queried random staff.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The administrative and treatment staff provided support while the Auditor ensured that targeted residents, present during this audit, were interviewed.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	11

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 checked="" type="checkbox"/> None
If "None," explain:	The facility has only 11 direct care staff at this time; all were interviewed.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other
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):	There were only 11 random staff employed at the facility during the onsite audit; all were interviewed.
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):	4
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

<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

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:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" 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:	1
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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).	Informal conversations were held during the comprehensive site review including the review of PREA training with one of the teachers (contractor). The residents were observed in group activities and in their living units.

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="" 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:	The facility reported no allegations of sexual abuse or sexual harassment.
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
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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 abuse or sexual harassment during the past year.
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.	No text provided.
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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1
Non-certified Support Staff	

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<h2 style="text-align: center;">AUDITING ARRANGEMENTS AND COMPENSATION</h2>	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Correctional Management and Communications Group, LLC</p>

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Program Director/PREA Coordinator; Superintendent of Corrections/Agency Head Designee</p> <p>Documents: Zero-Tolerance/Coordinator Policy; Table of Organization; Job Description</p> <p>The facility's PREA policies and procedures provide for a zero-tolerance for all forms of sexual abuse and sexual harassment. The facility's approach to preventing, detecting and responding to inappropriate sexual conduct toward residents is outlined in the PREA policies and procedures. There is a group of PREA policies and procedures that address each standard specifically and collectively address the overall PREA categories.</p> <p>The Zero-Tolerance/Coordinator Policy contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment and include sanctions for such behaviors. The facility practices are aligned with the policy and address resident education; staff training; and intake screening for risk of sexual victimization and abusiveness. Staff interviews revealed staff's knowledge of how to respond to sexual abuse and sexual harassment through reporting, investigations, assessments and disciplinary sanctions for residents and staff based on policy and procedures.</p> <p>The policy provides for the designation of a PREA Coordinator. The Program Director currently serves as the PREA Coordinator and answers directly to the agency's Superintendent of Corrections. The interview with the Program Director/PREA Coordinator confirmed his knowledge of PREA and the implementation of the standards. The position of Intake/Aftercare Coordinator generally serves as the PREA Coordinator and is under the direct supervision of the Program Director. The current Program Director previously served in that role and has the new Intake/Aftercare Coordinator in training to serve as the PREA Coordinator in the near future. The Intake/Aftercare Coordinator was active in assisting in the preparation of the PREA audit and provided significant support during the onsite portion of the audit. The job description of the Intake/Aftercare Coordinator supports the designation of PREA Coordinator.</p> <p>The Northern Ohio Juvenile Community Corrections Facility operates as a stand-alone residential community program; the status was confirmed by the Superintendent of Corrections for the agency and the Program Director. Therefore, the role of a PREA Compliance Manager is not applicable.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Superintendent of Corrections/Agency Head Designee</p> <p>Documents: Statement by Superintendent of Corrections/Agency Head Designee</p> <p>According to policy, interviews and the written statement by the Superintendent of Corrections, the facility does not contract with other entities for the confinement of residents.</p>

115.313	Supervision and monitoring
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1276 300">Interviews: Program Director/PREA Coordinator; Superintendent of Corrections/Agency Head Designee</p> <p data-bbox="244 331 1377 389">Documents: Supervision and Monitoring Policy; Staffing Plan Assessment; Daily Logs; Annual PREA Vulnerability Assessment; Unannounced Program Visit Reports</p> <p data-bbox="244 421 1485 613">The policy provides guidance and internal staffing ratios of 1:8 during the waking hours and 1:15 during the sleeping hours. The staffing plan ensures the PREA ratios will be maintained due to the facility's policy. The camera monitoring system is located at the staff station among the living units and are regularly monitored. Monitors are also located in the administrators' offices. The work schedules are based on the policy and staffing plan; and the provisions of the standards are taken into consideration to maintain adequate staffing levels. During the site review and general movement throughout the facility, the Auditors observed the staffing ratios were met</p> <p data-bbox="244 645 1465 806">According to the policy, staffing deviations must be documented in the Daily Log used at the staff station/central control. Reportedly, there have been no staffing deviations during the past 12 months. The facility staff is aware of the requirement and is prepared to document any deviations from the staffing plan. The direct care staff maintain the ratios and ensure the PREA ratios are met. The work schedules are developed by the Program Director and reviewed by the Superintendent of Corrections. In order to maintain the required ratios, staff may be held over or called in to work when needed.</p> <p data-bbox="244 837 1493 1133">The policy provides that an annual staffing assessment be conducted by the administration in consultation with the PREA Coordinator. The facility's Staffing Plan Assessment was prepared in accordance with policy and includes but is not limited to staffing level; prevailing staffing patterns; deployment of cameras; related resources; and occurrence of unannounced rounds. The Annual PREA Vulnerability Assessment is conducted by the PREA Coordinator. The purpose of the Assessment is to inspect for any deficiencies in and assess any needed upgrades to the physical plant. The Assessment also identifies any physical any physical barriers that may impact the protection of residents from sexual abuse and sexual harassment. The staffing plan and unannounced rounds processes and findings are also reviewed as a part of the Annual PREA Vulnerability Assessment. This process provides that corrective actions may be identified and/or confirmed completed if previously identified through an unannounced visit or other means.</p> <p data-bbox="244 1164 1477 1424">The policy provides for unannounced rounds to be made by the Superintendent of Corrections or designee and provides guidance for the unannounced rounds made by the Superintendent of Corrections, PREA Coordinator and Senior Youth Specialist. The unannounced rounds are conducted and documented. The documentation provides for staff to review areas and conditions such as staff positioning; staff and resident interactions; adherence to program schedules; whether residents in appropriate locations; sudden changes in a resident's behavior or mood; general safety of plant operations; and other factors. The interview with the PREA Coordinator revealed he may also view the cameras during the unannounced rounds. The unannounced rounds vary on occurrence and are not made known; policy prohibits staff from alerting other staff regarding the unannounced rounds.</p>

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Random Staff; Residents</p> <p>Documents: Cross Gender Searches Policy; Training Curriculum/Video; Training Roster; Cross-Gender Pat Down Search Log</p> <p>The Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical practitioner. The facility has the Cross-Gender Pat Down Search Log that would be used in such instances but it is reported and the interviews support that none have occurred. The policy and random staff interviews provide that cross-gender pat-down searches will only occur if there are exigent circumstances or when performed by a medical practitioner. The policy further states that such searches must be approved by the Superintendent of Corrections and must be documented. The Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches unless conducted by a licensed medical practitioner in the medical office. The search must be approved by the Superintendent of Corrections and documented. The evidence support that no type of cross-gender search has not occurred at the facility during the past year.</p> <p>The Policy and interviews provide that staff and procedures enable residents to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances or during routine room checks. No residents interviewed reported ever been naked in view of staff while showering, changing clothes and performing bodily functions. Residents shower one at a time in private. Covering at the bottom of the window on the room door provides additional privacy. A bell is located on the outside of each door to the living units and female staff are directed by Policy to ring the doorbell prior to entering and the interviews support this practice. The evidence supports that residents shower, perform bodily functions and change clothes without being directly viewed by any staff. Viewing of the cameras confirmed that residents are not seen while performing bodily functions, changing clothes and practicing personal hygiene.</p> <p>Staff training, policy and the interviews support that staff is prohibited from searching a transgender or intersex resident solely for the purpose of determining the resident's genital status. If necessary, the resident's genital status is unknown, it may be determined during the broader medical examination conducted by licensed medical staff. Staff also reported they may check with the transgender or intersex youth to determine what gender staff they may be most comfortable with to conduct the search.</p> <p>The policy addresses staff training and the interviews and documentation confirm receipt of training. The evidence provides that staff members are trained in how to conduct pat-down searches and searches of transgender or intersex youth in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Random Staff; Agency Head Designee</p> <p>Documents: Residents with Disabilities Policy; PREA Posters; PREA Education Information; Supreme Court of Ohio Directory of Interpreters; Telecommunications Device for the Deaf</p> <p>The policy addresses the provision of support services for disabled residents and prohibits the use of resident readers except in limited circumstances where a resident's safety or an investigation is compromised. Random staff interviews confirmed residents are not used as interpreters or readers for other residents. Reportedly, there have been no youth admitted to the facility in the past year with disabilities or who required a translator.</p> <p>PREA education is provided by the Intake/Aftercare Coordinator and assistance can be provided by the education or mental health staff, based on the needs of the resident. The interviews and review of materials indicate the PREA education to the residents is provided in a manner of understandable by the residents. The policy provides that interpreter services may be obtained through the Erie County Sheriff's Office and that a Telecommunications Device for the Deaf is available to the facility through the county. The Superintendent of Corrections provided the website to access the Supreme Court of Ohio Directory of Interpreters which is also available for the residents. The Directory and Erie County Sheriff's Office provide access to professional interpreters who can interpret effectively, accurately and impartially. The PREA education materials, including posted information, are available in English and Spanish and accessible to residents. The Program Director/PREA Coordinator adjusted the written policy to ensure alignment with practice and consistency of contact information at all times.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1034 297">Interview: Detention Director/Quality Assurance Coordinator/Human Resources</p> <p data-bbox="244 329 1437 387">Documents: Hiring and Promotion Policy; Background Screening Reports; Criminal History Records Checks; Release of Information/Employment Verification of Reference Checks; Background Check/PREA Training Log</p> <p data-bbox="244 418 1481 580">The Policy addresses hiring and promotion processes and decisions and background checks. Background checks, including checking the state child abuse registry, occur. The Background Check/PREA Training Log documents completed initial background checks and five-year checks. Documentation is also maintained on contractors regarding background checks. The interview, review of policies and supporting documentation confirmed the background checks occur in accordance with Policy.</p> <p data-bbox="244 611 1469 902">All applicants are asked about any prior misconduct involving any sexual activity. The documentation, policy and interview support the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone who has used or attempted to use force in the community to engage in sexual abuse. The Policy provides for employees to continually provide full disclosure of any related misconduct. The Policy and practice support that no one is hired or promoted that has civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means, including incidents of sexual harassment. The interview and personnel documents indicate the inquiries are made of potential employees during the application process regarding previous misconduct. The evidence also supports that the facility considers any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="244 934 1481 1162">Background checks, including the child registry, occur prior to residents receiving services from employees, contractors and volunteers. Efforts are made to contact prior institutional employers for information of incidents or allegations related to sexual abuse in accordance with Policy and the information becomes a part of the personnel file. Staff has a continuing duty to report related misconduct. The Policy provides for the omission of sexual misconduct or providing false information as grounds for termination. Unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for where the former employee has applied to work.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Superintendent of Corrections/Agency Head Designee; Program Director</p> <p>Documents: Upgrades to Facility Policy; Floor Plan; Monitoring Panel Picture</p> <p>The agency has not acquired a new facility, made expansion to this facility, or installed or updated the monitoring system since the last PREA audit.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1197 297">Interviews: PREA Coordinator; Investigative Staff; Random Staff; Superintendent of Corrections</p> <p data-bbox="244 329 1469 423">Documents: Medical Exams Policy; Memorandum of Understanding (MOU)/Tri-County SANE Unit; Confirmation Letter/Erie County Sheriff's Office; PREA Brochure; Coordinated Response Plan; MOU/Safe Harbor First Response Team; MOU/Erie County Prosecutor's Office-Victim Assistance Program.</p> <p data-bbox="244 454 1485 611">The Policy and confirmation letter from the Sheriff of Erie County support a uniform evidence protocol will be followed regarding investigations of sexual abuse in accordance with the standard. The Policy provides information regarding the facility-based investigators responsible for conducting administrative investigations. Training documentation is maintained for the facility-based administrative investigators and the confirmation letter confirms training occurs for the investigators in the Sheriff's Office.</p> <p data-bbox="244 642 1469 799">The interviews, Policy and confirmation letter provides that the Erie County Sheriff's Office investigates allegations that are criminal in nature. The interviews confirmed awareness of protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. The Policy and confirmation letter indicate the protocol is developmentally appropriate for youth. The letter makes reference to receipt of special training and the experience of the deputies that will conduct the investigations.</p> <p data-bbox="244 831 1469 987">The hotline was tested and an interview conducted with the representative from Safe Harbor First Response Team. It was confirmed that the call activates notification to the Tri-County SANE Unit, which also has access to victim advocates. The hotline is available 24/7. According to the MOU and interviews, a forensic medical examination will be conducted by an appropriately trained practitioner. No forensic medical examinations have been conducted during this audit period. Forensic examinations will be conducted at the local hospital.</p> <p data-bbox="244 1019 1445 1176">Victim advocacy services are available with the Erie County Prosecutor's Office and are documented in the MOU. The services to be provided include accompaniment and emotional support and are accessible through a 24/7 hotline. A flyer which contains contact information, lists what an advocate legally can and cannot do. Information regarding advocacy services is provided to the residents during intake and is posted. The Policy provides for a qualified staff or community organization to provide advocacy services to a victim upon request.</p> <p data-bbox="244 1207 1493 1301">Investigations of allegations of sexual abuse that are criminal in nature are conducted by the Erie County Sheriff's Office as stated in the Sheriff's confirmation letter, Policy and interviews. A uniform evidence protocol will be used which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate for youth.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 999 297">Interviews: Investigative Staff; Random Staff; Superintendent of Corrections</p> <p data-bbox="244 329 1118 356">Documents: Referrals for Investigations Policy; Erie County Sheriff's Confirmation Letter</p> <p data-bbox="244 387 1490 548">The Policy provides guidance to staff to report all allegations of sexual abuse and sexual harassment; cooperate with investigators; and to document the reports. The interviews verified staff members' familiarity with the Policy and expectations. The facility-based administrative investigators have received the required training and demonstrate the ability to conduct administrative investigations. Allegations that are criminal in nature are referred to the Erie County Sheriff's Office. There were no allegations of sexual abuse or sexual harassment during this audit period.</p> <p data-bbox="244 580 1453 705">Reporting information is posted on the facility's website and within the facility, accessible to the public, residents, staff, contractors and volunteers. The facility and other investigative entities have policies governing investigations. The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Random Staff</p> <p>Documents: Employee Training Policy; Training Materials; Training Acknowledgement Statements; PREA Brochure; Background Check/PREA Training Log</p> <p>The policy provides that PREA training for staff reflects the provisions of the standard and the interviews support the training occurs, including refresher training. The facility reports 100% of staff who may have contact with residents have received PREA training. The facility houses males and the training considers the needs of the population served as determined by training provided to staff. The Policy provides the training is documented on acknowledgement forms. A review of documentation regarding the receipt of training includes sign-in sheets/rosters, acknowledgement statements and certificates.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Lead Teacher/Contractor; Group Leader/Volunteer</p> <p>Documents: Volunteer and Contractor Training Policy; Training Acknowledgement Statements; Contractor Background Check/PREA Training Schedule; Volunteer Background Check/PREA Training Schedule; PREA Brochure</p> <p>The Policy requires that volunteers and contractors, who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of the documentation and the interviews confirm the training occurs. The training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. A review of the supporting documentation and interviews document the training occurs based on the services provided by the contractors and volunteers in accordance with Policy. The training also includes a review of the zero-tolerance policy and how to report regarding sexual abuse and sexual harassment of residents.</p>

115.333	Resident education
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 906 300">Interviews: Residents; Intake/Aftercare Coordinator; Random Staff</p> <p data-bbox="244 331 1493 421">Documents: Resident Education Policy; Resident Handbook; Youth Safety Guide/PREA Acknowledgement Statement; PREA Orientation Follow-Up Checklist/Acknowledgement Statement; Population Report; PREA Video (English and Spanish); PREA Education Log</p> <p data-bbox="244 452 1485 712">Facility 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. The Intake/Aftercare Coordinator is responsible for providing and ensuring PREA education to the youth. The resident receives a PREA brochure, Youth Safety Guide, during the intake process which is reviewed by the Intake/Aftercare Coordinator. The brochure is signed and dated by the resident and the population report is maintained documenting initial receipt of PREA orientation. The residents receive additional PREA education, including watching a PREA video. Follow-up is provided to the residents which include written responses to questions based on the video. PREA education is woven in throughout the program.</p> <p data-bbox="244 743 1458 904">Residents are provided a copy of the Resident Handbook which also contains PREA information. The interviews and documentation support that the resident education occurs. A review of the education materials revealed the information is comprehensive and age-appropriate. The interviews revealed residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting incidents. All residents have received PREA training. PREA information is provided to staff through policies and procedures, training and staff meetings.</p> <p data-bbox="244 936 1485 1128">Education and mental health staffs may assist in the provision of PREA education to residents as needed. Facility policy provides that interpreter services may be obtained through the Erie County Sheriff's Office and a confirmation statement provides for additional services through the Supreme Court of Ohio. A Telecommunications Device for the Deaf is available to the facility through the County. PREA information is available in English and Spanish and is accessible in other languages as needed. Random staff interviews confirmed that residents are not used as translators or interpreters and policy supports that staff access interpreters and other support services as needed.</p> <p data-bbox="244 1160 1485 1420">A sample of signed acknowledgement statements and signed education materials were reviewed which supported the residents' involvement in PREA education sessions. The residents are aware of the PREA information provided at the facility and residents shall receive education upon transfer to a different facility. A Youth Safety Guide brochure and Resident Handbook is provided to each youth admitted to the facility. Vivid posters and other information is maintained on the walls throughout the facility are easy to see and read. PREA refresher education is also conducted with residents. A recent PREA education session was conducted with the residents explaining the change in reporting allegations of sexual abuse or sexual harassment to the new reporting agency and how to make the contact by dialing the posted telephone number or pushing the button on the hotline telephone labeled, "Crisis."</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview: Investigative Staff</p> <p>Documents: Investigations Policy; Training Certificates; Training Log</p> <p>The Policy provides for investigators to be trained as supported by the interview and supporting documentation. Investigators have received regular PREA training as well as the specialized training. The online training course, PREA: Investigating Sexual Abuse in a Confinement Setting, through the National Institute of Corrections addresses the tenets of the standard as confirmed by the interview and and training outline. The confirmation letter from the Sheriff of Erie County regarding the agency conducting allegations that are criminal in nature, there is appropriate training of law enforcement personnel responsible for conducting PREA related investigations.</p> <p>The training certificates, Investigators' Training Log, documentation of online training course, and interview confirm the specialized training occurs. The Erie County Sheriff's Office provides training to its investigators who are responsible for conducting investigations that are criminal in nature as supported in the confirmation letter.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Registered Nurse; Therapist</p> <p>Documents: Medical and Mental Health Care Policy; Training Certificates; Behavior Health and Medical Staff Training Log;</p> <p>The Policy provides that medical receive the regular and specialized PREA training. Certificates, training log, Policy and interviews document the PREA training occurs as required for mental health and medical staff members. The specialized training is obtained online through the National Institute of Corrections. There are no plans to conduct forensic medical examinations at the facility.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1206 297">Interviews: Program Director/PREA Coordinator/Staff Responsible for Risk Screening; Residents</p> <p data-bbox="244 329 1449 387">Documents: Obtaining Information from Residents Policy; Vulnerability Assessments; 30-Day Special Housing Follow-Up Screen/Periodic Screen</p> <p data-bbox="244 418 1490 580">The Policy provides a risk screening occurs within 24 hours upon arrival too the facility. The resident is interviewed upon arrival to the facility to obtain information about the resident's personal history and behavior to reduce the risk of sexual abuse as a victim or perpetrator. The Vulnerability Assessment instrument is used during the admission process. The resident's risk level is reassessed using the 30-Day Special Housing Follow-Up Screen/Periodic Screen and informally during treatment team meetings. The Vulnerability Assessment seeks information that includes the following categories:</p> <ul data-bbox="284 633 715 893" style="list-style-type: none"> • Self Identification; • Perception of risk; • History of victimization and abusiveness; • Integration with facility culture; • Intellectual Impairment; • Age; • Social skills; and • Experience in an Institution. <p data-bbox="244 925 1461 1149">The screening instrument, Vulnerability Assessment, is rules-based and contains a uniform list of risk factors which are assigned weights, which leads to an objective risk determination. The review of the Vulnerability Assessment confirmed all factors required by the standard; the elements are subsections of the categories. The interview with the PREA Coordinator confirmed awareness of the elements and the practice of the administration of the Vulnerability Assessment. This premise was also supported by the resident interviews. The information for the screening instrument is obtained by reading the questions to the resident and elaborating and probing where indicated. Information is gathered during the intake process, including medical and mental health screenings and reviewing court records.</p> <p data-bbox="244 1180 1477 1305">The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The Intake/Aftercare Coordinator, Program Director, mental health staff, Nursing staff and Superintendent of Corrections are identified as staff that has access to the Vulnerability Assessment as needed. Confinement records are maintained securely and online documents are password protected.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 807 300">Interviews: PREA Coordinator; Residents; Random Staff</p> <p data-bbox="244 329 1453 389">Documents: Placement of Residents in Housing, Bed, Program, Education, and Work Assignments Policy; Vulnerability Assessments; Hearing Report/Administrative Investigation Report form; 30-Day Review form; Significant Incident Reports</p> <p data-bbox="244 418 1493 714">The Policy provides guidance to staff regarding the use of the information obtained from the screening instrument in determining housing and program assignments with the goal of keeping all residents safe and free from sexual abuse and sexual harassment. The Vulnerability Assessment assists in determining bed, education, and other program assignments. Isolation is not used as a practice at this facility; the Policy provides that a resident may not be placed in isolation but can be separated from other residents and provides directions to staff if such action is taken. The situation must be evaluated every 30 days and documented on the 30-Day Special Housing Follow-Up Screen/Periodic Screen. The form would also be used to document why no alternative method to the separation has been arranged. The Policy indicates how the group room and gymnasium would be used for program services. No residents at risk of sexual victimization were placed in separation status in the 12 months preceding the audit.</p> <p data-bbox="244 743 1474 938">The Policy prohibits placing lesbian, bisexual, transgender or intersex residents in specific housing solely based on how the residents identify or their status. Assignments will be made on a case-by-case basis with consideration for the resident's health and safety and whether the placement would present management or security problems. The 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 observed to be reserved for transgender or intersex residents and non identified by staff. There were no transgender or intersex residents in the facility during the site visit and this audit period.</p> <p data-bbox="244 967 1474 1095">The policy supports that placement and programming assignments for each transgender or intersex resident be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident and the PREA Coordinator is aware of the requirement. A resident's concern for his own safety is taken into account through the administration of the Vulnerability Assessment. All residents shower separately as stated in the Policy.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews: Residents; Random Staff; PREA Coordinator; Superintendent of Corrections

Documents: Resident Reporting Policy; Grievance Form; Resident Handbook; Youth Safety Guide Brochure; Third-Party Reporting Form; PREA Reporting MOU

According to the Policy, interviews, and observations, there are multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he can privately report such allegations and other PREA related allegations. The residents have access to a dedicated telephone and hotline for reporting allegations at anytime. The posters and other printed materials provided to residents, including the Resident Handbook, provide information on how to report allegations. Residents are also informed verbally and in writing that allegations may be made through the grievance system and are informed how the Third Party Reporting Form is used. All forms and other writing materials are available and accessible to residents. Locked grievance boxes are available in the housing units for depositing the grievance forms.

The PREA reporting information is visible to staff, contractors, volunteers, visitors, as well as all residents. Residents revealed during their interviews that they maintain contact with someone on the outside they can report allegations to who could make a report for them if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings. Most of the random staff interviewed indicated staff could also use the hotline to report allegations of sexual abuse or sexual harassment of residents. The following observations were made by the Auditors: posted and disseminated PREA literature; dedicated hotline telephone; and writing materials.

Residents may use the dedicated telephone located in the living units to report an allegation of sexual abuse or sexual harassment and the calls were formerly answered by a Safe Harbour First Response Team member who is also responsible for contacting the Tri-County SANE Unit. The primary focus of the Safe Harbour First Response Team is to make direct contact with the Tri-County SANE Unit regarding an allegation of sexual abuse/assault; the allegation will be reported to other entities only with the resident's cooperation. Per the Auditors' concern of the possibility of delayed notification to the facility, a corrective action was implemented by the Superintendent of Corrections and Program Director. The corrective action included obtaining a separate reporting entity whose primary focus would be reporting an allegation of sexual abuse/assault or sexual harassment directly to the facility or the contract agency, Ohio Department of Youth Services (ODYS), within the parameters of the standards to expedite direct receipt of reports of sexual abuse/assault or sexual harassment.

The ODYS PREA Administrator arranged for the allegations of sexual abuse and sexual harassment to be made directly to a hotline received through the Ohio Department of Rehabilitation and Correction (ODRC). The primary focus of the process is the notification to an ODYS agent and notification to the facility and/or other entities as needed. The reporting resident will be allowed to remain anonymous upon request. The ODYS has a written agreement with ODRC for reporting services; contract facilities may be included in the agreement as needed. Documentation has been provided to the Auditor confirming the agreement; confirmation of residents' access to the ODRC hotline; revised reporting information in the PREA brochure; and resident and staff education sessions regarding the new primary reporting services. Accompanying signs have been customized and posted at the hotline telephones explaining the reporting process and identifying the reporting agency. Allegations may be made to the Ohio Department of Youth Services Reporting Crisis Hotline by dialing the hotline number or pushing the programmed button labeled "Crisis." A picture of the posted information was provided to the Auditor.

Signs are posted informing residents on how to contact the Erie County Prosecutor's Office-Victim Assistance Program for advocacy services. The available and accessible services for residents were confirmed by the Director of Victim Services. The contact information for advocacy services are provided to the residents. A Sexual Assault Nurse Examiner (SANE), affiliated with the Tri-County SANE Unit, confirmed that a forensic medical examination will be provided to a resident through the Unit where required. There is no evidence that a forensic medical examination has been conducted during the past year regarding a resident at the facility.

Facility staff members are required to accept reports made anonymously, verbally, written, and through a third-party. The facility does not detain residents solely for civil immigration purposes. The policy and staff interviews collectively confirmed that verbal reports are to be documented on the Incident Report Form. The residents are aware they may report either in person to a staff member, write a note, by telephone, through a third-party; or complete a grievance form. Writing materials are readily available for residents to complete the accessible forms, as indicated by the interviewed residents.

The staff interviews revealed staff can privately report allegations of sexual abuse. Each random staff interviewed identified several ways a report can be made privately; the overwhelming majority identified the hotline. Collective responses included call the Director of Programs after hours; send email to an administrative staff member; complete a Third-party reporting form; contact the victim advocate at the Erie County Prosecutor's Office; and write an anonymous letter. The facility does not detain residents solely for civil immigration purposes.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: PREA Coordinator; Resident; Random Staff</p> <p>Documents: Exhaustion of Administrative Remedies Policy; Resident Handbook; Grievance Form</p> <p>The Policy Resident Handbooks, Grievance Form and interviews document the facility's administrative procedures to address resident grievances regarding sexual abuse. The grievance system serves as a method for residents to report allegations of sexual abuse and sexual harassment. Allegations received through the grievance system will be referred for investigation. The Policy provides for the provisions listed in this subsection of the standard.</p> <p>The review of the Policy, Resident Handbook, interviews and observations, residents are not required to use an informal process and the system provides that the alleged staff member is not involved in the routing of the grievance. Observations that support this premise include locked grievance boxes and Grievance Forms on each living unit and the provision of relevant information to residents. The Policy contains the timelines regarding the grievance procedure for the initial response to the grievance; the appeal; and an extension that the facility may claim, with written notice to the resident. The timelines in the Policy are aligned with the provision. The Resident Handbook provides an overview of the grievance process.</p> <p>The Policy provides that a parent or any other person can assist in filing requests for administrative remedies relating to the allegations of sexual abuse and/or sexual harassment. The interviews indicated awareness of the availability of third-party assistance to a resident. The facility's grievance process includes the filing of an emergency grievance and the timelines in the Policy are aligned with this provision. The Policy provides that an emergency grievance would be immediately provided to the Superintendent of Corrections. There have been no emergency grievances filed in the past 12 months. The Policy provides that a resident who files a false report of sexual abuse or sexual harassment may be criminally charged based on the nature of the grievance.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Residents; PREA Coordinator; Superintendent of Corrections; Erie County Prosecutor's Office, Director of Victim Services</p> <p>Documentation: Resident Access to Outside Support Services and Legal Representative Policy; MOU/Erie County Prosecutor's Office; MOU/Tri-County SANE Unit; PREA Brochure; Resident Handbook</p> <p>Contact information for advocacy services is a part of the PREA education sessions. Additional information is provided through signs and posters in various parts of the facility, including housing units. The contact information for obtaining an outside advocate was observed. Telephones are accessible to residents for calling for a victim advocate. The information sheet outlining what an advocate can and cannot do is posted on the housing units. Posted PREA and advocacy information was observed by the Auditors.</p> <p>A PREA brochure, Youth Safety Guide, provided to each resident contains information concerning confidentiality which is also covered in the PREA education sessions. The terms of confidentiality are also addressed on the advocate information sheet. A MOU for advocacy services exists between the agency and the Erie County Prosecutor's Office-Victim Assistance Program which include emotional support, rape crisis advocacy and accompaniment. The Victim Assistance Program will also receive anonymous written allegations of sexual abuse and sexual harassment and will provide emotional support by telephone. The Director of Victim Services confirmed the availability and accessibility of advocacy services</p> <p>The interviews confirm residents have access to attorneys and court workers and reasonable access to parents/guardians which is supported by policy. The site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family and other approved visitors. All residents confirmed that communication occurs with family or other visitors. The residents were able to articulate how telephone calls and visitation occurs.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Interviews: Random Staff; Residents</p> <p>Documentation: Third Party Policy; Parent Handbook; Parenting Orientation Checklist; Third Party Reporting Form</p> <p>The Policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and indicated the information will be accepted and reported. Staff members reported that they are to immediately document all verbal reports received. Information regarding reporting is posted on the facility's website and contained in the Parent Handbook which is provided to parents and guardians. The signed Parenting Orientation Checklist acknowledges receipt of the Parent Handbook. Reporting information is also posted in various areas of the facility, accessible to residents, staff, contractors, volunteers and visitors.</p> <p>The residents stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and the person could make a report for them. The interviews revealed knowledge of third-party reporting and how it could be done such as filing an emergency grievance; complete; complete a Third Party reporting form; tell a family member or utilize the hotlines. No third-party reports were received during this audit period. The posted information was observed.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Random Staff; Registered Nurse; Therapist; PREA Coordinator; Superintendent of Corrections</p> <p>Documents: Staff and Agency Reporting Duties Policy; Training Roster; Training PowerPoint Presentation; Written Coordinated Response</p> <p>All staff members are directed to report any knowledge, suspicion, information or receipt of information regarding an incident or allegation of child abuse, sexual harassment, sexual misconduct or incidents of retaliation. Employees, contractors and volunteers are directed to make the report to the Program Director and/or Superintendent of Corrections and other entities based on mandatory reporting laws. The facility's trained investigators conduct administrative investigations and allegations that are criminal in nature and referred to the Erie County Sheriff's Office. The PowerPoint presentation is used train staff on Ohio Department of Youth Services policies requiring staff to act as mandated reporters. The signed roster indicates receipt of the training by facility staff. The facility-based investigators are responsible for making official reports to the investigative authorities and other entities according to Policy.</p> <p>Facility Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary regarding the investigation, treatment, security or administrative decisions. Providing information is based on the need to know by those involved such as designated supervisors and state and local officials related to the investigation. Staff is expected to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and administrative decisions.</p> <p>Medical and mental health staff members understand their duty to report to their supervisors, as well as the Program Director and/or Superintendent of Corrections and in accordance with the mandatory reporting laws and facility Policy. Subsequent notifications will be made to the Erie County Sheriff's Office; Erie County Children Services; Erie County Juvenile Court; and Ohio Department of Youth Services. The medical and mental health staff members interviewed stated that residents are informed at the initiation of services of the limitations of confidentiality and their duty to report as per Policy. Notification will also be made to parents/legal guardians and the attorney or legal representative. When the resident is under the custody of the child welfare agency, the case worker will be notified, per Policy. All allegations of sexual abuse and sexual harassment must also be reported to one of the facility-based investigators. According to Policy and interviews, third-party and anonymous reports must also be reported to the appropriate entities.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1007 297">Interviews: Random Staff; PREA Coordinator; Superintendent of Corrections</p> <p data-bbox="244 329 991 356">Documents: Agency Protection Duties Policy; Grievance Form; Hassle Log</p> <p data-bbox="244 387 1473 582">The Policy requires and the interviews confirm that staff are to protect the residents through implementing safety measures. When an emergency grievance or otherwise is received indicating a resident is subject to a substantial risk of imminent sexual abuse, the Program Director and/or Superintendent of Corrections are contacted immediately. The Policy provides that the resident will be seen by treatment staff and that protective measures may include but not limited to daily follow-up with residents until the risk subsides; housing changes; classroom changes; provision of alternative work space; and the assurance of a resident's access to community support.</p> <p data-bbox="244 613 1485 938">According to the interviews and Policy, protective measures will be implemented and include but are not limited to closer supervision, separation from the risk and alerting other staff of the situation. There was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The facility staff is equipped to implement protective measures to keep residents safe. The PREA risk screening instrument also garners information that assesses related risks. The grievance system provides for emergency reporting of allegations of sexual abuse or sexual harassment that has already occurred or where a resident feels he is in danger of being sexually abused or sexually harassed. The grievance box is checked daily. The program incorporates a Hassle Log as a part of anger control therapy. The Log provides the resident the opportunity to put in writing responses to situations that answer who; what; when; where; the resident's response to the situation; and how he handled himself regarding the situation. Although, not the specific intent, the Hassle Log may also indicate PREA related issues.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview: Superintendent of Corrections</p> <p>Documents: Reporting to Other Confinement Facilities Policy</p> <p>The Policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, treatment staff will notify the head of the facility and Erie County Children Services. Notification is to be made as soon as possible but no longer than 72 hours after receiving the information and notification must be documented as required by Policy. A request would be made also too the facility where the allegation originated for them to conduct an investigation and the results would be requested by the administrative staff. In the past 12 months there were no allegations of sexual abuse occurring at another facility.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Random Staff</p> <p>Documents: Official Response Following a Resident Report Policy Chapter; Coordinated Response Plan</p> <p>The Policy and training provide that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> • separate the alleged victim and abuser; • preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and • depending on the time span regarding the collection of physical evidence, staff must request that the alleged victim not take any actions that could destroy physical evidence. <p>The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations or incidents where staff had to act as a first responder in the last 12 months. Non-security staff who may act as a first responder would immediately alert security or program staff and take action to protect the resident.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Random Staff; Superintendent of Corrections</p> <p>Documents: Official Response Following a Resident Report Policy Chapter; Written Coordinated Response Plan</p> <p>The facility has developed a written institutional plan to coordinate actions to be taken in response to sexual abuse. The format of the plan is a diagram which lists the protocols, in sections, to be followed by identified staff. The written plan is aligned with facility Policy and the interviews. The Coordinated Response Plan includes the involvement of identified staff members and the steps to take regarding an allegation of sexual abuse. The staff interviews indicated staff's awareness of their roles regarding the response to an allegation of sexual abuse.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview: Superintendent of Corrections/Agency Head Designee</p> <p>Document: Preservation of Ability to Protect Residents from Contact with Abusers Policy</p> <p>According to the Policy and interview, the facility is not responsible for collective bargaining agreements.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 890 300">Interview: Superintendent of Corrections/Agency Head Designee</p> <p data-bbox="244 329 796 358">Document: Agency Protection Against Retaliation Form</p> <p data-bbox="244 387 1485 546">The Policy provides for the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. Although there have not been any allegations of sexual abuse or sexual harassment, the interview revealed knowledge of the Policy and the responsibility of retaliation monitoring. The Policy and interview indicate measures to protect staff and residents which include but are not limited to: housing changes; separation; termination or adverse actions with staff; shift reassignment; and transfer of residents.</p> <p data-bbox="244 575 1493 804">The Policy provides that the Program Director and Superintendent of Corrections will monitor the conduct and treatment of residents or staff who report allegations of sexual abuse. Retaliation monitoring will be conducted for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring, in accordance with the Policy. Prompt action will be taken to remedy the situation of retaliation. The Policy indicates the following would be monitored: Significant Incident Reports; behavior management rating; housing issues; and re-assignment of staff. The monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need. There have been no allegations of sexual abuse or sexual harassment during this audit period.</p> <p data-bbox="244 833 1493 992">The Policy and interview indicate that status checks will be initiated with residents. The Policy considers other individuals who cooperate with an investigation if they express fear of retaliation from a resident or staff member. There is indication that the Superintendent of Corrections and/or Program would take appropriate actions to protect that individual against retaliation. The facility's obligation to monitor for retaliation terminates, if it is determined the allegation is unfounded, in accordance with the Policy.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Superintendent of Corrections; Therapist; Registered Nurse</p> <p>Documents: Placement of Residents in Housing, Bed, Program, Education and Work Assignments; Disciplinary Hearing Form; 30-Day Review Form</p> <p>The facility does not have segregated housing. The Policy provides that residents are not isolated; however, a resident may be separated from the group during programming activities such as school work which may be completed in the interview/group room. The separation is reviewed and documented every 30 days to determine if there is a continuing need for the separation status. Daily visits by mental health and medical staff members will occur and the resident will be provided the opportunity for large muscle activities, in accordance with the Policy.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1430 331">Interviews: Director of Detention/QA Coordinator/Investigative Staff; PREA Coordinator; Superintendent of Corrections; Random Staff</p> <p data-bbox="244 360 1305 387">Documents: Official Response Following a Resident Report Policy; Confirmation Letter-Erie County Sheriff</p> <p data-bbox="244 418 1497 714">Administrative investigations are conducted by trained facility-based administrative investigators. The Program Director/PREA Coordinator and the Director of Detention/QA Coordinator serve as administrative investigators. The administrative investigators may conduct investigations for either facility; the adjacent juvenile detention facility or this facility. The Erie County Sheriff's Office conducts investigations when the allegation is criminal in nature; confirmed by facility policy and letter from the Sheriff. Policy provides that the investigations are performed promptly, thoroughly and objectively. Training certificates and the investigative staff interview confirm the specialized training occurs online through the National Institute of Corrections. The confirmation letter includes mention of the experience and training of deputies that would investigate PREA allegations that are criminal in nature. The responsibility to consult with and/or refer a case for prosecution lies with the Sheriff's Office. In accordance with policy, no investigation is terminated solely due to the source recanting the allegation.</p> <p data-bbox="244 745 1489 938">The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and will not be determined by the person's status as a resident or staff, in accordance with policy, training and the investigative staff interview. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation. The administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. There were no allegations of sexual harassment or sexual abuse during this audit period.</p> <p data-bbox="244 969 1461 1162">Policy provides that all written reports will be retained as long as the alleged abuser is incarcerated or employed, plus five years. Policy also provides that upon the start of an investigation, it will not end until the investigation has been completed. The interview with the investigative staff supports the policy and provision of the standard. Staff members are directed to cooperate with investigations and the Superintendent of Corrections is kept informed of the progress of investigations conducted by the Erie County Sheriff's Office. The interviews indicated a good working relationship with the Erie County Sheriff's Office.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Investigative Staff</p> <p>Documents: Official Response Following A Resident Report Chapter; Training Certificates</p> <p>The policy and interview support that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment will be substantiated.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Investigative Staff; Superintendent of Corrections</p> <p>Documents: Official Response Following a Resident Report Chapter; Notification Letter</p> <p>The Policy addresses the resident being informed of the outcome of an investigation and the documentation of the notification. The facility will use the Notification Letter for such documentation. The Notification Letter also informs the resident of dispositions regarding the alleged perpetrator, whether staff or resident. The Policy requires that following a resident's allegation that a staff member or resident committed sexual abuse against the resident, the resident will be informed through the Notification Letter about the outcomes of the alleged perpetrators. The interviews revealed awareness of the Policy requirements. The facility's obligation to report terminates if the resident is released from the agency's custody. Management staff is kept abreast of a criminal investigation by the Sheriff's Office.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview: Superintendent of Corrections</p> <p>Documents: Disciplinary Sanctions for Staff; Personnel Policies and Procedures/1.29 Disciplinary Procedures</p> <p>The Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies will be reported to law enforcement, unless the activity is clearly not criminal. Additionally, it shall be reported to relevant licensing bodies as indicated. According to the Superintendent, no staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies.</p> <p>Facility policies provide staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. The Policy outlines the disciplinary measures and the conditions for such. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. Policy supports that disciplinary sanctions be commensurate with the nature and circumstances of the acts committed and the staff be subject to the facility's progressive disciplinary process.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Superintendent of Corrections; Lead Teacher/Contractor; Group Leader/Volunteer</p> <p>Documents: Corrective Action for Contractors and Volunteers Policy</p> <p>The Policy provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. Training records revealed the facility provides contractors a clear understanding about PREA and that sexual misconduct with a resident is prohibited. The training is acknowledged through a signed information sheet. The training was confirmed through the interviews with the contractor and volunteers. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.</p> <p>In accordance with Policy, the facility will take the appropriate remedial measures and prohibit further contact with residents in case of sexual abuse of a resident, per Policy. In such case contact will be made to the Erie County Sheriff's Office, unless the activity was clearly not criminal, and relevant licensing bodies where indicated. In the past year, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 1182 300">Interviews: Superintendent of Corrections; Registered Nurse/Medical; Therapist/Mental Health</p> <p data-bbox="244 329 1334 358">Documents: Intervention and Disciplinary Sanctions to Residents Policy; Resident Handbook; Code of Ethics;</p> <p data-bbox="244 387 1436 517">The Policy provides that dealing with rule violations and disciplinary sanctions are pursuant to an administrative hearing regarding resident-on-resident sexual abuse or following a criminal finding of guilt. According to the interviews and documents, sanctions will be directly related to the seriousness of the negative behavior which can range from loss of privileges to removal from the program.</p> <p data-bbox="244 546 1493 741">The Policy provides that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed; the resident's disciplinary history; and sanctions imposed for comparable offenses by other residents with similar histories. Isolation of a resident is not used at this facility; however, a resident may be separated from others during programming activities with alternative space being provided. When a resident is on separation status, not locked in a room, visits will be conducted by medical and mental health staff and large muscle activity is conducted in the gymnasium. There has not been an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="244 770 1477 931">The disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility would consider whether to offer the offending resident therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="244 960 1477 1122">The facility provides that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. 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>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Program Director (Staff Responsible for Risk Screening); Registered Nurse; Therapist</p> <p>Documents: Medical and Mental Care Policy; Consent Form; Vulnerability Assessments</p> <p>The Policy provides that residents that residents who indicate during initial screening being a victim or perpetrator of sexual abuse, will be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. The PREA Coordinator conducts the screening for risk of victimization and abusiveness indicated the meeting is held the same day of arrival.</p> <p>The Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be limited to medical and mental health staff and other staff as required to inform treatment plans and security management decisions. The residents' files were observed to be maintained in a secure manner and electronic information is password protected. Informed consent would be obtained from residents 18 years and over before reporting information about prior sexual victimization that did not occur in an institutional setting. There were no PREA related allegations during this audit period.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 1442 331">Interviews: Registered Nurse; Therapist; Safe Harbor Representative; Erie County Prosecutor's Office/Victim Assistance Program Representative</p> <p data-bbox="244 360 1465 421">Documents: Medical and Mental Care; Resident Handbook; MOU (Tri-County SANE Unit); MOU (Erie County Prosecutor's Office/Victim Assistance Program); Coordinated Response Plan.</p> <p data-bbox="244 450 1474 645">Policy supports the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention and other services. The victim would be transported to the local hospital for a forensic medical examination, at no cost to the victim. The medical and mental health services are determined according to the professional judgment of the practitioner. The facility has a MOU with Safe Harbor which provides access to an operator and generates contact with the Tri-County SANE Unit for forensic medical services that would be provided to an alleged victim 24/7. The service was confirmed by the operator during the onsite audit and the test of the hotline.</p> <p data-bbox="244 674 1474 835">Documents and observations demonstrate residents' access to medical services onsite as well as medical appointments offsite. The residents have access, on each living unit, to make a request to be seen by a Nurse. Residents are provided access to an outside victim advocacy agency, Erie County Prosecutor's Office/Victim Assistance Program. Services include emotional support and accompaniment. Medical and mental health staffs maintain secondary materials and document all encounters with residents. There have been no allegation of sexual abuse during this audit period.</p> <p data-bbox="244 864 1490 1025">Residents are informed of clinical services during the intake process and the residents have access to unimpeded emergency medical services. The Policy and coordinated response plan instruct staff in protecting residents and contacting the appropriate staff and services regarding allegations of sexual abuse, including contacting medical and mental health staff. The interviews, documentation review and observations of the interactions indicated unimpeded medical and crisis interventions services will be provided as needed.</p> <p data-bbox="244 1055 1490 1216">The interview with the Nurse and Policy confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Follow-up services as needed will be provided by the mental health and medical staffs based on the needs of the residents which houses males only. Treatment service will be provided to the victim without financial cost to the victim in accordance with the Policy and MOU. All random staff interviewed discussed how they would keep residents, including separation and close monitoring.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 952 300">Interviews: Registered Nurse; Therapist; Superintendent of Corrections</p> <p data-bbox="244 329 1457 389">Documents: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy; Training Curriculum; Resident Handbook</p> <p data-bbox="244 418 1497 676">The Policy requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse and the mental health and medical staffs are aware of the Policy. Medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse and ongoing care and treatment will be provided as appropriate. The interviews and observations document that on-going medical and mental health services will be provided as appropriate and will include but not be limited to evaluations, medication, counseling and referrals. Contact will also be made by staff to the child welfare agency. Staff interviews, document review and observations support that medical and mental health services are consistent with the community level of care. According to the Policy, MOU and Resident Handbook, all treatment services will be at no cost to the victim. The facility does not house females.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Intake/Aftercare Coordinator/Incident Review Team Member</p> <p>Documentation: Sexual Abuse Incident Reviews Policy; Incident Review Checklist</p> <p>The Policy requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The staff understands that this occurs also if the allegation has not been substantiated, unless the allegation has been deemed unfounded. There were no allegations of sexual abuse or sexual harassment during this audit period. An incident review will occur within 30 days of the conclusion of the investigation. The incident review team consists of the Superintendent of Corrections; PREA Coordinator; medical staff; and mental health staff. Line staff supervisors, investigators and other staff will serve on the incident review team as needed.</p> <p>The Policy and interviews support that the incident review team considers the items outlined in this provision. The Incident Review Checklist has been developed to ensure the required considerations will be discussed and that recommendations for improvement will be documented. The Policy and Incident Review Checklist provide that the document be provided to the Superintendent of Corrections and PREA Coordinator. The Policy supports that the recommendations be implemented or the reasons for not doing so be documented. There were no incident review team meetings during this audit period due to no allegations of sexual abuse.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Program Director/PREA Coordinator; Superintendent of Corrections</p> <p>Documents: Data Collection Policy; Annual Reports</p> <p>The Policy provides for the collection of accurate, uniform data for every allegation of sexual abuse from incident-based documents. The data reports are prepared to answer all questions from the most recent version of the Survey of Sexual Violence. Annual reports, prepared by the facility and contract agency, capture PREA related data. The facility and agency are prepared to collect incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The facility maintains and collects various types of identified data and related documents regarding PREA which assist in the development of annual reports.</p> <p>The contract agency, Ohio Department of Youth Services (ODYS), maintains aggregated data from every facility it contracts with for the confinement of its residents as confirmed by the ODYS PREA Administrator, Program Director/PREA Coordinator and Superintendent of Corrections. This facility serves as a contractor with ODYS but does not contract with other facilities for the confinement of its residents. The Policy states that upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the information to the Department of Justice as requested and provide all PREA data to ODYS. An overarching annual report is prepared by the ODYS PREA Administrator which is posted on the ODYS website along with all PREA reports from each contract facility.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Program Director/PREA Coordinator; Superintendent of Corrections</p> <p>Documents: Data Collection Policy; Data Review and Corrective Action Form; Annual Reports</p> <p>The aggregated data is reviewed to assess and improve the effectiveness of and to improve the PREA initiatives in accordance with Policy. The assessment of policies, training and practices include identifying problem areas and implementing corrective actions on an ongoing basis. Annual reports are developed and compiled by the facility and ODYS. The aggregated data indicate there have been no allegations or incidents of sexual harassment or sexual abuse at the facility during the past year. The annual report format provides for comparison of the results of annual data. The annual reports are accessible to the public and through the ODYS website. The annual reports contain no personal identifiers.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: Superintendent of Corrections; Program Director/PREA Coordinator</p> <p>Documents: Data Review and Collection Policy; Annual Reports</p> <p>The Policy provides that all data collected will be securely stored and maintained for at least 10 years unless a state, federal or local law requires otherwise. The data is securely stored in a lockable file cabinet in a lockable office which was supported by the interviews. The aggregated data in annual reports is available to the public through the facility and ODYS websites. No personal identifiers are contained in any of the reports.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Superintendent of Corrections and Program Director/PREA Coordinator provided appropriate work space for both Auditors which included for conducting interviews in private with the residents and staff. The Auditors observed the notices for the audit posted in various areas of the facility, accessible to residents, staff, contractors, volunteers, and visitors. The posted notices for the audit provided instructions and contact information for the Lead Auditor to be contacted if desired. A process for the handling of confidential information exists in the facility; however, no correspondence was received by the Auditor.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's last PREA audit was conducted in 2019 and the report was posted on the agency's website which is the agency's practice. The report does not contain any personal identifying information and there were no noted conflicts of interest regarding the completion of the audit. The facility policies, procedures and supporting documentation were reviewed regarding compliance with the standards and have been identified in this report as well as previous reports. The audit findings were based on the the review of policies, procedures and secondary documentation; observations; and interviews.</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.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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.)	na
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 the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
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.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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.)	no
	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.)	yes
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