

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** July 10, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Shirley L. Turner			
<b>Address:</b> 3199 Kings Bay Circle			
<b>Email:</b> shirleyturner3199@comcast.net			
<b>Telephone number:</b> 678-895-2829			
<b>Date of facility visit:</b> June 17-18, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Butler County Juvenile Rehabilitation Center			
<b>Facility physical address:</b> 280 N. Fair Ave., Hamilton, OH 45011			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 513- 887-3805			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Jason Gundrum			
<b>Number of staff assigned to the facility in the last 12 months:</b> 43			
<b>Designed facility capacity:</b> 30			
<b>Current population of facility:</b> 23			
<b>Facility security levels/inmate custody levels:</b> Low, Medium, High			
<b>Age range of the population:</b> 12-21			
<b>Name of PREA Compliance Manager:</b> Elizabeth Moore		<b>Title:</b> Quality Assurance Manager	
<b>Email address:</b> MooreEA@butlercountyohio.org		<b>Telephone number:</b> 513- 887-3853	
<b>Agency Information</b>			
<b>Name of agency:</b> Butler County Juvenile Rehabilitation Center			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Butler County Juvenile Court			
<b>Physical address:</b> 280 N. Fair Ave., Hamilton, OH 45011			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 513-887-3317			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Robert G. Clevenger, Jr.		<b>Title:</b> Director	
<b>Email address:</b> ClevengerRG@butlercountyohio.org		<b>Telephone number:</b> 513-887-3307	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Calvin Rogers		<b>Title:</b> Deputy Superintendent	
<b>Email address:</b> RogersCL@butlercountyohio.org		<b>Telephone number:</b> 513-887-3808	

## **AUDIT FINDINGS**

### **NARRATIVE**

The Butler County Juvenile Rehabilitation Center (BCJRC) is a 30-bed secure residential treatment facility that houses male juvenile offenders. 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 is operated by the Butler County Court of Common Pleas, Juvenile Division, serving males from four counties: Butler, Clermont, Clinton, and Warren. Residents, based on their individual needs, may participate in specialized groups such as anger management, substance abuse, and sex offender treatment. Individual, group and family counseling are provided at the facility and trauma focused cognitive behavioral treatment is also provided for residents where the need has been identified.

Medical services are provided on-site, led by the Charge Nurse and the contract physician visits the facility at least twice a week. Mental health services are provided by clinical staff under the supervision of the Program Director. The facility is in the process of hiring a contract physician who will provide services on-site for at least two hours per week. Currently, referrals are made for outside psychiatric services or a resident may be transported to meet with their existing psychiatrist where one has been identified. There have been 43 staff employed at the facility during the past year that have contact with residents and there are currently a total of 18 volunteers and contractors that have contact with residents. Education services are provided by four teachers from the Hamilton City School District. Parent/Teacher conferences are scheduled in the spring and fall. Teacher certifications include the subjects of English, math, science, social studies, and special education. An Individual Instruction Plan is developed and implemented for each resident. Direct care staff provide engaged supervision and supervise residents' activities and movement throughout the approved areas of the facility.

A behavior management system exists that consists of rewards and sanctions. Residents have the opportunity to advance through a level system where each level has an increase in privileges. Advancing to the different levels indicates that the resident has demonstrated appropriate thinking and behavior and is trustworthy of more responsibilities. Residents who choose to violate the facility rules and expectations may receive a sanction as outlined in the BCJRC Handbook.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The facility is adjacent to the Butler County Juvenile Detention Center and the Butler County Juvenile Court. The three entities make up the David J. Niehous Juvenile Justice Center; named after a former juvenile court judge. 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 Butler County Juvenile Rehabilitation Center. The BCJRC contains three living units with 10 single rooms each. There is a six-bed unit that is currently being remodeled for offices to accommodate some treatment staff. Each living area has dayroom areas and are connected by a common area that contains the control center and an office shared by treatment staff. The medical clinic is also located near this area. Each living unit has two bathrooms that provides a reasonable amount of privacy. Residents are allowed in the bathroom only one at a time.

The BCJRC contains three classrooms and a converted area outside of the classrooms that is used for the library and other education services. Additionally, there is a kitchen, dining room, and storage rooms. 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. The administration area houses offices and a conference room. There is a large outdoor recreation area that can accommodate various sports and activities, when the weather permits.

Fifty-five residents have been admitted to the facility in the past 12 months and the length of stay is four to six months. There are three staff members responsible for conducting administrative investigations. The Deputy Superintendent serves as the primary investigator and the Program Director and the Quality Assurance Manager serve as back-up investigators. Any investigations of a criminal nature are conducted by the Butler County Sheriff's Office.

The facility is accredited by the American Correctional Association (ACA), having received the current ACA re-accreditation status in 2013. Additionally, on March 20, 2013 the facility received re-accreditation for the treatment and transition of youth adjudicated of sexual offenses by the Ohio Department of Youth Services.

## SUMMARY OF AUDIT FINDINGS

The notifications of the on-site audit were posted in various parts of the facility prior to the site visit. Photographs were taken of the the posted notices and forwarded to this Auditor. The Quality Assurance Manager serves as the PREA Compliance Manager and the Deputy Superintendent serves as the PREA Coordinator.

The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive and mailed to this Auditor. After a review of the information, notes were sent to the ODYS statewide PREA Coordinator and a conference call was held with key staff from the facility and ODYS to clarify information, discuss additional information needed, and to discuss policy revisions and the implementation of other corrective actions to address specific areas of a standard prior to the on-site audit. In response to the issues discussed in the conference call, policy additions and revisions were made; additional documents were submitted as requested, and clarity of information was provided.

The on-site audit was conducted June 17-18, 2015 and Flora Boyd, Certified PREA Auditor, served as the assistant to this Auditor. An entrance meeting was held with the facility's management staff and staff from ODYS. After the meeting a comprehensive tour of the facility was conducted and included all living units; school; medical clinic; recreation areas; storage areas; and offices. During the tour, staff members were observed to be directly supervising residents. Cameras are strategically placed throughout the facility for monitoring and enhancing the direct supervision provided by staff.

Staff members interviewed included 17 employees, consisting of specialized and randomly selected staff, a contractor and a volunteer; and nine residents were interviewed. The interviews of staff members and residents revealed tha both groups have received the PREA training. All staff interviewed expressed awareness of their duties and responsibilities as they relate to the safety of the residents and PREA compliance. Staff members were interviewed from all shifts. The residents interviewed demonstrated their knowledge of what PREA means and how to report sexual assault and sexual harassment.

Contact was made with a representative from the the victim advocacy agency by this Auditor, prior to the on-site visit. The interview with the representative verified the services to be provided as stated in the Memorandum of Understanding (MOU). The services of a Sexual Assault Nurse Examiners will be provided, if needed, at the local hospital used by the facility.

The documentation supporting the standards was provided in an organized manner on the flash drive and during the on-site audit. Additional documentation during the site visit was provided upon request and in a very timely manner. A close-out meeting was held at the conclusion of the second day with key facility staff and the ODYS statewide PREA Coordinator. Additional ODYS central office staff participated by phone. A summary of the audit findings was provided during the close-out meeting. The corrective actions that were implemented are discussed under the applicable standard.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

The facility has a PREA Policy, containing chapters that address the strategies for a zero-tolerance approach regarding sexual assault and sexual harassment. Additional related policies and procedures are used to support and provide direction for the facility’s PREA initiatives. Collectively the PREA Policy and the other supporting policies detail the actions required for preventing, detecting and responding to sexual assault and sexual harassment. The chapters of the PREA Policy includes definitions and a chapter provides the prohibited behaviors and sanctions for those who participate in such behaviors. The Deputy Superintendent serves as the PREA Coordinator and the Quality Assurance Manager serves as the PREA Compliance Manager.

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

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

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

This standard is Not Applicable. The facility does not contract with other entities for the confinement of their residents.

**Standard 115.313 Supervision and monitoring**

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

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

The PREA Policy contains the requirements of the facility staffing plan and details the staffing patterns for each shift of the direct care staff and the required ratios. The Daily Shift Report documents the shift coverage for each shift and would be used to document any deviation

from the staffing plan. The Policy also addresses the mandatory overtime requirement, how it works and how it may be used to maintain the required staff/resident ratios. All documents showed and the staff interviews revealed that staff ratios of a minimum of 1:8 during resident waking hours and a minimum of 1:16 during resident sleeping hours are maintained. The facility reports that during the last 12 months, there has not been a deviation from the staffing ratios. The annual review of the staffing plan was confirmed through interviews and a review of the document, Staffing Plan Annual Evaluation.

Unannounced rounds are provided for in the PREA Policy and the staff members who are responsible for completing and documenting the rounds are identified. Documentation review and staff interviews confirmed that the rounds occur and that measures are taken to ensure that staff members do not alert other staff while the rounds are occurring. The Policy identifies the Superintendent of Corrections, Deputy Superintendent and the Quality Assurance Manager as staff who will conduct the unannounced rounds.

### **Standard 115.315 Limits to cross-gender viewing and searches**

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

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

The PREA Policy indicates that the practice is that female staff should not perform a pat-down or strip search on a resident. However the Policy provides details for emergency circumstances, including the notifications and the documentation required. All staff interviews revealed that the practice is that female staff do not perform pat-down or strip searches of residents. The facility reports that during the past year there have been no cross-gender visual body cavity searches or cross-gender pat-down searches of residents that were performed by non-medical staff. A review of Search Logs, which indicate if the search was performed by the opposite sex staff, and staff and resident interviews supported that no cross-gender searches have occurred. Additionally, the PREA Policy requires staff of the opposite sex to announce their presence when entering the housing area where residents may be showering, changing clothes or performing bodily functions. The facility has also installed a bell at the entrance of each living unit and posted a notice that the bell must be used by female staff prior to entering the living unit. All staff and residents understood the purpose of the bell and stated that it is consistently used.

Staff members are prohibited by policy from searching transgender or intersex residents to determine the resident’s genital status. It further states, and was supported by interviews and training documentation, that staff are trained regarding cross-gender searches and the searching of transgender and intersex residents. According to the policy, searches will be performed in the manner that is least intrusive, consistent with security needs.

A corrective action was implemented during the site visit which provided additional privacy while a resident is in the bathroom. A type of sheeting was placed over the window in each door to eliminate the possibility of direct viewing into the toilet and shower areas of the bathroom. The covering provides for light and shadows to be seen by staff who may be monitoring showers and/or sitting at the desk which is located near the bathrooms.

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

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

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

The PREA Policy addresses the facility not relying on resident interpreters or resident readers. Facility staff will assist residents by reading the information to them and additional resources include: information printed in another dominant language; a speech program in Microsoft Word; access to a Spanish interpreter; access to additional language interpreters through the Affordable Language Services; and assistance through the Hearing Speech & Deaf Center of Greater Cincinnati. A document exists that provides details to staff on how to request supportive services through the Juvenile Court. According to facility reporting and staff interviews, resident interpreters or resident readers have not been used to assist staff during this audit period.

### **Standard 115.317 Hiring and promotion decisions**

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

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

The PREA Policy addresses the requirements of this standard and provides detail information regarding the hiring process and the grounds for termination, in accordance with the standard. Background checks are conducted on new employees and at least every 5 years on current employees and contractors who may have contact with residents. Interviews and personnel documents supported the Policy and implementation of the standards. A preliminary interview is conducted with an applicant by the Information & Administrative Services Manager of the Butler County Court of Common Pleas, Juvenile Division. The second interview is conducted by the Superintendent of Corrections where the applicant is asked about specific previous misconduct related directly to sexual harassment and sexual assault, per the standard and the facility policy.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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

A review of the proposal for the camera system upgrades, including additional cameras, and interviews with the Superintendent of Corrections and other staff revealed that the planned upgrades and additions will serve to increase and enhance the facility’s ability to protect residents from sexual abuse. The system maintains at least 30 days of recordings and at least 45 days for high traffic areas.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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

The facility is responsible for conducting administrative investigations and the Butler County Sheriff's Office conducts criminal investigations of sexual abuse allegations. The facility's primary investigator is the Deputy Superintendent who also serves as the PREA Coordinator. Back-up investigators are the Quality Assurance Manager/PREA Compliance Manager and the Program Director. All have received training for the role of investigator, including training through the National Institute of Corrections.

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 and the Hamilton Hospital has the services of a Sexual Assault Nurse Examiner. Documentation shows that the facility and the Children's Hospital are close to finalizing a Memorandum of Understanding. Forensic exams, where needed, will be provided at the appropriate hospital and at no cost to the victim. No forensic exams have been conducted during this audit period.

The facility has a Memorandum of Understanding with the Women Helping Women (WHW) victim advocacy agency, who also provide services to males. The supportive services that WHW will provide to victims include but are not limited to: accompaniment through the forensic examination and investigatory interviews; crisis intervention services; referrals for resources; follow-up services; emotional support; and access to a 24-hour hotline.

### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

According to the PREA Policy, staff shall report all allegations /indications of emotional, physical or sexual abuse to the county child protection system. The PREA Policy ensures and is supported by other policies that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months all allegations resulted in administrative investigations. All allegations of sexual abuse or sexual harassment are documented. Referrals of allegations to the Sheriff's Office will be documented and per Policy the investigator will have access to Incident Reports; logs; medical records; training files; and other records.

Parents are provided an informational packet soon after their child arrives at the facility. The packet contains a BCJRC Handbook ; PREA information brochure; and other information. A third-party reporting form is available online and has now been added to the informational packet. PREA information is available on the agency's website for parents, guardians and the general public.

### **Standard 115.331 Employee training**

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

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

The PREA Policy provides information regarding staff training. Initially employees receive orientation training that includes the PREA Standards and facility in-service training also includes PREA information. Staff receive refresher training or refresher information to remain knowledgeable and aware of current issues. The staff training is comprehensive of the key areas referenced in the standard. The training documents and staff interviews confirmed that training is provided based on the PREA Standards and the facility's PREA Policy.

### **Standard 115.332 Volunteer and contractor training**

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

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

The PREA Policy requires that volunteers and contractors who have contact with residents must be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to any allegations. The zero-tolerance policy is also reviewed with volunteers and contractors. The training was evidenced through interviews with a volunteer and contractor and a review of training documentation.

### **Standard 115.333 Resident education**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

The PREA Policy requires that all residents receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual misconduct. Residents receive PREA education according to the Policy and as confirmed through interviews conducted with residents and staff. During the intake process the PREA information is shared with residents both verbally and in writing. The PREA Disclosure document is reviewed with the resident which provides general information, including how to report. Receipt and review of the information is documented by the signature of the resident. Additional resident education includes the viewing of a video and receipt of a pamphlet containing detailed information. The PREA Pamphlet/Video Contract is signed by the resident acknowledging review of those formats of PREA education. The education activities are summarized through the completion of a checklist that involves the resident providing responses to questions and statements based on the PREA education provided.

The facility has access, through the Juvenile Court, to support services that assist residents in understanding the PREA information and the services may be obtained as needed. The PREA education will be provided through accessible formats for residents who are limited English proficient, deaf, visually impaired or otherwise disabled.

### **Standard 115.334 Specialized training: Investigations**

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

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

The PREA Policy provides for investigations of allegations of sexual abuse to be conducted by the Butler County Sheriff's Office and Butler County Children's Services. The facility conducts administrative investigations and has a primary investigator and two back-up investigators. The facility investigators have received related training through certificate training provided on-line by the National Institute of Corrections.

### **Standard 115.335 Specialized training: Medical and mental health care**

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

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

The PREA Policy addresses training regarding medical and mental health staff. Documentation shows that the medical and mental health staff members have completed on-line health care training through the National Institute of Corrections and this was verified in interviews with medical and mental health staff. Forensic medical examinations are not conducted at this facility.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

The PREA Policy addresses the use of a screening instrument, including that it be used immediately upon admission for determining each resident's risk of sexual abuse victimization or sexual abusiveness toward other residents. Staff and resident interviews and a review of documentation confirmed that the screening is being conducted. The Policy also provides for the re-assessment of a resident's risk level. Prior to the on-site visit, the screening instrument was revised to increase its objectivity in determining housing and program assignments.

### Standard 115.342 Use of screening information

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

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

The PREA Policy details how the information obtained from the admission form and screening instrument is used. Staff interviews, a review of documentation, and resident interviews confirmed that risk screening occurs. The Policy addresses the use of isolation, including its use as a last resort, the rights that must be afforded a resident in isolation, and the review of continued isolation. The facility reports that during this audit period, no residents were placed in isolation because they were at risk of sexual victimization.

The PREA Policy prohibits placing gay, bisexual, transgender, or intersex residents into separate housing or any other assignment based solely on such identification status. Additionally, the Policy prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. The facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis per Policy and as confirmed through interviews.

### Standard 115.351 Resident reporting

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The PREA Policy addresses the internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation that may lead to abuse. Residents may talk to a staff member; write a note to a staff member; file a formal grievance; utilize the hotline for abuse reporting located in the unit; and the Policy provides for a method of third-party reporting. Related information is also provided to the resident in the BCJRC Handbook. The name of the agencies where allegations can be made and their addresses and phone numbers are contained in the Handbook and reporting information is posted in the facility. Resident interviews revealed that they are aware of and understand the methods of reporting sexual abuse and sexual harassment. Staff interviews also revealed that they are aware of the resident reporting methods and how staff can anonymously report allegations of sexual abuse and sexual harassment.

#### **Standard 115.352 Exhaustion of administrative remedies**

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

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

The PREA Policy contains the procedures regarding the process for dealing with resident grievances related to sexual abuse. Residents may submit a grievance alleging sexual abuse 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 PREA Policy provides details about the administrative remedies including the timelines and it is aligned with the standard.

#### **Standard 115.353 Resident access to outside confidential support services**

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

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

The PREA Policy provides for residents having access to outside victim advocacy services for emotional support services related to sexual abuse. The facility has a Memorandum of Understanding (MOU) with the agency, Women Helping Women, or Rape Crisis as it is referred to in the PREA Policy. Contact information for supportive services is provided to the residents through the BCJRC Handbook and postings. The available services have been explained to the residents and a refresher session was conducted during the on-site audit so that the residents would have a better understanding of the services the agency will provide. The MOU provides for services that include but are not limited to: accompanying and supporting the victim through the forensic examination process; access to the abuse reporting hotline; crisis intervention services; accompanying and supporting the victim through investigatory interviews at the hospital; follow-up services; and referral services.

According to the PREA Policy and staff and resident interviews, residents are provided confidential access to their attorney or other legal representative and may be assisted in contacting their attorney of record.. Additionally, residents have access to their parents or legal guardians through phone calls and visitation. Residents also have access to writing materials and the addresses of resources to report allegations. The residents have access to the hotline phone where the call goes directly to the victim advocacy service agency for the resident to report allegations of abuse.

### **Standard 115.354 Third-party reporting**

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

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

The PREA Policy provides for third-party reporting of sexual abuse. Third-party reporting is reviewed with parents in a parenting class and the information is also included in the handbook provided to parents/guardians. An information packet is provided to parents when the youth enters the facility. The facility’s website also contains information and the Third Party Reporting Form is posted on the website. The facility now includes a printed copy of the form in the information packet provided to the parents to increase the accessibility of the form.

### **Standard 115.361 Staff and agency reporting duties**

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

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

The PREA and Facility Operations Policies address this standard and all staff members are required to report any allegation of sexual misconduct as directed in the Policies. The facility must report allegations of abuse to Butler County Children’s Services and the Butler County Sheriff’s Office. The Ohio Department of Youth Services is also contacted regarding allegations of physical or sexual abuse.

### **Standard 115.362 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Facility Operations Policy provides the details of the process and actions to be taken for protecting a resident when staff learns that the resident is a substantial risk of imminent sexual abuse. Appropriate protective actions are taken and notifications are made following the facility's chain of command. Interviews with staff revealed that they are familiar with the Policy and the protective measures to be taken.

#### **Standard 115.363 Reporting to other confinement facilities**

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

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

According to the Facility Operations Policy, upon receiving an allegation that a resident was sexually abused while confined in another facility, the Superintendent of Corrections will notify the facility administrator of that facility within 72 hours and the contact will be documented. The Policy also provides for notifying the appropriate investigative agency regarding the allegation. The Report of PREA Incident form has been designed so that it may also be used to document an incident of this type. The form provides for the documentation of additional information regarding the incident being reported.

#### **Standard 115.364 Staff first responder duties**

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

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

The Facility Operations Policy includes the staff first responder duties and it contains the requirements of the standard. Staff interviews supported the Policy and indicated that they are aware of their duties as a first responder. During this audit period there has not been an incident where a first responder had to separate an alleged victim and abuser. The non-security first responder was also aware of the requirements regarding that position.

#### **Standard 115.365 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Facility Operations Policy contains the protocols for responding to an incident of sexual abuse. There are also a PREA Incident Initial Checklist and the PREA Incident Supervisor Checklist, a check and balance system, that serve to coordinate the actions of staff and ensure that the sexual assault protocols are followed.

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

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

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

This standard is Not Applicable. The facility is not responsible for collective bargaining and has not entered into or renewed any collective bargaining agreement or other agreement.

#### **Standard 115.367 Agency protection against retaliation**

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

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

The Facility Operations Policy provides direction regarding protection against retaliation for residents and staff. It is the responsibility of the Program Director, Assistant Program Director and two Primary Therapists to monitor for retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with related investigations. If retaliation conduct is identified, the monitoring would be conducted for at least 90 days and beyond if necessary. There have been no incidents of retaliation reported during this audit period.

#### **Standard 115.368 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The PREA Policy provides that a resident who alleges to have suffered sexual abuse may only be placed in isolation for protective custody 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 other programs and work opportunities to the extent possible. The facility reports that during this audit period, there have been no residents placed in isolation as a result of alleging sexual abuse or who were placed in isolation to protect them from sexual victimization.

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

The PREA Policy includes information that address criminal and administrative investigations. Administrative investigations are conducted by the Deputy Superintendent as the primary investigator and the Program Director and the Quality Assurance Manager/PREA Compliance Manager serve as back-up investigators. The Butler County Sheriff’s Office conducts the criminal investigations and the Butler County Children’s Services is also contacted regarding allegations of sexual abuse. The Policy states and the interview with the primary investigator supported that investigations are not terminated solely because the source of the allegation recants the allegation.

### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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

The Facility Operations Policy, interview with the facility’s primary investigator and a review of completed investigations revealed that the standard of the preponderance of the evidence is used for determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Standard 115.373 Reporting to residents

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

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

The Facility Operations Policy provides for the victim to be informed that an investigation has been concluded. Following an investigation, the victim is notified of the findings in writing unless the allegation was unfounded. The notifications are documented on the Follow-Up Report to Residents for PREA-Related Incidents. Where investigations are conducted by the Butler County Sheriff’s Office, the Superintendent of Corrections and the Deputy Superintendent remain abreast of the investigation and obtain the findings with the subsequent notification to the alleged victim as stated in the standard. There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident during this audit period.

### Standard 115.376 Disciplinary sanctions for staff

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

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

The Facility Operations Policy details the progressive discipline process regarding staff which is up to and including termination for violating the sexual abuse or sexual harassment policies. All terminations for violations of sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, are reported as required by the standard. 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

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

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

The Facility Operations Policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. Additionally, the Policy requires that a contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. Appropriate remedial measures will be taken and consideration given to prohibiting further contact with residents in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer. The facility reports that during this audit period, there have been no contractors or volunteers who have been reported to the Butler County Sheriff's Office and/or relevant licensing bodies for engaging in sexual abuse of residents.

**Standard 115.378 Disciplinary sanctions for residents**

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

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

According to the Facility Operations Policy, residents found in violation of the Policy will receive disciplinary sanctions only after a formal administrative process has occurred and the findings determined. During this audit period, there have been no administrative findings of resident-on-resident sexual abuse and no criminal findings of guilt for resident-on-resident sexual abuse that occurred in the facility. Where a resident may be held in isolation, the resident will be afforded access to the required services. During this audit period, no residents have been placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

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

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

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

The PREA Policy provides for residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner as required. Review of documents and interviews with staff revealed that residents who disclose prior victimization or previously perpetrating sexual abuse are seen during the intake process or shortly afterwards by the clinical staff. Secondary logs and materials are maintained by clinical staff documenting the services provided. The PREA Policy and staff interviews support that 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 may be under the age of 18.

**Standard 115.382 Access to emergency medical and mental health services**

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

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

The PREA Policy requires that treatment services be provided to victims at no cost to them and whether or not the victim names the abuser or cooperates with the investigation. A review of the Policy and staff interviews indicate that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. These services will be based on the professional judgment of medical and mental health staffs.

A review of files showed that medical and mental health staffs maintain secondary materials regarding emergency responses, in general. Facility policies, staff training, staff interviews and the review of files support that emergency medical and mental health services related to PREA will be aligned with the requirements of the standard. Interviews with medical and mental health staffs and a review of documentation concluded that the related services are consistent with the community level of care.

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

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

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

The Facility Services, Facility Operations and PREA Policies address ongoing medical and mental health care for sexual abuse victims and abusers. The policies provide collective details concerning the processes of evaluation and treatment of residents. Policy and staff interviews ensure that resident victims of sexual abuse will be offered tests for sexually transmitted infections that are medically appropriate. Mental health evaluations will be conducted within the prescribed time period on all known resident abusers.

**Standard 115.386 Sexual abuse incident reviews**

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

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

The Data Policy provides information and guidance on the operation of the incident review team and its role. The Data Policy identifies the composition of the sexual abuse incident review team and the elements to be considered in their assessments of incidents. The facility uses a form developed for the purpose of incident reviews. Completed forms were reviewed where incident reviews were conducted within 30 days of the conclusion of administrative investigations. Interviews with staff and document review revealed that staff members understand the role of the incident review team.

### **Standard 115.387 Data collection**

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

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

A review of documentation and interviews support the Data Policy regarding data collection. The Policy provides for the collection of incident-based, uniform and aggregated data regarding allegations of sexual abuse. A standardized instrument and a set of definitions are used to frame the data. The facility has ensured that data will be provided to the Department of Justice when requested.

### **Standard 115.388 Data review for corrective action**

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

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

The Data policy address this standard. The collected and aggregated data is reviewed to assess and improve the effectiveness or the related PREA initiatives. An annual report is required and the review of documentation and staff interviews confirmed the practice.

### **Standard 115.389 Data storage, publication, and destruction**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

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

The Data Policy provides for the required data collection and secure storage for 10 years unless there is a law that requires otherwise. A review of the Schedule of Records Retention and Disposition Continuation Sheet, show the retention period of research reports is for 10 years. The Data Policy requires that aggregated PREA data be reviewed and all personal identifiers are removed. Documentation and interviews revealed that the Policy is followed.

**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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Shirley L. Turner

July 10, 2015

Auditor Signature

Date