

**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

Interim Final

Date of Report July 6, 2018

Auditor Information

Name: Shirley L. Turner	Email: shirleyturner3199@comcast.net
Company Name: Correctional Management and Communications Group, LLC	
Mailing Address: P. O. Box 370003	City, State, Zip: Decatur, GA 30037
Telephone: 678-895-2829	Date of Facility Visit: June 27, 2018

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Butler County Juvenile Rehabilitation Center		Butler County Juvenile Court	
Physical Address: 280 N. Fair Avenue		City, State, Zip: Hamilton, OH 45011	
Mailing Address: Same as Above		City, State, Zip:	
Telephone: 513-887-3318		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: "To serve juvenile residents, their families, and their communities. It is the center's hope and goal that upon completion of the multi-phased programming, the residents will lead a more productive, lawful and healthy lifestyle."

Agency Website with PREA Information: www.butlercountyohio.org/JuvenileJusticeCenter

Agency Chief Executive Officer

Name: Jason Gundrum	Title: Superintendent of Corrections
Email: GundrumJN@butlercountyohio.org	Telephone: 513-887-3805

Agency-Wide PREA Coordinator

Name: Elizabeth Moore	Title: Quality Assurance Manager
Email: MooreEA@butlercountyohio.org	Telephone: 513-887-3853

PREA Coordinator Reports to: Jason Gundrum	Number of Compliance Managers who report to the PREA Coordinator 0
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Facility Information

Name of Facility: Butler County Juvenile Rehabilitation Center

Physical Address: 280 N. Fair Avenue, Hamilton, OH 45011

Mailing Address (if different than above):

Telephone Number: 513-887-3318

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Detention Correction Intake Other

Facility Mission: "To serve juvenile residents, their families, and their communities. It is the center's hope and goal that upon completion of the multi-phased programming, the residents will lead a more productive, lawful and healthy lifestyle."

Facility Website with PREA Information: www.butlercountyohio.org/JuvenileJusticeCenter

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Jason Gundrum **Title:** Superintendent of Corrections

Email: GundrumJN@butlercountyohio.org **Telephone:** 513-887-3805

Facility PREA Compliance Manager

Name: Not Applicable **Title:**

Email: **Telephone:**

Facility Health Service Administrator

Name: Steven Yamaguchi **Title:** Health Care Authority

Email: EDSFY@aol.com **Telephone:** 513-543-4213

Facility Characteristics

Designated Facility Capacity: 30 **Current Population of Facility:** 26

Number of residents admitted to facility during the past 12 months 68

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: 68

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		68
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	12-21	
Average length of stay or time under supervision:		4½-6 Months
Facility Security Level:		Medium
Resident Custody Levels:		Low, Medium, High
Number of staff currently employed by the facility who may have contact with residents:		43
Number of staff hired by the facility during the past 12 months who may have contact with residents:		9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		8
Physical Plant		
Number of Buildings: 1	Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:	0	
Number of Open Bay/Dorm Housing Units:	0	
Number of Segregation Cells (Administrative and Disciplinary):	2	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The primary camera monitoring system is located in the central control area which sits among the three living units. The complex, which includes this facility being audited and the attached detention center and juvenile court, has a total of 174 cameras. The cameras were observed and explained by the Superintendent to be strategically placed throughout the building. The retention period for video is 30 days.		
Medical		
Type of Medical Facility:	Medical Clinic Onsite	
Forensic sexual assault medical exams are conducted at:	Cincinnati Children's Hospital, Cincinnati, OH (under 18 years); Ft. Hamilton Hospital, Hamilton, OH (18 and over)	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		16
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		4

Audit Findings

Audit Narrative

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

The Butler County Juvenile Rehabilitation Center (BCJRC) is a 30-bed secure facility located in Hamilton, Ohio. The facility houses male juvenile offenders from throughout the State of Ohio who are 12-21 years old. The Ohio Department of Youth Services (ODYS) provides funding to Butler County for the facility to provide residential treatment services to residents who otherwise would be placed in an ODYS correctional facility. The BCJRC was recognized as "The Outstanding Community Correctional Facility-State of Ohio.

The facility is accredited by the American Correctional Association, first receiving accreditation in 2007 and subsequently successfully completing re-accreditation audits in 2010, 2013 and most recently in October 2016. The facility has been re-accredited for the treatment and transition of youthful offenders adjudicated of sexually oriented offenses by ODYS in February 2017. The facility's first PREA audit was completed with a written report in July 2015. The current audit was attained and assigned to the Auditor, Shirley Turner, by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. Flora Boyd, also a Certified PREA Auditor assisted with the onsite audit phase.

There were no barriers in completing any phase of the audit. The Auditors had unfettered access to the facility and all staff members encountered were receptive to the site visit and responsive to the Auditors. The audit notices were posted in various areas of the facility and contained the contact information of the Auditor. No type of correspondence was received by the Auditor from residents or staff regarding PREA related issues.

Pre-Onsite Audit Phase

Prior to the onsite portion of the audit, there was an initial telephone conference with the ODYS PREA Administrator and subsequent follow-up telephone conferences with the ODYS statewide PREA Administrator who communicated with the facility's PREA Coordinator. The communication ensured synchronized schedules, dissemination of information, progression of the audit preparation process, and provided the itinerary for the site visit. Correspondence was exchanged and shared among the Auditor, Superintendent of Corrections, Quality Assurance Manager who serves as the facility's PREA Coordinator, and the statewide PREA Administrator for ODYS. The PREA Coordinator and the PREA Administrator served as the direct contacts for the Auditor during the audit period.

The primary facility management staff and some direct care staff were present in the facility during the 2015 PREA audit. The facility staff has also experienced mock PREA audits, facilitated by the ODYS PREA Administrator, that serve to monitor and review the established practices and review policies and procedures, as well as assist in the preparation of the PREA audit. Through the interactions of the Superintendent, PREA Coordinator, PREA Administrator; ODYS Bureau Chief of Community Facilities;

mock audits; and documented training, it was determined that the staff remains aware of the audit process, role of the Auditor, and the meaning and purpose of corrective actions.

A sign announcing the audit and containing the Auditor's contact information was provided to the facility by the PREA Administrator. The PREA audit notice was previously provided by CMCG to the PREA Administrator. Copies of the notices were made by facility staff and were posted throughout the facility at least six weeks prior to the site visit. Pictures were taken and sent to the Auditor via email. The areas of the postings were identified and these areas were accessible to residents, staff and visitors. The placement of the notices included living areas; lobby; hallways; and common areas for residents, staff, volunteers and contractors. Communication with the PREA Coordinator and the ODYS PREA Administrator did not indicate the need for additional audit notices in languages other than English and no accommodations for disabilities were needed regarding the audit notices.

The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The completion date of the Pre-Audit Questionnaire was April 2, 2018. The document was received by the Auditor well over a month before the site visit. After an assessment of the information provided, a written review was provided to the PREA Administrator who subsequently provided the information to the Quality Assurance Manager/PREA Coordinator. The written document or issue log requested additional documents and clarification of some of the information already provided. The additional information was provided by the PREA Coordinator and verbal communication was maintained to ensure the Auditor's receipt of comprehensive information prior to the site visit and to identify any pending information for review during the site visit.

The Auditor provided the PREA Administrator with the document, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit." The document was forwarded to the PREA Coordinator who completed and returned the document to the Auditor. The document requested the identification of the staff members who served and performed in specific PREA related specialized roles within the facility, including volunteers and contractors who have contact with residents. The document also requested a list of direct care staff and their shift assignments and a resident population roster. Additionally, the request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender residents; and residents housed in isolation. The Auditor conferred with the PREA Coordinator to confirm schedules and to clarify specialized PREA roles. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and which also included three targeted resident interviews.

Onsite Audit Phase

The site visit was conducted on June 27, 2018. The Auditors were accompanied by the ODYS PREA Administrator. Three direct care/random staff members working the overnight shift were interviewed immediately upon the Auditors' arrival to the facility to eliminate the accrual of staff overtime. Once the interviews were completed, an entrance conference was conducted which included formal introductions and a review of the audit process and the site visit activities and itinerary. The entrance conference included the Superintendent; Deputy Superintendent; Quality Assurance Manager/PREA Coordinator; and Program Manager.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted and led by the Superintendent and included the ODYS PREA Administrator and ODYS Bureau Chief of Community Facilities. Other facility staff on the site review included the Deputy Superintendent; Quality

Assurance Manager; and Program Manager. The tour included all areas of the facility and outside grounds.

During the comprehensive site review, the printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, such as living units, hallways, and common areas for residents and staff. The notices contained large enough print to make them accessible and easy to see and read. Posted signs were also observed around the facility regarding general PREA information including the abuse reporting hotline numbers and information regarding access to victim advocacy services through the rape crisis center, Women Helping Women. Documentation and interviews confirmed that forensic medical examinations will be performed at the Cincinnati Children's Hospital in Cincinnati, Ohio when the resident is under 18 years old. If the resident is over 18, the forensic medical examination is conducted at Ft. Hamilton Hospital in Hamilton, Ohio. The examinations will be performed by a Pediatric Sexual Assault Nurse Examiner, Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner, or other qualified medical personnel at one of the aforementioned hospitals.

Telephones were observed in each living unit for reporting allegations of sexual abuse and sexual harassment. The phones were tested and the reporting process was discussed with the operator who stated that no calls had been received from the facility. Additionally, during the site review and subsequent walkthroughs, residents were observed in the dayrooms of their living units engaged in leisure activities and classrooms engaged in education activities. The direct care staff members were observed providing engaged supervision to residents and monitoring of the facility and a staff member monitoring the cameras.

Staff answered questions regarding resident activities and staff duties as the site review progressed through the facility. The Charge Nurse provided an overview of how residents are provided health care services in the clinic and the use of the privacy curtain which was installed after the 2015 PREA audit. Additional areas of the facility reviewed included the kitchen; dining/multipurpose room; intake area; front lobby of the main portion of the complex where visitors enter; offices; conference room; isolation rooms; each living unit; and outside grounds. The Superintendent described the intake process and conducted a walkthrough of the path a youth would take during the intake process.

Cameras and mirrors are strategically placed throughout the facility that assist in the monitoring of residents and reduce blind spots. There are no cameras in the bathroom and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. Signage was posted which indicated where residents were not allowed or only allowed with staff supervision. The doors to closets and storage rooms are kept locked, contain windows and the lights are always left on in those rooms for increased visibility.

Forty-three staff members are currently employed at the facility and there are 16 volunteers and contractors who are currently authorized to enter the facility. A total of 26 residents were in the facility during the site visit. Ten residents were interviewed after randomly selecting the names from the facility population report. A previous inquiry was made regarding vulnerable categories within the resident population related to the selection of targeted interviews. Residents were randomly selected for interviews from the population roster, considering each housing unit and information regarding the make-up of the population. Only three targeted resident interviews (gay and disabled) were identified and conducted as a result of inquiry, self-identification and screening instrument.

Twelve random staff members were interviewed that covered all shifts and nine individual specialized staff members were interviewed based on their job duties and PREA roles, including two volunteers

and two contractors. Although nine individuals were identified for specialized interviews, the specialized interviews conducted totaled 18 due to staff members in this category serving in more than one PREA related specialized role. The two volunteers interviewed serve as clinical interns and the two contractors provide education course work or education support services to the facility through the Butler County Education Service Center. The interviews with the residents and staff and volunteers indicated their receipt of PREA training which was also verified by a review of documentation.

The following categories of resident interviews were conducted:

- Random Residents (7)
- Targeted Interview/Residents with Cognitive Disabilities (2)
- Targeted Interview/Resident who Identify as Gay or Bisexual (1)

There were no residents identified in the following areas for targeted interviews:

- Physical Disability
- Reported Sexual Victimization During Risk Screening
- Youthful Inmates
- Physical Disability
- Blind, Deaf or Hard of Hearing
- Identify as Transgender or Intersex
- In Segregated Housing for High Risk of Sexual Victimization
- Residents who Reported Sexual Abuse

The following specialized staff interviews were conducted in addition to 12 random staff (direct care); Superintendent of Corrections and PREA Coordinator.

- Contract Administrator (1)
- Intermediate or higher level staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (1)
- Education Staff/Contractors (2)
- Medical Staff (1)
- Mental Health Staff (1)
- Administrative (Human Resources) Staff (1)
- Volunteers who have contact with residents (2)
- Facility Level Investigative Staff (2)
- Staff who perform screening for risk of victimization and abusiveness (1)
- Staff who supervise residents in segregated housing (1)
- Staff on the sexual abuse incident review team (2)
- Designated staff member charged with monitoring retaliation (1)
- Intake Staff (1)
- First Responder Non-security Staff (1)

Policies, procedures and supporting documentation were reviewed prior to the site visit and while onsite for interviewees and persons not interviewed. The secondary documentation reviewed again while included but was not limited to various forms; sample of personnel files including background checks; risk and other screening instruments; investigations; education and training acknowledgement forms; training records; checklists; and other documentation. During the site review, the grievance boxes and forms and medical forms were observed posted in the living units and a grievance depository is located in the dining/multipurpose room.

The facility reports and the documentation support there were 10 allegations of sexual harassment and sexual abuse in the past 12 months. A review of documentation revealed nine allegations received an administrative investigation and one was referred for a criminal investigation. Two of the 10 investigations conducted by trained facility investigator(s) were determined unsubstantiated, four were determined to be unfounded, and two were found to be not PREA related (unfounded). One of the administrative investigations was substantiated as sexual harassment. The investigation conducted by the Butler County Sheriff's Office determined the allegation was found to be not PREA (unfounded). One of the sexual harassment allegations involved a contractor however the investigation revealed the allegation was unfounded.

All staff members working in the facility are considered mandatory reporters by Ohio State law. The facility's website contains PREA information, including how to report allegations. Research and interviews with the Superintendent of Corrections and ODYS PREA Administrator indicated no known litigation involving the facility. During the comprehensive site review, records were observed to be stored securely with limited key access by identified staff.

After the completion of the site visit process, an exit briefing was held with the Superintendent; Deputy Superintendent; PREA Coordinator; Program Manager; ODYS PREA Administrator; and ODYS Bureau Chief of Community Facilities to recap the onsite process and review program strengths and to review the provision of pending information. The facility and ODYS staff members were given the opportunity to ask additional questions about the PREA audit process and there were none. The timelines for the submission of PREA reports were reviewed.

Post Onsite Audit Phase

The victim advocacy agency, Women Helping Women, has a Memorandum of Understanding (MOU) with the facility to provide advocacy services. The Auditor made contact with the Vice President of Programs who confirmed the services to be provided as stated in the MOU including accompanying the victim through the forensic medical examination and investigative interviews. The Vice President of Programs also discussed the limitations of confidentiality regarding the services provided to a victim. She also revealed that agency representatives have made presentations, regarding advocacy, to the residents at the facility in the past.

The final report was concluded on the posted date due to all required information being received and/or reviewed by the Auditor, confirming all the standards were met. The report was submitted to the ODYS PREA Administrator to be reviewed and subsequently forwarded to the facility.

Facility Characteristics

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

The Butler County Juvenile Rehabilitation Center (BCJRC) utilizes evidence-based practices to address the needs of the residents, including but not limited to Thinking for a Change; Aggression Replacement Training; Cognitive Behavioral Therapy; Trauma Focused Cognitive Behavioral Therapy; and Cognitive Behavioral Interventions for Substance Abuse. The programming includes individual, group and family

therapy designed to meet the unique needs of the population served. Parents/guardians of residents are involved in Parent Education groups and ongoing family sessions. When residents are nearing completion of the program, they enter a re-entry phase of the program designed to aid in their transition back to their home community.

While the main focus of the facility is to address anti-social thinking and behavior, academic improvement is also an essential part of the programming and the school curriculum is aligned with the Ohio Department of Education standards. The facility utilizes the Butler County Educational Service Center to provide educational services which include but are not limited to instruction in language arts, mathematics, social studies and science; remediation, credit recovery and special education instruction; computer based programming; and social and life skill instruction.

Medical services are provided by medical staff onsite and are also coordinated by the Charge Nurse. All youth admitted to the facility will meet with a Nurse for an initial health screening, thereafter, residents are seen on at least a monthly basis or by request through completion of a Sick Call form. There is a locked box outside of the Nurses' office/clinic area for deposit of Sick Call forms. The Program Director manages the provision of mental health services and the unit includes an Assistant Program Director and two Therapists. Clinical interns provide services at the facility on a regular basis. Currently, there are two clinical interns and both were interviewed by the Auditor. The interns are knowledgeable of PREA and how to report allegations of sexual abuse and sexual harassment. Psychiatric services are provided to the residents through a contract with Butler Behavioral Health Services.

Direct care staff members are responsible for the daily and direct supervision of residents and manage them during their daily activities. There is a total of 43 staff members employed at the facility who have contact with residents. The staff to resident ratio was observed to be met in all areas of the facility during the comprehensive site review. The camera monitoring system supports the direct supervision provided by staff and the cameras were observed to be constantly monitored at the central control area. There is a host of management, supervisory and support staff members who provide oversight of or participation in processes and activities that contribute to the facility operations. The facility has four trained investigators. The security level for the facility is Medium and the resident custody levels are Low, Medium and High. The total number of residents admitted to the facility in the last 12 months is 68 and the average daily population since the last PREA audit is 21.

Additional services provided to residents and require direct supervision include recreation services which ensure that each resident has the opportunity to participate. Activities include one hour of gym each day where this time may be used for exercising large muscles (unless excused for medical reasons), maintaining and/or improving physical condition, and relieving stress. The facility has a gymnasium that is shared with the residents from the detention center. The two populations do not meet due to careful scheduling. There is also one hour of leisure activities scheduled each day for activities such as board games, reading, art activities, and other approved recreation/leisure activities as determined by staff. When weather permits, residents are allowed to participate in outdoor activities. Residents also have the opportunity to attend religious programming, on a volunteer basis, on Sunday and through the week. Church services are offered in the facility through religious volunteers. Special visits may be arranged by staff when a resident requests to meet with clergy from his home church or denomination.

The BCJRC is adjacent to the Butler County Juvenile Detention Center and the Butler County Juvenile Court and was opened in 1992. The three entities make up the David J. Niehous Juvenile Center and are contained in one large building. There are three single cell housing units and two isolation cells

within the BCJRC. There is a main entrance in the front of the building where security measures are implemented by the Butler County Sheriff's Office. Visitors to the BCJRC are escorted to that section of the building by BCJRC staff.

A long corridor leads from the juvenile court area through the juvenile detention center and on into the BCJRC. There are three living units with one of the units containing offices for some of the treatment staff. Each living area has dayroom areas and the units are connected by a common area that contains the central control area and an office shared by treatment staff. The medical clinic is also located near this area. Each living unit has two bathrooms that provide a reasonable amount of privacy. Residents are allowed in the bathroom only one at a time. The BCJRC also contains three classrooms and an area outside of the classrooms is used for the library and other education services. Additionally, there is a kitchen, dining room, and storage rooms. The administration area of the BCJRC portion of the building houses offices and a conference room. There is a large outdoor recreation area which can accommodate various sports and activities, when the weather permits.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any):

115.351 Resident Reporting

It was determined during the site review and informal conversation with management staff that the grievance box is not consistently checked on weekends and holidays. The Superintendent of Corrections implemented a corrective action for residents to place emergency grievances in the locked

Sick Call Box when there is an allegation on weekends or holidays because that Box is checked daily. The corrective action was implemented to ensure no undue delay in making the proper contacts and completing reports regarding the allegation of sexual abuse or sexual harassment of a resident. The modified procedures were reviewed with the residents in each living unit, medical staff and Shift Leaders by the PREA Coordinator.

Each meeting agenda for living units and staff included on the same page, the signature of the participant and the date of the meeting. The modified procedures regarding an emergency grievance completed on the weekend or a holiday was also posted in all living units accessible to all residents and staff. The posted document is easy to read and is on red paper as confirmed by the pictures sent to the Auditor by the PREA Coordinator

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
Facility Organization Chart
Juvenile Justice Center Organization Chart
Position Description

Interviews:

Quality Assurance Manager/PREA Compliance Coordinator
Random (Direct Care) Staff
Resident Interviews

The Protection from Harm Policy contains the methods demonstrating zero-tolerance regarding all forms of sexual abuse and sexual harassment and identifies the approach for preventing such allegations. The Policy provides approaches for detecting and responding to allegations of sexual abuse and sexual harassment. Additionally, the Policy outlines the strategies for addressing the components of the PREA Standards and includes the following: prevention and responsive planning; training and education; risk screening; reporting; official response following a resident report; investigations; discipline; medical and mental care; and data collection and review. Definitions of the prohibited behaviors are included in the Policy which also addresses sanctions to be used when the PREA related policies are violated.

The Protection from Harm Policy provides for the Superintendent to identify the Quality Assurance Manager as the PREA Coordinator. The facility's organization chart shows the Quality Assurance Manager as an upper level position directly under the supervision of the Superintendent of Corrections. The organization chart for the Juvenile Justice Center, which the facility is a component of, shows the Superintendent of Corrections as upper level management within the agency and the direct supervisor of the Quality Assurance Manager.

The Quality Assurance Manager/PREA Coordinator stated during the interview, she has the time and authority required to fulfill the PREA related duties. She articulated her coordination efforts and process for continuous monitoring for PREA compliance. Interviews with direct care staff confirmed the

supervision and monitoring of the PREA efforts by the Quality Assurance Manager and revealed their awareness of the role of the PREA Coordinator performed by the Quality Assurance Manager.

The conditions of the facility and the interviews with random staff and residents support adherence to the Protection from Harm Policy. The review of the Policy and the organization charts document the identification of the Quality Assurance Manager as the PREA Coordinator. The interviews with the direct care staff and the Quality Assurance Manager and the interaction and correspondence between the Auditor and the Quality Assurance Manager support the documentation reviewed and confirms her role as PREA Coordinator.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The interview with the Superintendent of Corrections who fills the role of the contract administrator revealed the facility does not contract with other facilities for the confinement of its residents.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

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

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA 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 No

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
 Facility Policy 3.2, Staffing Plan, Supervision and Monitoring
 Mandatory Overtime Rotation Schedule
 Staffing Plan
 Master Schedule

Sample of Work Schedules
Staffing Plan Annual Evaluation
Sample of Unannounced Site Visit forms
Staff Meeting Minutes

Interviews:

Superintendent of Corrections
Intermediate or Higher Level Staff
PREA Coordinator

The facility Policy provides the considerations for staffing and affords guidance to staff in adhering to the staffing ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. The work schedules reviewed and observations during the comprehensive site review and subsequent walkthroughs revealed the adherence to the PREA staffing ratios. The Master Schedule and Staffing Plan provide guidance in the development of the work schedules and the Mandatory Overtime Rotation Schedule requires identified staff to work when there is a call-off, emergency weather conditions or other situations that may affect work attendance. The Deputy Superintendent makes the work schedules, they are reviewed by the Superintendent of Corrections, and the PREA Coordinator if there are adjustments to the staffing plan.

The Policy provides for an annual staffing plan assessment to be conducted annually by the Superintendent in conjunction with the PREA Coordinator and designated administrative staff. A review of the Staffing Plan Annual Evaluation reveals a completion date of April 3, 2018 and is signed by the Superintendent of Corrections and indicates completion in conjunction with the Deputy Superintendent and the Quality Assurance Manager/PREA Coordinator. A previous Staffing Plan Annual Evaluation was completed on May 1, 2017. The Evaluation includes but is not limited to consideration of adjustments to the staffing plan; monitoring system; resources available and committed to ensure adherence to the staffing plan; and prevailing staffing patterns. According to the interviews and the Pre-Audit Questionnaire, there were no deviations to the staffing plan during this audit period.

A review of a sample of documented unannounced rounds and the Policy support unannounced rounds are conducted by intermediate level and higher level staff. The unannounced rounds are recorded on the Unannounced Site Visit form. The areas assessed during the unannounced rounds include but are not limited to: proper routines being followed; proper facility staffing requirements; appropriate staff positioning; and groups in appropriate locations. The interview with the Deputy Superintendent revealed staff members are not informed of the rounds and there is not a routine schedule regarding the rounds. Staff members are encouraged not to alert other staff members regarding the unannounced visits.

The interview and documentation confirmed that unannounced rounds are conducted to identify and deter sexual abuse and sexual harassment and are documented. The facility Policy provides for compliance to the staffing plan and the deviations are to be documented. The staffing documents provide for the PREA staffing ratios to be met and a hold-over system of direct care staff ensures adherence to the staffing plan. Staff meeting minutes document that video monitoring supports the supervision provided to protect residents. Observations and review of documentation support adherence to the staffing plan. The Superintendent discussed the composition of the resident population, security levels and other factors and their significance in ensuring adherence to the required staff coverage.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.19, Control of Contraband
Samples of Search Logs
Training Video Slides
Training Sign-In Sheets
Training Logs
Transgender/Intersex Resident Staffing Questionnaire

Interviews:

Direct Care Staff
Residents

The Policy provides that cross-gender strip and cross-gender visual body cavity searches are prohibited at the facility. Cross-gender pat-down searches are not permitted, except in exigent circumstances. The interviews with direct care staff consisting of males and females stated the same and that the likelihood of a cross-gender pat-down search occurring in nil due to males always being present in the facility. All the residents interviewed indicated they had not been involved in a cross-gender pat-down search by female staff. Direct care staff members interviews revealed the practice of females not conducting pat-down searches.

The Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status; this information was also verified through

interviews with direct care staff. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private. The Policy contains procedures that guide staff and ensure residents are able to shower, change clothes and perform bodily functions without being directly viewed by staff.

The interviews, review of training materials including Sign-In Sheets support staff members' participation in the training for searching residents, including cross-gender pat-down searches and searches of transgender and intersex residents in a respectful manner consistent with security needs. All direct care staff members have received the training and based on the Policy, interviews and training documents are prepared to conduct searches as required and in accordance with Policy and the provisions of the PREA standard. The staff revealed in interviews that the female staff members have received the training for conducting cross-gender pat-down searches and they would follow the Policy if one was conducted, which is to document and justify the search.

There were no residents in the facility that identified as transgender or intersex during the site visit. However, a transgender female was admitted to the facility last year and it was documented on the Transgender/Intersex Resident Staffing Questionnaire that she preferred to be searched by a male. This document is maintained by the PREA Coordinator in a locked file drawer. The document also provides for the resident to be asked questions about how the resident would like to be addressed, preferred undergarments, specific items to be considered during the stay in the facility, and other questions geared to the adjustment of the resident. The PREA Coordinator discussed how the form was used and that it will be beneficial for future use.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No

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

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.364, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

5.1.4, Special Services, Section III
Procedures to Request a Translator/Request for Interpreter Form
Letter from Director of Education, Butler County Education Center
Resident Handbook in English and Spanish
Posted information in English and Spanish
Individual Note from resident's file
Request for services form, Community Services for the Deaf

Interviews:

Youth Leaders/Direct Care Staff
Quality Assurance Manager/PREA Coordinator

The facility Policy address the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy also prohibits use of resident 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, performance of first responder duties, or the investigation of the allegations.

The interviews with the 12 direct care staff revealed the facility staff has access to interpreters and other resources for the provision of support services, including services for the hearing impaired, Deaf, intellectual disabilities, limited reading, limited English proficient, and based on the individual need of the resident. Documentation was reviewed for vendors who would provide resources and support services for residents with disabilities and who are limited English proficient. A computerized speech program is accessible that will speak the Resident Handbook and PREA brochure for residents who are blind. A version of the Resident Handbook is also available in large print for residents who are vision impaired.

The Butler County Education Service Center will provide services for residents with disabilities, including those who may be blind, have low vision, limited reading skills, or otherwise disabled. The provision of these services is documented in a letter by the Director of Education, Butler County Educational Service Center and confirmed by the PREA Coordinator. A qualified staff member will also aid residents with literacy impairment. There is an Individual Note in a resident's file indicating the resident's limited reading skills and the staff acknowledging having reviewed the program rules, expectations and other pertinent information in detail with the resident due to his literacy impairment.

The Butler County Court of Common Pleas, Juvenile Division, has established a process for obtaining language interpreter services. During the preparation for the scheduled new admissions and the need for a language interpreter is identified, facility staff requests a translator through completion of the Request for Interpreter Form which is submitted to Court Clerk's office. The procedures also include contact information if emergency interpreting services are needed, including contact information.

The direct care staff interviews revealed the practice is no resident interpreters, resident readers or any type of resident assistants are used for the provision of PREA information and have not be used during this audit period. The documentation reviewed, including the Policy and Procedures, and interviews with PREA Coordinator supported that all residents will have the opportunity to participate in and benefit from all of the facility's PREA efforts. There was not a resident identified as being limited English proficient.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local 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 No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 1.3.4, Selecting and Promotion, Section III.7
 Background Check Log
 Criminal History Record Check
 Interview Questions
 Conditional Offer of Employment
 Application for Employment

Interview:

Information and Administrative Services Manager

Facility Policy addresses hiring and promotion processes and decisions and background checks. The Policy is aligned with the requirements of the standard and provides background checks occur prior to employment and every five years thereafter. Initial Criminal History Record Checks and five-year checks were reviewed.

The interview and a review of Policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. A total of 15 Criminal History Record Checks and personnel files were reviewed either through review of personnel documents on the flash drive or review of personnel files during the site visit. The documented background checks are aligned with the Background Check Log and confirmed the information provided by Policy. According to the Information and Administrative Services Manager and Policy, staff has a continuing duty to report related misconduct. Omission of sexual misconduct or providing false information will be grounds for termination.

Information is gleaned from applicants regarding previously related sexual misconduct allegations and convictions. The Policy prohibits hiring or promoting anyone or enlisting the contract services of anyone who may have contact with residents who has engaged in previous sexual misconduct. A review of the hiring documents and the interview confirmed the facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

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

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Documents Reviewed:

Facility Policy, Upgrades to Facility and Technology

Interviews:

Superintendent of Corrections
Direct Care Staff

The Policy provides for the Superintendent/agency head to evaluate the need for technological acquisitions and/or upgrades annually or as needed. During the 2015 PREA Audit one of the living units which contained six beds was being remodeled for office space for some of the treatment staff. Observations revealed the completion of the additional offices on the unit.

The upgrade to the camera system for the complex, which includes the facility, was completed in September 2017 and includes but not limited to additional cameras and additional pixilation added to particular cameras for reasonable privacy such as the toilet area of the holding cell. The number of cameras for the complex increased from 89 to 174. The results of the evaluation regarding technology needs provided new cameras in blind spots and upgraded technology. The interview, observations and the explanation and demonstration during the site review confirmed the upgrade to the camera system.

Staff was observed monitoring the cameras at the control center area and there were prompt responses to opening doors for staff that were controlled from the control center. The observations, Policy and formal and informal interviews confirmed that the camera system supplements direct supervision provided to residents by staff.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
 Memorandum of Understanding with Ft. Hamilton Hospital
 Memorandum of Understanding with Butler County Sheriff's Office

Memorandum of Understanding with rape crisis center, Women Helping Women
PREA Victim Support Staff Training Certificate

Interviews:

Direct Care Staff
Program Director, Deputy Superintendent/Investigators
Superintendent of Corrections
PREA Coordinator

The facility Policy and staff interviews confirmed facility staff members are responsible for conducting administrative investigations. The Butler County Sheriff's Office is responsible for conducting criminal investigations of sexual abuse allegations. The facility has four staff members identified as investigators, the Superintendent, Deputy Superintendent, PREA Coordinator, and Program Director.

A Memorandum of Understanding (MOU) exists between the BCJRC and the Butler County Sheriff's Office regarding criminal investigations for the allegations of sexual assault. The Sheriff's Office agrees to follow the protocol set forth in the PREA Standards 115.321 (a) through (f). The MOU states that the facility and the Sheriff's Office agree to cooperate with each other during the investigation process and in the completion of the investigation.

Forensic examinations will be conducted at the Cincinnati Children's Hospital for residents under 18 years of age and residents 18 and over will be examined at Fort Hamilton Hospital. The Children's Hospital has the services of a Pediatric Sexual Assault Nurse Examiner as determined through correspondence between the hospital representative and the PREA Coordinator. The Hamilton Hospital has the services of a Sexual Assault Nurse Examiner as determined by the MOU and the MOU states the hospital will provide advocacy services. Correspondence shows the facility and Children's Hospital are in the process of finalizing a MOU; the document is currently under review at the Hospital. Although no formal MOU exists, residents will be seen there if the situation occurs. Medical forensic examinations will be provided at the appropriate hospital at no cost to the victim.

The facility has a MOU with the local rape crisis center, Women Helping Women (WHW) for victim advocacy services, which provide services to males and females. According to the MOU, the supportive services that WHW will provide to victims include but are not limited to: accompaniment through the medical forensic examination; accompaniment through the investigatory interview conducted at the hospital or facility; crisis intervention services; referrals for resources; follow-up services; emotional support; and access to a 24-hour hotline to report allegations of abuse. A Primary Therapist or other mental health personnel may serve as a victim advocate if needed or requested. The staff members have the background and have completed and have certificates documenting training in PREA Victim Support Training sponsored by the Ohio Department of Youth Services.

The documentation reviewed and staff interviews confirmed their awareness of who is responsible for conducting sexual abuse investigations and the uniform evidence protocol is adhered to and is appropriate to youth. Staff interviews also confirmed their knowledge of maintaining and preserving usable physical evidence. No medical forensic examinations have been conducted during this audit period. The Superintendent of Corrections confirmed that all allegations of sexual abuse are reported to Butler County Children Services, Ohio Department of Youth Services and the Butler County Sheriff's Office.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4 Protection from Harm
Memorandum of Understanding (MOU)
PREA Pre-Audit Questionnaire

Interviews:

Program Director, Deputy Superintendent/Investigators
Direct Care Staff
Superintendent of Corrections
PREA Coordinator

The Policies direct staff to report all allegations of sexual abuse and sexual harassment and to document the reports and to cooperate with investigations. Staff members are aware of the Policy requirements as verified through their interviews. The facility reports 10 allegations and nine received an administrative investigation; one was referred for criminal investigation. A review of the completed investigation revealed a non-PREA incident (unfounded) which was also confirmed by the Superintendent of Corrections and PREA Coordinator.

The facility's website provides the information and policy for reporting allegations of sexual abuse. Reporting forms were also observed posted in the main lobby of the complex. Reporting information is also posted in various areas of the BCJRC including but not limited to living units, hallways and administrative areas. The posted information is accessible to residents, staff, contractors and visitors.

The Policy and formal interviews with the Program Director, Deputy Superintendent and direct care staff and informal interviews with the Superintendent (back-up investigator) and PREA Coordinator who is also an investigator confirmed that allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigators and sexual abuse allegations that are criminal in nature are investigated by the Butler County Sheriff's Office. Allegations of sexual abuse are also reported to Butler County Children Services and Ohio Department of Youth Services.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 1.4.1, Training and Staff Development
PREA Disclosure statements
Training Grid
2018 Staff PREA Training Record
Training Sign-In Sheets
Course Materials

Interviews:

Direct Care Staff

PREA Coordinator

The facility Policy addresses PREA related training for staff. All staff members interviewed were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented.

The training documents include the following information:

1. Signed and dated PREA Disclosure statements acknowledging receipt of the training;
2. Training Grid identifies the type of training and number of hours for all job categories;
3. PREA Training Record lists by name the date the staff member participated in PREA training;
4. Sign-In Sheets show the date of the training, instructor and signature of staff in attendance; and.
5. Course Materials used in presenting the training which includes PowerPoint presentations.

The direct care staff interviewed and the PREA Coordinator reported the training is provided as required. The facility houses males and the training considers the needs of the population. All direct care staff members interviewed and document review verified the general topics below were included in the training:

1. Zero-tolerance PREA related policies.
2. Staff responsibilities and how to fulfill them regarding allegations or incidents of sexual abuse or sexual harassment.
3. Residents' right to be free from sexual abuse and sexual harassment.
4. The right for staff and residents to be free from retaliation for reporting allegations or cooperating in an investigation.
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities.
6. Residents and employees rights to be free from retaliation for reporting sexual abuse and sexual harassment.
7. How to avoid inappropriate relationships with residents.
8. Common reactions of sexual abuse and sexual harassment by juvenile victims.
9. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents.
10. Mandatory reporting.
11. Relevant laws regarding the applicable age of consent.

The Policy, training materials, staff interviews, review of Sign-In Sheets and acknowledgement statements verify the staff training occurs.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 1.4.1, Training and Staff Development
 PREA Training/Disclosure Log
 PowerPoint Presentation

Interviews:

Contractors (2)
 Volunteers (2)

The Policy requires volunteers and contractors who have contact with residents, must 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 training records, including signed PPRA Disclosure/acknowledgement statements and PowerPoint presentation document the training occurs.

According to the interviews with the four contractors and volunteers, the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The contractors and volunteers also stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4 Protection from Harm
 PREA Packet
 PREA Pamphlet/Video Contract
 PREA Disclosure statements
 PREA Education Log
 PREA Pre-Audit Questionnaire
 Resident Handbook printed in Spanish

Interviews:

Residents (10)
 Shift Leader/Intake Staff

Facility Policy provides all residents admitted receive information about the facility, including PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. According to the Shift Leader and the residents interviewed an orientation is provided to residents during the intake process. Staff and resident interviews indicated the information is comprehensive and age-appropriate. The facility reports through the PREA PRE-Audit Questionnaire 68 youth were admitted to the facility, in the last 12 months, and received PREA education.

The PREA packet provides information on how to report allegations of sexual harassment and sexual abuse. A brochure is included in the packet titled, "What you should know about sexual abuse & Assault", provided to each resident to reduce incidents of sexual abuse and sexual harassment. The brochure explains sexual assault; provide information regarding avoiding an attack; what to do if sexually assaulted; the website information for third-party reporting; and educational information regarding sexual assault and victims. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report for the allegation; use the hotline to call the rape crisis center; complete an emergency grievance; or complete a sick call form.

A sample of signed PREA Disclosure/acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA and how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Shift Leader was interviewed regarding PREA education for residents. He discussed the process for ensuring residents' receipt of the information, including the resident signing acknowledgement forms.

The PREA related information is a part of the intake packet completed with each resident. The interview with the Shift Leader also provided for a review of the education materials in the PREA packet which is included within the intake folder such as the PREA brochure, reporting information, description of PREA Juvenile Orientation Video; and the PREA Juvenile Orientation Follow-up Checklist. Each resident signs and date an acknowledgement form, Pamphlet/Video Contract, which indicates the resident's receipt and review of the PREA pamphlet and viewing of the video.

Follow-up PREA information is provided to residents 60 days after the initial PREA education session and the Follow-up Checklist is used to test how well the information was comprehended by the resident. The resident interviews revealed knowledge of their PREA rights, how to report allegations, and their general PREA knowledge. A review of documentation showing dates and indicating residents' participation in PREA education sessions confirmed the PREA education sessions occur. The PREA related information is provided to staff in policies and procedures, training and staff meetings.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. The local school district will also provide services for disabled residents as documented in a letter through the Butler Education Service Center. The facility has PREA related information posted in the living units, hallways and other areas of the facility accessible to residents, staff, contractors, volunteers, and visitors. The facility has made prior arrangements for the provision for interpretive and translation services which can be accessed through the Court or direct communication can be generated by facility staff during an emergency. Staff interviews confirmed residents are not used as translators or readers for other residents.

Staff from this facility will be used to provide support and interpreter services to residents when the need arises to ensure access to services that will provide disabled and limited English proficient residents the opportunity to participate in PREA education sessions. The facility has access to PREA brochures and a Resident Handbook in Spanish. The postings regarding PREA information are also printed in Spanish. Documentation of PREA education sessions are maintained on the PREA Education Log. It was noted through the documentation of an Individual Note that a resident who was a limited reader received special care with the information being especially thoroughly reviewed with him.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- 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 No NA

115.334 (b)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 1.4.1, Training and Staff Development
Training Certificates
Memorandum of Understanding, Butler County Sheriff's Office

Interviews:

Deputy Superintendent, Program Director/Investigators

The Policy, practice and the MOU provides for investigations of allegations of sexual abuse to be conducted by Butler County Sheriff's Office and Butler County Children's Services; administrative investigations are conducted by facility staff. Four facility staff members have been identified as administrative investigators: PREA Coordinator; Deputy Superintendent; Program Director; and Superintendent of Corrections. Policy provides for the identification of the investigators and that they be trained.

The investigators have received online training courses through the National Institute of Corrections as documented by interviews and reviewed certificates. The training course entitled Responding to Sexual Abuse has been completed by all of the investigators. Training course title, PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations was completed earlier this year.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
Facility Policy 1.4.1, Training and Staff Development
Training Certificates
Training Sign-In Sheets
Training Record Sheet

Interviews:
Charge Nurse
Program Director

The Policy and facility practice provide medical and mental health staff members receive the regular PREA training and the specialized training. Training certificates document specialized training for all medical and mental health staff members. The documentation shows completion of online health care training through the National Institute of Corrections. The training completed by medical staff was titled, PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. The mental health course was titled, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The interviews with the Charge Nurse, conducted in the clinic, and the Program Director which occurred in an office confirmed completion of training for the staff in their units.

Medical and mental health staff completed the general training that is provided for all staff members as documented by Sign-In Sheets and the formal Training Record sheet. Sign-In sheets indicate participation in training sessions for the general PREA training including training conducted as recent as February 2018. The training documents and the interviews with medical and mental health staff confirmed receipt of the required training. Forensic medical examinations are not conducted at this facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- 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 No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No

- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
Vulnerability Assessments
Admissions Forms

Interviews:

Shift Leader (performs screening for risk of victimization and abusiveness)
Residents (10)
PREA Coordinator

The facility Policy provides guidance to staff in properly screening new admissions and for reassessments to be conducted. The vulnerability screening is conducted by the PREA Coordinator or a Shift Leader using the Vulnerability Assessment instrument. The Vulnerability Assessment is reviewed by the Program Director or Assistant Program Director and the Superintendent. The Vulnerability Assessment, in conjunction with the Admissions Form, is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety.

During his interview, the Shift Leader discussed how the Vulnerability Assessment is administered to glean information to assist staff in keeping residents safe. The Policy states residents will be screened within 72 hours of admission however all resident interviews revealed the screening occurs on the same day of admission to the facility. A review of a sample of forms confirmed residents are routinely screened for risk of victimization and abusiveness on the same day of admission. This vulnerability screening occurs whether the youth is transferred from another facility or is a new admission, according to staff interviews and the Policy which requires an assessment to be conducted on each resident.

Disclosure of prior victimization or perpetrated sexual abuse is addressed during the time of disclosure. The resident is referred to a Primary Therapist following the disclosure of the information. This practice was verified by reviewing the file of a resident who had been released. The documents reviewed correlated in dates of when the disclosure was made and a follow-up meeting with a Primary Therapist soon after the disclosure was made.

A review of documentation, interviews with residents and staff confirmed the Vulnerability Assessment is administered. The information for the instrument may be obtained by asking questions from the form and a review of the resident's record, according to the Shift Leader. All residents interviewed could identify specific areas inquired about in the administration of the Vulnerability Assessment. Reassessments are conducted by the Primary Therapist according to the instruments and the Policy. The completed risk assessment instruments are accessible to the staff for safety and treatment purposes. The resident files were observed to be maintained in a confidential manner in locked file cabinets, with limited key access, and the cabinets are labeled "Confidential."

Standard 115.342: Use of screening information

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

115.342 (a)

- 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 No
- 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 No
- 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 No
- 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 No

- 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 No

115.342 (b)

- 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 No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- 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 No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- 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 No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 3.4.4 Protection from Harm
Admissions Forms
Vulnerability Assessments
Transgender/Intersex Resident Staffing Questionnaire
Facility Schematics
PREA Education Log
Pre-Audit Questionnaire

Interviews:

Shift Leader (performs screening for risk of victimization and abusiveness)
Shift Leader (supervise residents in isolation)
Residents
PREA Coordinator
Superintendent of Corrections
Program Director
Charge Nurse
Random Staff

The facility Policy provides guidance to staff regarding the use of the information obtained from the Admissions Form and the Vulnerability Assessment. The staff interviews and information obtained through the administration of the screening instrument and Admissions Form assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting needs of each resident. This information was verified through a review of a sample of the completed Admissions Forms and the screening instrument, Vulnerability Assessment.

The facility has two isolation cells where, according to the staff interviews, residents at risk for sexual victimization would only be placed for a short period of time until an alternative could be arranged to separate a victim from a likely abuser. The facility reports no residents were placed in isolation in the past 12 months due to the residents being at risk of sexual victimization. During the comprehensive site review no residents were observed in observation. The Policy which was supported by the staff interviews states that residents in isolation will receive a status review every 30 days and will have daily access to medical staff, their Primary Therapist, and treatment and education programming. The isolation cells were observed during the site review and were observed on the printed facility schematics prior to the site visit.

Random staff interviews indicated protective measures would be taken immediately if it was determined that a resident was at risk for imminent sexual abuse and responses included separating residents by changing rooms or living units and alerting the Shift Leader, PREA Coordinator and other management and treatment staff of the situation. The Superintendent of Corrections and random staff indicated the expectations are for protective measures to be implemented immediately when it has been determined a resident is at risk of imminent sexual abuse.

Facility Policy, Protection from Harm, prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. The Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. The Policy also provides that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis to ensure the resident's health and safety. These directives in the Policy were verified by the Shift Leader interviewed in the role of the risk screener.

The targeted interview for this area relayed that he has not been placed in special housing or areas reserved for gay, bisexual, transgender or intersex residents. The form, Transgender/Intersex Resident Staffing Questionnaire, was reviewed which was completed on a resident who has since released. The resident was asked if he preferred to sleep in the assigned unit or in a room away from other residents, which could be arranged in the unit where some rooms have been converted to offices for some of the treatment and program staff. The documents show and the interview with the PREA Coordinator and the Program Director confirm the resident chose to sleep on the assigned living unit. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. Additionally, the showers were observed and were configured for individual restroom/shower usage. Signs have been placed on bathroom doors indicating only one resident in the restroom/shower at a time.

The resident's concern for his own safety is taken into account through the administration of the Vulnerability Assessment; review of PREA Education Log; and according to resident interviews, during interactions with their Primary Therapist. The interviews and documentation revealed staff members are aware of the Protection from Harm Policy

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- 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 No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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 No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
 Facility Policy 3.4.4, Protection from Harm
 PREA Disclosures
 Grievance Forms

Complaint Forms

Interviews:

Direct Care Staff (12)

Residents (10)

Shift Leader (Intake Staff)

Facility Policy addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such.

Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour crisis/advocacy group hotline which is not a part of the agency as confirmed by resident interviews. Direct care staff interviews revealed residents may use the abuse hotline to privately report sexual abuse and sexual harassment. The hotline telephone was tested during the comprehensive site review and was found to be in working order. Direct care staff also revealed staff could use the abuse hotline for that same purpose. The operator explained how the allegations will be reported and that no calls have been received from the facility during this audit period.

Additional internal ways a resident may report as determined from resident interviews include completing an emergency grievance form; talking to a trusted staff member; completing a complaint form; write a note; and tell a Probation Officer or family member. There are designated locked boxes and forms on the living units and in the dining hall for depositing the written forms. Writing materials are readily available for residents to complete the accessible forms. If a resident uses a grievance form to report allegations of sexual abuse or sexual harassment, he just needs to place his name on the form and place it in the grievance box. Staff will respond to an emergency grievance within 48 hours according to Policy.

The Resident Handbook contains information for reporting allegations of sexual abuse and sexual harassment. The victim rape crisis center, Women Helping Women also provide advocacy services and may be contacted by the resident or facility staff for advocacy services regarding an incident of sexual abuse as well as allegations of sexual abuse or sexual harassment. The residents revealed in their interviews the aforementioned information and residents confirmed they are given a PREA packet upon admission. The direct care staff and the Shift Leader confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment.

Reporting information is posted throughout the facility in areas that include but are not limited to hallways, dining area, and living units visible to residents, staff and visitors. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, or through a third-party. The residents were aware third-party reports could be made and that reports could be made anonymously. Staff members revealed they are required to accept third-party reports.

All residents interviewed stated they have contact with someone who does not work at the facility such as a family member or other person, who they could report abuse to if needed. Policies and staff interviews indicate staff members are required to immediately document all verbal reports. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings. The methods for residents to report

allegations of sexual abuse and sexual harassment are available to residents and the documentation, interviews and observation confirms this premise.

It was determined during the site review and informal conversation with management staff that the grievance box is not consistently checked on weekends and holidays. The Superintendent of Corrections implemented a corrective action for residents to place emergency grievances in the locked Sick Call Box when there is an allegation on weekends or holidays because that Box is checked daily. The corrective action was implemented to ensure no undue delay in making the proper contacts and completing reports regarding the allegation of sexual abuse or sexual harassment of a resident. The modified procedures were reviewed with the residents in each living unit, medical staff and Shift Leaders by the PREA Coordinator. Each meeting agenda for living units and staff included on the same page, the signature of the participant and the date of the meeting. The modified procedures regarding an emergency grievance completed on the weekend or a holiday was also posted in all living units accessible to all residents and staff. The posted document is easy to read and is on red paper as confirmed by the pictures sent to the Auditor by the PREA Coordinator.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

- 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 No NA
- Does the agency always refrain from requiring a 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 No NA

115.352 (c)

- 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 No NA
- 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 No NA

115.352 (d)

- 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 No NA
- 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 No NA
- 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 No NA

115.352 (e)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (f)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
Grievance Forms
Resident Handbook
Monthly Grievance Log

Interviews:

PREA Coordinator
Superintendent of Corrections
Residents

The Policy contains the procedures regarding the process for dealing with resident grievances related to sexual abuse and sexual harassment. Residents may submit a grievance related to PREA allegations at any time regardless of when the incident is alleged to have occurred and the residents are not required to use the informal process for any situation regarding sexual abuse. The Policy provides details about the administrative remedies including the timelines with the standard. The Policy provides for all of the provisions of the standard. The Policy and documents reviewed indicate PREA related grievances are initially responded to within 48 hours and a final decision is provided to the resident within five days. All allegations of sexual abuse and sexual harassment are investigated by facility investigators or when criminal in nature, the Butler County Sheriff's Office. Allegations are also reported to Butler County Children Services and may be reported to ODYS.

The facility and agency Policy provides a resident may be disciplined when it has been determined a report alleging sexual abuse has been made in bad faith. Residents understand they will not be punished if a report is made in good faith, as determined through the interviews. Residents and staff interviewed identified the use of a grievance form as one of the methods that may be used to report allegations of sexual abuse or sexual harassment and the residents are aware of how emergency grievances are handled regarding sexual abuse or sexual harassment. During the past 12 months, there was one grievance submitted alleging sexual harassment. The disposition included a determination that the grievance was Non-PREA. No grievances were filed alleging substantial risk of imminent sexual abuse within the last 12 months. There was no resident in the facility during the site visit who had submitted an emergency grievance.

Standard 115.353: Resident Access to Outside Confidential Support Services and Legal Representation

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

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- 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 No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- 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 No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm

Memorandum of Understanding, Women Helping Women (rape crisis center)

Memorandum of Understanding, Fort Hamilton Hospital

Resident Handbook

Posted Information

Interviews:

Residents

Superintendent

PREA Coordinator

The Policy addresses communication with parents/guardians and legal representation and the residents' access to outside confidential support services. The facility has a Memorandum of Understanding with the rape crisis center, Women Helping Women (WHW), for the provision of victim advocacy services. Advocacy services are provided for males and females. According to the MOU, the supportive services that WHW will provide to victims include but are not limited to: accompaniment through the medical forensic examination; accompaniment through the investigatory interview conducted at the hospital or facility; crisis intervention services; referrals for resources; follow-up services; emotional support; and access to a 24-hour hotline to report allegations of abuse. The MOU with the Fort Hamilton Hospital also makes advocacy services available to a victim of sexual abuse. The Superintendent of Corrections and the PREA Coordinator confirmed the availability and accessibility of outside confidential support services to residents.

Contact information for advocacy services is a part of the PREA education sessions and is available to the residents in the Resident Handbook, through postings in various parts of the facility including the living units, and in a PREA packet provided to each youth admitted to the facility. The resident interviews revealed their knowledge of the advocacy services available to them and the limitations of confidentiality. The hotline telephone was observed in each living unit and the information posted in English and Spanish at the telephone, including the telephone number and address. The telephone was tested and deemed in working order. The representative promptly answered the line. She was aware of the facility and the implementation process for the services to be provided when requested. The representative reported no calls had been received from the facility.

The resident interviews confirmed the provision of confidential advocacy services available to them if they should need them. The interviews also confirmed access to attorneys and court workers and reasonable access to their parents/legal guardians. The site review revealed areas where residents could meet privately with a legal representative or their court worker and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Residents confirmed they had someone on the outside to report allegations of sexual abuse and sexual harassment if they needed to and these persons could make reports for them and without giving the resident's name.

Standard 115.354: Third-party reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
 Facility Policy 3.4.4 Protection from Harm
 Third Party Reporting Form

Interview:
 Youth Leaders (Direct Care Staff)

The Policy addresses third-party reporting and interviews revealed that direct care staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to document all verbal reports received. Staff members understand they may report allegations privately through the use of the abuse reporting hotline.

All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third-party reports such as file an emergency grievance, report to staff or a family member, or utilize the abuse reporting hotline.

Information regarding reporting is provided through observed postings located in areas of the facility accessible to visitors, residents, facility staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The Third Party Reporting Form is observed to be located on the website and during the site review, copies of the form were observed posted in the main lobby of the complex.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No

- 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 No

- 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 No NA

- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
 Facility Policy 3.4.4, Protection from Harm
 Report of PREA Incident Forms
 Incident Report
 Investigative Reports

Interviews:
 Youth Leaders
 Charge Nurse
 Program Director

Superintendent of Corrections
PREA Coordinator

The Policy addresses the provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State of Ohio. The facility's trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Butler County Sheriff's Office. Allegations of sexual abuse are also reported to the Butler County Children Services and Ohio Department of Youth Services.

Reporting according to the State's mandatory reporting laws and the facility Policy was evident through document review regarding allegations of sexual abuse and the subsequent documentation regarding the investigations conducted. The staff interviews were aligned with the requirements of the Policy and standard. A review of documentation, including faxed information to authorities, demonstrates support the information from staff that allegations are reported immediately.

Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to their immediate supervisor and to the Deputy Superintendent, Superintendent of Corrections or designee. The Policy requires the Deputy Superintendent, Superintendent of Corrections, or designee to notify the alleged victim's parents or legal guardians unless there is documentation saying the parents/guardians should not be notified. If the resident is under the custody of Butler County Children Services, the Case Worker will be notified. If the court retains jurisdiction, the attorney of record and other legal representative will be notified of the allegation within 14 days of receipt of the allegation. This information was verified through Policy review and the interview with the Superintendent of Corrections.

The interviews with direct care/Youth Leaders, mental health and medical staff revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must immediately follow reported allegations or incidents. The direct care staff members interviewed provided the reporting requirements and that staff is expected to document receipt of verbal reports immediately. The facility staff members are also required by the Policy to report allegations that were made anonymously or by a third-party.

During this audit period, there were no allegations of abuse received through an anonymous report or third-party. The facility Policy prohibits staff from revealing any related information to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report.

Standard 115.362: Agency protection duties

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

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:
 Facility Policy 3.4.4, Protection from Harm
 Protective Watch Form

Interviews:
 Superintendent of Corrections
 Youth Leaders

Facility Policy requires staff to protect the residents through implementing protective measures. Administration of the Vulnerability Assessment provide information that assist and guide staff in keeping residents safe through housing and program assignments.

The interviews of the Youth Leaders/direct care staff and the Superintendent of Corrections revealed protective measures include but are not limited to alerting supervisor and other staff; separating the residents including moving to a different housing unit; monitor more closely; and document the situation. The Superintendent of Corrections and the direct care staff stated that the expectation is that any action to protect a resident would be taken immediately.

The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of a sample of Vulnerability Assessments supports the information provided by residents. The monitoring form which is utilized to monitor residents in isolation has a space on it for Protective Watch if it is needed due to a resident requiring protective custody. The Superintendent of Corrections and PREA Coordinator report during the past 12 months, no residents were identified as being subject to substantial risk of imminent sexual abuse.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
 PREA Incident Report form
 PREA Pre-Audit Questionnaire

Interviews:

Superintendent of Corrections

The Policy addresses the proper notification to be made when alleged abuse occurred at another facility. Upon receipt of an allegation a resident was sexually abused while confined in another facility, the head of that facility must be contacted. Notification must be made as soon as possible but no later

than 72 hours after receipt of the allegation. The Superintendent of Corrections must also notify the appropriate investigative agency to report the incident for an investigation.

The Superintendent of Corrections reports and the PREA Pre-Audit Questionnaire support that during this audit period, there was not a report about an incident of abuse occurring while the resident was confined in another facility. The Superintendent of Corrections is aware of the requirements and the required duties regarding reporting to other confinement facilities and the requirement of allegations received from other facilities must be investigated. The facility has no receipt of reports from other facilities during the past 12 months as revealed in the interview and noted on the Pre-Audit Questionnaire.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4, Protection from Home
Initial Contact Checklist
PREA Allegations Log

Interviews:

Direct Care Staff
Program Director

The Policy requires any staff acting as a first responder to separate the alleged victim from the alleged abuser; call for help; and take the appropriate steps for the preservation and collection of any evidence. The Policy directs the first responder to request the alleged victim does not wash; brush their teeth; change clothes; wash or do anything that may destroy evidence. The Initial Contact Checklist serves as a reminder of what to do, while confirming the actions taken. The Checklist documents the steps to take when an identified staff member is the first to respond including the steps to take to preserve evidence from the victim and the perpetrator and staff and other contacts to make.

The Policy instructs non-security staff who may act as a first responder to request physical evidence be preserved and to contact direct care staff for assistance. Staff members who would serve as first responders are aware of their duties as determined from the interviews and the non-security staff revealed she was aware of her first responder duties. There were four allegations of sexual abuse during this audit period as documented on the PREA Allegations log. There were no allegations or incidents that required the implementation of first responder duties.

Standard 115.365: Coordinated response

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

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Reviewed:

Facility Policy 3.4.4, Protection from Harm
Institutional Plan for Coordinated Response of Sexual Abuse & Sexual Assault
PREA Incident Initial Contact Checklist
PREA Incident Supervisor Checklist

Interviews:

Superintendent of Corrections
Direct Care Staff

The facility has a written coordinated response plan, Institutional Plan for Coordinated Response of Sexual Abuse & Sexual Assault, to be implemented in the event of an allegation or incident of sexual abuse. The Institutionalize Plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The Institutional Plan is formatted in flow chart form and the steps flow easily on the page.

The documented Institutional Plan to an incident of sexual abuse is aligned with facility Policy and the standard. The Youth Leaders interviewed were familiar with their role regarding the response to an allegation of sexual abuse. The Superintendent of Corrections' explanation regarding the facility's coordinated actions in response to an incident of sexual abuse was aligned with the written Institutional Plan. The Policy directs staff to follow the steps outlined in the Policy and Institutional Plan and to utilize the appropriate PREA Incident Checklist. The Checklists are also aligned with the Institutional Plan intended to ensure that the required protocols are implemented when there is an incident of sexual abuse.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 1.3.4, Selection and Promotion
PREA Pre-Audit Questionnaire

Interview:

Superintendent of Corrections

The facility is not involved in collective bargaining agreements according to Policy and the Superintendent of Corrections.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- 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 No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- 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 No

115.367 (c)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

Facility Policy 3.4.4, Protection from Harm
Retaliation Monitoring Checklist

Interviews:

Retaliation Monitor/Assistant Program Director
Superintendent of Corrections
PREA Coordinator

Facility Policy provides protection to residents and staff from retaliation because they reported sexual abuse, sexual harassment or participated with an investigation regarding such. The retaliation monitor interviewed revealed understanding of the role of the retaliation monitor. He understands how the discharge of those duties assist in preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperates with an investigation. The Assistant Program Director indicated the following is monitored to determine if retaliation is occurring: resident disciplinary reports; status checks; housing or program changes; negative staff performance review; discrepancy in behavior points for a resident, or reassignment of staff.

The Policy supports measures which may be taken when retaliation is detected and include various responses and is not limited to housing changes, facility removal, and constant and continual supervision. The intent of the Policy also encases the monitoring areas provided by the Assistant Program Director. Retaliation Monitoring Checklists were reviewed and demonstrated the status checks are made and the residents were asked directly about retaliation occurring, examining the behavior management system regarding the points for the resident, and shows the initiation of status checks. The review of a sample of Retaliation Monitoring Checklists revealed the monitoring has occurred after allegations of sexual harassment however no evidence of retaliation has been determined.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Policy 3.4.4, Protection from Harm
Investigation Report

Interview:

Superintendent of Corrections

The Policy provides for a resident who alleges to have suffered sexual abuse may only be separated from the general population as a last resort and only until an alternative for keeping the resident safe can be arranged. The Policy requires that where a resident is placed in isolation because he alleged sexual abuse, he must have visits from medical or mental health staff and access to education services and treatment programs. Additionally a review of continued separation must be conducted every 30 days.

As a result of the allegation of sexual abuse, the resident was separated from the general population for a short period of time, in the unit which contains some offices for treatment staff, until the investigation was completed. The investigation was completed in two days and the allegations were found to be non-PREA related (unfounded). The resident received the required visits and services. The residents involved were released to another facility; not present during the site visit. The Superintendent of Corrections confirmed the occurrences and facility practices, per Policy, during his interview.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- 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 No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 No NA

Auditor Overall Compliance Determination

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

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Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
 Investigative Reports
 PREA Initial Incident Reports
 Training Certificates
 Records Retention Schedule
 Faxed Report to Butler County Children Services
 Memorandum of Understanding
 PREA Pre-Audit Questionnaire

Interviews:

Investigative Staff (2)
 Superintendent of Corrections
 Direct Care Staff
 PREA Coordinator

Facility Policy 3.4.4, staff interviews, and a review of documentation document that administrative investigations are conducted by the facility-based investigators and criminal investigations are conducted by local law enforcement. Sustained allegations as a result of a criminal investigation will be referred for prosecution. Allegations of sexual abuse are also reported to Butler County Children Services and Ohio Department of Youth Services. There was one allegation of sexual abuse during the audit period which was investigated and determined unfounded by the Butler County Sheriff's Office.

The Memorandum of Understanding with the Butler County Sheriff's Office provides for the Office to conduct investigations that are criminal in nature and identifies the applicable PREA standard that will be followed. The facility-based investigators have received training on conducting administrative investigations through the Ohio Division of Youth Services and National Institute of Corrections as verified through interviews and review of Certificates of participation. The training collectively included but was not limited to: interviewing techniques for juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case of administrative or prosecution referral. The interviews with the investigators and random staff revealed their knowledge of gathering and preserving evidence. The interviews and the investigative reports revealed that electronic monitoring data is reviewed and made available to outside agency investigators.

The review of the investigative reports and interviews of the facility-based investigators revealed that investigations were not terminated because a resident recanted the allegations. The Policy and the interviews with the investigators and the PREA Coordinator revealed that investigations are not terminated due to the departure from the facility of an alleged abuser or victim. The investigative reports had been completed and did not have to address departures. Nine of the 10 allegations during this audit period were resident-on-resident and one allegation involved staff. One of the 10 allegations was substantiated and involved resident-on-resident sexual harassment. The Butler County Sheriff's Office will consult with the criminal prosecution's office regarding compelled interviews based on the Sheriff's Office conducting all criminal investigations. One allegation was referred for investigation by the Sheriff's and the allegation was determined as Unsubstantiated.

The Policy, which also refers to the Ohio Administrative Code, directs facility staff to cooperate with investigations regarding alleged or suspected abuse and/or neglect and the documentation reviewed indicates such. Additionally the Policy and the interviews provide an investigation is not terminated because the source recants the allegation which was also evident in a review of an investigative report. The facility-based investigators follow Policy and protocols in conducting administrative investigations and the investigators receive training on conducting investigations in confinement settings.

A review of the investigative reports and interviews revealed all reports are documented. The PREA reports are retained in accordance with the reconciliation of the facility's Protection from Harm Policy and the Ohio History Connection/State Archives of Ohio requirements. The files are stored at the facility in a locked file cabinet with identified limited key access as observed and explained by the PREA Coordinator who also serves as a trained administrative investigator.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

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

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Document Reviewed:
 Facility Policy 3.4.4, Protection from Harm
 Investigative Reports
 MOU

Interview:
 Investigative Staff (2)

The facility’s Policy and the investigative reports of the facility-based investigators, responsible for administrative investigations, impose a standard of a preponderance of the evidence for determining whether allegations are substantiated. This is also indicated by a review of the MOU with the Butler County Sheriff’s Office and the reviewed investigative report.

Standard 115.373: Reporting to residents

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

115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- 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 No NA

115.373 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Facility Policy 3.4.4, Protection from Harm
Follow-up Report to Residents for PREA Related Incidents
Investigative Reports

Interviews

Investigative Staff (2)
Superintendent of Corrections
PREA Coordinator

Facility Policy addresses the resident being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The Superintendent of Corrections will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person, as determined by the interviews.

The Policy requires, following an allegation of sexual abuse committed by staff, the resident is to be informed when the staff member is no longer posted in the unit or employed in the facility and of the staff member's indictment or conviction. Additionally, following an allegation of sexual abuse committed by another resident, the alleged victim is to be informed if the alleged abuser has been indicted, charged, or convicted. The Follow-up Report to Residents for PREA Related Incidents form was reviewed and documents the resident's notification of the results of an investigation and any disposition of the alleged perpetrator. The form also informs the resident of the disposition of the perpetrator regarding re-locations, criminal charges, convictions, and/or employment status.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

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Document Reviewed:
Facility Policy 3.4.4, Protection from Harm

Interviews:
Superintendent of Corrections
Information and Administrative Services Manager

The Policy provides for disciplinary sanctions, up to and including termination for those staff violating the facility's sexual abuse and sexual harassment zero-tolerance Policy. Disciplinary sanctions for violations of facility policies relating to sexual abuse, other than actually engaging in the act, and sexual harassment are appropriate to the circumstances of the incident, staff's disciplinary history, and the sanctions for similar cases of other staff.

The Policy provides terminations or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement if the situation appears to be criminal in nature and to relevant licensing bodies. The interviews with the Information and Administrative Services Manager and the Superintendent of Corrections support the Policy. During this audit period, no staff members have been terminated or have resigned for violating the facility's PREA related policies.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Reviewed:

Facility Policy 3.4.4, Protection from Harm

Interview:

Superintendent of Corrections

Facility Policy provides any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents. The Policy also provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. The documentation reviewed with the Information and Administrative Services Manager revealed the facility provides volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited.

Volunteers and contractors are provided PREA training, verified through a review of documentation and interviews with two contractors and two volunteers. The training documentation for contractors and volunteers indicate the PREA training occurs and the contractors and volunteers are made aware of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment of residents. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- 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 No

115.378 (b)

- 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 No
- 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 No

- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Document Reviewed:

Facility Policy 3.4.4, Protection from Harm
Behavior/Sanction Grid/Resident Handbook
Incident Reports
Receipt of Major Rule Violation Reports
Waiver of Hearing forms
Disciplinary Hearing Ruling forms

Interviews:

Charge Nurse
Program Director
Superintendent of Corrections

The Policy, Behavior/Sanction Grid and Resident Handbook address an administrative process for dealing with rule violations. Sanctions are directly related to the seriousness of the negative behavior. The interview with the Superintendent of Corrections support holding the residents accountable for their actions and the behavior management system fosters accountability of the resident. The Policy states room confinement shall not be used as a disciplinary sanction. Additionally, the Policy supports that anyone reporting an allegation of sexual abuse or sexual harassment in good faith are immune from any civil or criminal liability.

The Policy provides sexual activity between residents is prohibited. Court and/or administrative processes and sanctions occur after determination the sexual activity was coerced. Documentation was reviewed regarding an administrative process regarding violations unrelated to coercion. A resident may be referred by law enforcement for charges and possible removal from the facility regarding resident-on-resident sexual abuse, as supported by the interview with the Superintendent of Corrections. According to the Policy, residents may be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact.

According to the Superintendent of Corrections, staff will examine a resident's behavior and disciplinary history when deciding disciplinary matters. Additionally, staff will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Facility Policy and interviews with the clinical staff support interventions will be offered to address the underlying reasons or motivations for abuse when the resident remains in or

returns to the facility after an incident. Any type interventions or treatment services provided are not as a condition for the resident to access participation in the education or other programs.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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 No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, 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 No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
PREA Referral form
Consent Form

Interviews:

Staff Responsible for Risk Screening
Charge Nurse
Program Director

Facility Policy address the provisions of this standard and includes the provision for a follow-up meeting with a medical or mental health practitioner within 14 days when the resident discloses any prior incidents of sexual abuse as a victim or perpetrator. Interviews with medical and mental health staff and a review of the identified and general documentation confirmed the facility practice of residents being provided services by treatment staff.

The practice is residents are generally assessed by medical and mental health staff on the same day of admission as part of the intake process. According to the Policy, information related to sexual victimization or abusiveness which occurred in an institutional setting is limited to medical and mental health practitioners and other staff, based on their need to know.

Medical and mental health staff discussed their knowledge of informed consent during their interviews. Clinical staff would obtain informed consent from residents 18 years and older prior to reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. No information is to be shared with other staff unless it is required for security and management decisions regarding a resident's sexual abuse history.

A Consent Form was reviewed that was used prior to staff reporting a disclosure by a resident of an allegation of sexual abuse that did not occur in an institutional setting. The review of a PREA Referral form also demonstrates a follow-up meeting provided to the resident with mental health staff at least 14 days after disclosure of the prior sexual abuse. The resident was not present in the facility during the site visit.

Standard 115.382: Access to Emergency Medical and Mental Health Services

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

115.382 (a)

- 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 No

115.382 (b)

- 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 No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
Resident Handbook

Interviews:

Charge Nurse

Program Director

Facility Policy revealed emergency medical care and crisis intervention services will be provided by medical and mental health staff. Interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate, and with follow-up as needed by the facility's medical and mental health staff. Observations show that medical and mental health staff members maintain secondary materials and documentation of resident encounters.

The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through Policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim names the abuser, or whether or not the victim cooperates with the investigation.

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The interviews revealed the medical and mental health services are determined according to the professional judgment of the practitioner. Residents are informed of medical services during intake and the information is contained in the Resident Handbook.

The Policy and written Institutional Plan for Coordinated Response of Sexual Abuse & Sexual Assault exist for protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The interviews confirmed timely information would be provided to a victim regarding sexually transmitted infection prophylaxis.

A review of the Institutional Plan for Coordinated Response of Sexual Abuse & Sexual Assault, observations of the interactions among residents, medical and mental health practitioners, and staff interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse. It was determined from staff interviews, review of Policy and other documentation, and observations that medical and mental health staff members maintain secondary materials regarding medical and mental health services provided to residents.

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

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

115.383 (a)

- 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 No

115.383 (b)

- 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 No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- 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 No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Facility Policy 3.4.4, Protection from Harm

Interviews:
Charge Nurse
Program Director

The Policy addresses all provisions of the standard. Staff interviews supported follow-up and on-going assessments and services would be provided as ordered and indicated. Advocacy services may also be provided by Women Helping Women rape crisis center in accordance with the MOU and the standards. All treatment services will be provided at no cost to the victim.

Facility Policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care. The Policies and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate, including assessments and therapy. Facility Policy provides for a mental health practitioner to conduct a mental health evaluation within 60 days on a resident who discloses resident-on-resident abuse and offer appropriate treatment by mental health staff. The facility practice is that residents receive a mental health evaluation within 21 days of admission.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
Sexual Abuse and Sexual Assault Incident Review Checklist

Interview:
Incident Review Team Member, PREA Coordinator

Facility Policy provides for an incident review to be conducted within 30 days of the completion of an investigation. The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The Policy also identifies the general positions that comprise the team. The Quality Assurance Manager/PREA Coordinator is knowledgeable of the purpose of the incident review process.

A form has been developed for documenting the incident review team meeting, including allowing for the assessment of the circumstances surrounding the incident and recommendations for improvement. There was one allegation of sexual abuse investigated by the Butler County Sheriff's Office and determined Unfounded. According to the PREA Coordinator, the incident team meeting was held because the investigation was referred to the Sheriff's Office for an investigation. The meeting was documented through the use of the Sexual Abuse and Sexual Assault Incident Review Checklist.

The interview with the PREA Coordinator and the Checklist confirmed the incident review team considers the make-up of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex; and other group dynamics. Additionally, other factors considered are assessment of the area of the incident and adequacy of staffing.

Standard 115.387: Data Collection

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

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- 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 No NA

115.387 (f)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
Annual Aggregate PREA Report

Interviews:

PREA Coordinator
Superintendent of Corrections

The Policy and a review of the annual report confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment using a standardized instrument and specific guidelines. The data capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).

The facility maintains and collects various types of identified data and related documents regarding sexual abuse and sexual harassment incidents. The facility collects and maintains data in accordance with Policy directives and Ohio Department of Juvenile Justice and aggregates the data which culminates into an annual report. The facility provides DOJ with data as requested, per Policy and the interviews.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (b)

- 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 No

115.388 (c)

- 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 No

115.388 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 3.4.4, Protection from Harm
PREA Annual Report 2017
PREA Data Review for Corrective Action form

Interviews:

PREA Coordinator
Superintendent of Corrections

The Policy provides guidance regarding all provisions of this standard. The collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives by identifying problem areas; developing and implementing corrective actions as needed; and preparing an annual report based on the collected data. The interviews supported the provisions of the Policy and the standard. The Policy also states an annual report will be prepared that will provide information regarding the facility's corrective actions in addressing sexual abuse .

The annual report is approved as required, per the interviews and a review of the report. The interviews, Annual Report and the Annual Aggregate PREA Report collectively reflect the agency has compared the results of annual data reports and used them to continuously improve policies; procedures; practices; and training. The annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- 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 No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Reviewed:
Facility Policy 3.4.4, Protection from Harm

Interviews:
PREA Coordinator
Superintendent of Corrections

The Policy provides that all data collected will be securely stored and maintained for at least 10 years after the initial collection date, unless State or local statutes require otherwise. According to the facility Policy, the aggregated sexual abuse data from all facilities will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report verified that there are no personal identifiers, as required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility ensured the completion of PREA audits for the facility as required for the initial three-year period. The facility, in conjunction with the Ohio Department of Youth Services, has embarked on

fulfilling the auditing requirements for this second three-year period. The facilities have provided the Auditors with the required documentation which the auditors have maintained as required by the standards and the auditing process.

A comprehensive site review was provided to the Auditors during the site visit and additional documentation was reviewed during the site visit. The facility staff members were cooperative in providing additional documentation as requested. The Superintendent provided appropriate work spaces which included conditions for conducting interviews in private with the residents and staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This facility was previously audited in 2015 and the Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and residents; and observations.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner _____

July 6, 2018 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.