

PREA Facility Audit Report: Final

Name of Facility: Bartholomew County Youth Services Center

Facility Type: Juvenile

Date Interim Report Submitted: 09/15/2022

Date Final Report Submitted: 09/29/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Bridgette M. Collins	Date of Signature: 09/29/2022

AUDITOR INFORMATION	
Auditor name:	Collins, Bridgette
Email:	confinementsafety@gmail.com
Start Date of On-Site Audit:	01/24/2022
End Date of On-Site Audit:	01/25/2022

FACILITY INFORMATION	
Facility name:	Bartholomew County Youth Services Center
Facility physical address:	2350 Illinois Avenue, Columbus , Indiana - 47201
Facility mailing address:	

Primary Contact	
Name:	Mariah Lucas-Georges
Email Address:	mariah.lucas@bartholomew.in.gov
Telephone Number:	812-565-5855

Superintendent/Director/Administrator	
Name:	Anita Biehle
Email Address:	abiehle@bartholomew.in.gov
Telephone Number:	812-379-1690

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

Facility Health Service Administrator On-Site	
Name:	Denishia Newsom
Email Address:	dnewsom@bartholomew.in.gov
Telephone Number:	812-565-5847

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	3
Average daily population for the past 12 months:	6
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-21
Facility security levels/resident custody levels:	Minimum security/ in custody
Number of staff currently employed at the facility who may have contact with residents:	37
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Bartholomew County Court Services
Governing authority or parent agency (if applicable):	
Physical Address:	507 3rd Street, Columbus, Indiana - 47201
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Mariah Lucas-Georges	Email Address:	mariah.lucas@bartholomew.in.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

14

Number of standards not met:

- 115.315 - Limits to cross-gender viewing and searches
- 115.321 - Evidence protocol and forensic medical examinations
- 115.322 - Policies to ensure referrals of allegations for investigations
- 115.331 - Employee training
- 115.334 - Specialized training: Investigations
- 115.335 - Specialized training: Medical and mental health care
- 115.341 - Obtaining information from residents
- 115.342 - Placement of residents
- 115.351 - Resident reporting
- 115.352 - Exhaustion of administrative remedies
- 115.353 - Resident access to outside confidential support services and legal representation
- 115.354 - Third-party reporting
- 115.361 - Staff and agency reporting duties
- 115.362 - Agency protection duties
- 115.363 - Reporting to other confinement facilities
- 115.364 - Staff first responder duties
- 115.365 - Coordinated response
- 115.367 - Agency protection against retaliation
- 115.368 - Post-allegation protective custody
- 115.371 - Criminal and administrative agency investigations
- 115.372 - Evidentiary standard for administrative investigations
- 115.373 - Reporting to residents
- 115.376 - Disciplinary sanctions for staff
- 115.378 - Interventions and disciplinary sanctions for residents
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.382 - Access to emergency medical and mental health services
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.386 - Sexual abuse incident reviews
- 115.389 - Data storage, publication, and destruction

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-24
2. End date of the onsite portion of the audit:	2022-01-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>During the Pre-audit phase, multiple phone calls and emails were sent to Emily Perry of Susie's Place because she was the person whose signature was on the original Memorandum of Understanding dated 6/20/17. Contact was never made. Following the corrective action period, an updated MOU with Susie's Place was presented with the signature of Emily Perry. Because it didn't include the language necessary for compliance, no additional calls were made.</p> <p>Because the follow-up visit to the facility took place on 9/2/22 which was a Friday, there was no time to reach out for corrections as the end of the Corrective Action Period was 9/5/22, Labor Day, so no one was in the office. The facility was aware that by not completing the follow up until the end of the corrective action period, there would be no more time to adjust. Also during the 180 day corrective action period, there was little to no communication between the auditor and the facility despite the auditors multiple attempts to check in.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	5
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38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>Most of the forms that are now in use didn't exist prior to the corrective action period, therefore the information was not being tracked and could not be aggregated. Any information on this document is purely derived from the youth that were in custody and interviewed by the auditor.</p> <p>It should also be noted that the auditor conducted onsite visits and interviews on two separate occasions. Therefore 4 of the youth were interviewed at the initial onsite and the other one was during the final visit. In both instances, all youth in detention on those dates were interviewed.</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	27

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>The staffing listing provided to the auditor showed 29 positions. There is 1 director, 4 intake officers, 1 counselor, 2 cooks, 1 program coordinator, 1 nurse, 1 admin assistant, 4 control officers, 2 teachers, 1 Title 1 liaison and 11 youth care workers. The 2 cooks positions are currently vacant, all other positions are filled and are full time positions. No documentation was provided regarding part time staff.</p> <p>The facility reports no volunteers or contractors in the facility during the previous 12 months.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>Because the population was so low, the auditor interviewed everyone regardless of what characteristics they possessed.</p> <p>Because the auditor didn't have any characteristics tracked by the facility, it wouldn't be determined what vulnerabilities they may have until the actual interview was conducted.</p> <p>The total of 5 youth is from both the initial and final onsite visit.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The only barriers to interviewing was simply the lack of youth in custody, which is essence is not a bad thing. The facility has the ability to house 16 youth in total between two different wings. The population hasn't reached capacity in the past 12 months. The auditor was able to meet with every youth in custody with no issue.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor was able to interview every youth in custody. There were none identified by staff and none of the youth self-identified as having a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor was able to interview every youth in custody. There were none identified by staff and none of the youth self-identified as being blind or having low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor was able to interview every youth in custody. There were none identified by staff and none of the youth self-identified as being Deaf or hard of hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor was able to interview every youth in custody. There were none identified by staff and none of the youth self-identified as having a Limited English Proficiency.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor was able to interview every youth in custody. There were none identified by staff and none of the youth self-identified as being transgender or intersex.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor was able to interview every youth in custody. There were none identified by staff and none of the youth self-identified as reporting sexual abuse in the facility.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor was able to interview all of the youth in custody. There were none identified by staff and none of the youth self-identified as being placed in segregation for risk of sexual victimization. Three of the youth admitted to being in isolation for other behavioral problems but not PREA related.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor conducted two different in person visits to the facility.</p> <p>The first was for a 2 day period and the second was for a period of 1 day. There were 4 youth available for the first visit and 1 youth available for the second.</p> <p>The 4 youth that were interviewed initially were between the ages of 15 and 17. One youth identified as having a comprehension disability, being a part of the Lesbian, Bisexual, Gay, Transgender, and Intersex (LBGTI) community and disclosed prior sexual victimization during the risk screening. The other three students did not admit to having any vulnerabilities per the standards. None of the youth reported allegations of sexual abuse or sexual harassment within the facility or being isolated for it.</p> <p>The 1 youth that was interviewed on the follow-up visit was 16 years old and denied any vulnerabilities or isolations.</p> <p>Four of the five youth admitted to being educated about PREA at intake or vaguely recall the conversations being had but weren't really concerned. The fifth youth denied education but later in the interview, it was discovered that there was some pending disciplinary action, therefore this may have been retaliation due to being angry about the suspension of privileges.</p> <p>The four youth who were forthcoming were able to name multiple methods, both internal and external, regarding how to make a report of allegations on their behalf or that of someone else. They knew that 3rd party reporting would be accepted and that they could make reports anonymously. The residents assumed there was support to be provided but were not sure who would provide it but knew they could find out by looking at pre-made envelopes found in the classroom, facility pamphlets or asking staff.</p> <p>Because the facility didn't require the youth to sign off on the educational material, the auditor could not simply review that youths intake packet to clarify if the education did take place or not for the one who denied being informed.</p> <p>All of the youth reported being able to shower, use the restroom and change clothing without being seen by staff of the opposite sex.</p> <p>Only one of the five admitted to being asked about their feelings of sexual safety a second time since their original arrival, however they are not always in custody for a period of 30 actual days.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor interviewed all of the staff present during both onsite visits. Three random interviews were conducted during the first visit and four were completed at the follow up visit.</p> <p>The staff titles involved in random interviews included control staff, youth care workers, intake staff, a teacher, a Title 1 Liaison and an admin assistant.</p> <p>The auditor was able to speak to staff who work on a 24hr rotation. Because the shifts are staggered and many of the staff work more than one shift, the population interviewed covered all bases.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>15</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>At the beginning of the audit, there was a different director and different PREA Coordinator. Soon after the initial onsite visit, changes in personnel occurred, thereby making the previous PREA Coordinator the Director and a new staff becoming the PREA Coordinator and the original Director becoming the Admin Assistant.</p> <p>Therefore when the number of staff interviewed is calculated, the Department Head and PREA Coordinator positions will be counted twice since they were different people at different stages of the audit.</p> <p>A total of 8 staff were interviewed the first round and 7 staff were interviewed the second round for a total of 15 different specialized staff interviews. At least 1 person in all of the above described job titles were interviewed between these two visits.</p> <p>Because the facility is small, it is not uncommon for staff to wear multiple hats and be responsible for many duties that go beyond their hired job title. The auditor began each interview with the random questionnaire unless their specific job title was listed as a specialized staff. Upon completion of the random questionnaire, they were asked if each of the specialized duties were their responsibility and if confirmed, they were asked those subsets of questions accordingly.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>A total of 5 residents were in custody throughout the process and each time the auditor had contact, they were either in structured activities (School or rec) or they were in their individualized rooms. The opportunity to have informal conversations with the residents did not present itself.</p> <p>Informal conversations with staff occurred due to staff entering and exiting the interviewing space to get feedback or provide documentation. Staff also escorted the auditor throughout the building which allowed for random questions not required by the standards.</p> <p>The auditor received time and date stamped photos of different documentation hung throughout the facility. Upon arrival, the auditor was intentional in looking for these items and ensuring they were still posted which they were. Because the auditor conducted a secondary onsite visit, on both occasions, an auditor announcement was hung at least 6 weeks prior to arrival for the purpose of allowing anonymous communication prior to the auditors arrival.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files- auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor asked for all documentation that had been completed prior to and following the corrective action period. Many of the forms that will now be the expectation didn't exist until recently so there was not much to review.

At the initial start of the audit, the auditor was provided the PREA Walk data from January 2021 through December of 2021. Due to the inconsistencies and no clear policy of how they were to be conducted and logged, the auditor expressed the need to fix this during the corrective action period.

The auditor did receive copies of the PREA Walk logs dated from 5/23/22 through 8/31/22 at the follow up visit on 9/2/22. It is uncertain if no walks occurred between January 2022 and 5/23/22 since no documentation was provided. At this point, a new policy had been created which states that no less than 2 walks should be completed daily with the possibility of a 3rd one for each 24hour period. The policy was not followed as written in any of the months provided. There are multiple days monthly with either no walks and/or only one and very few with three.

Throughout this process, one of the biggest concerns was the lack of consistency and contradictions within documentation. A prime example is that the PREA policy that is listed on the website is not the same as the individual documents presented to the auditor at the follow up visit following the corrective action period. Originally the staff manual was the reoccurring document used as proof of compliance but that document never resurfaced after the corrective action period. It is uncertain if it still exists or was replaced by the new individualized PREA policy documents.

The auditor found numerous grammatical errors for important information such as the facility website address. Despite pointing it out prior to the corrective action period, in the end, it was not corrected.

The auditor struggled with how to answer whether a standard was met or not because almost all documentation presented was a regurgitation of the standards which meets the standard but doesn't say how the tasks are to be completed. There was no proof of the expected standard operating procedures.

Most of the documentation presented to the auditor was not completed in its entirety, wasn't signed or dated by staff and/or residents and overall was not consistent.

At multiple points during the pre-audit and post corrective action period, the auditor found discrepancies that spoke about different facilities, different documentation or different positions not listed on the staff roster.

The auditor entered into the contract under the impression that the facility had already undergone an audit and soon realized that this was not true. The auditor anticipated the facility to be further along in the PREA compliance process after having completed what was considered a mock audit but based on the entirety of this process, that was not accurate.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	Per the facility, there have been no allegations of sexual abuse in the previous 12 months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>Per the facility, there have been no allegations of sexual harassment within the past 12 months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Per the facility, there have been no allegations of sexual harassment in the past 12 months.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	<p data-bbox="229 69 1509 1135">Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p data-bbox="229 129 1509 192">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 197 1509 259">Auditor Discussion</p> <p data-bbox="229 264 1509 398">Bartholomew County Youth Services Center has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting and responding to such conduct. There is a staff manual that is 192 pages that provides policy information. Pages 172-190 of the manual are dedicated to the Prison Rape Elimination Act Policy and the agencies compliance with the standard as written.</p> <p data-bbox="229 403 1509 600">The policy is broken up into 8 sections: Prevention Planning, Responsive Planning, Reporting, Official Response Following a Resident Report, Investigations, Discipline, Medical & Mental Care; and, Data Collection & Review. The policy includes definitions for prohibited behaviors regarding sexual abuse and sexual harassment. There is also a section on sanctions for those found to have participated in prohibited behaviors. Also included is a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="229 604 1509 689">The PREA Policy can be found on the facilities website under the policy/forms tab. This was verified by the Auditor during the Pre-Audit phase on 1/6/22.</p> <p data-bbox="229 694 1509 846">Based on the 2019 Organizational Chart, there is a designated upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Based on the Organization Chart, the Circuit Court Judge oversees the Director of Court Services who oversees the Director of Youth Services who then oversees the PREA Coordinator.</p> <p data-bbox="229 851 1509 1003">The PREA Coordinator is also the Day Reporting Program Coordinator with a schedule of Monday-Friday from 8a-5pm. After-hours on-call services are provided as well for emergency situations only, such as PREA allegations. The PREA Coordinator has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards for this facility.</p> <p data-bbox="229 1008 1509 1135">Because the Bartholomew County Youth Services Center is the only one within the County, there are no more agencies in operation. Therefore there is no need to have both a PREA Coordinator and a PREA Manager. This portion of the standard is non-applicable.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Bartholomew County Youth Services Center does not have any active contracts with private agencies or other entities for the confinement of residents. Therefore this standard is non-applicable.

Auditor Overall Determination: Meets Standard

Auditor Discussion

This standard requires that the facility shall develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. Some considerations for calculating adequate staffing levels and determining the need for video monitoring include but are not limited to:

- A. Generally accepted juvenile detention and correctional/secure residential practice(s);
- B. Any judicial findings of inadequacy;
- C. Any findings of inadequacy from Federal Investigative Agencies;
- D. All components of the facility's physical plant (Including "blind spots" or areas where staff or residents may be isolated);
- E. The composition of the resident population;
- F. The number and placement of supervisory staff;
- G. Institution programs occurring on a particular shift;
- H. Any applicable State or local laws, regulations, or standards;
- I. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and,
- J. Any other relevant factors.

The January 2020 Staffing Plan that was submitted to the auditor is a 4 page document with the following subsections: Staffing Plan Development, Facility Consideration, Staff-to-Youth Ratios, Staff Supervision of Youth, Supervisory Personnel, Unannounced Facility Inspections, Video Monitoring Systems, Applicable Laws, Regulations and Findings and Staffing Plan Review. This document was signed and dated 12/3/21 by the Director of Juvenile Justice Programs and the Program Coordinator.

A copy of the January 2020 PREA Staffing Plan was also presented. It is a 4 page document that states its development is through a collaborative effort of the program administrators, intake staff, programming staff, medical/mental health staff and direct care responsibilities. Guidance was used from the PREA Resource Center.

The facility is an 18 co-ed bed facility for juvenile males and females separated by wings. Staffing is provided on a 24hr/7day schedule with a requirement of 1 staff to 8 youth during waking hours and 1 staff to 16 youth during sleeping hours. These are the minimum ratios of direct care staff and are expected to be met at all times except in the case of an unforeseen and temporary circumstances. It is stated that if the minimum staffing ratios are not met the circumstances must be documented in the facility log book listing the reason(s) and the duration that the minimum staff-to-youth ratio was not met and any corrective action.

Staff's physical presence is to be utilized in conjunction with cameras/technology to ensure that proper supervision is being provided. Staff are required to carry 2-way radios at all times.

A copy of an Agenda for a 12/6/21 meeting showed that one of the topics of discussion was the Staffing Plan for PREA specifically.

The facility staff manual has a section under the PREA topic that discusses upgrades to facilities and technologies. It also includes language that all allegations of abuse will be forwarded to the Indiana Department of Child Services (DCS) with the expectation of fully cooperating with an investigation and following all recommendations.

A copy of the 2020 Annual Report was provided regarding Bartholomew County Youth Services Center overall. In it was multiple statistical facts, tables and supplemental information regarding services providing during that calendar year. It shows that there were 168 drop offs in 2020, broken down into 18 categories that span from Battery to Theft and includes the number of referrals for each category. Information is provided regarding the gender, race and age of the youth from the report.

There is a section that talks about Detention as defined as a secure placement designed for youth awaiting the court process who are considered to be a danger to public safety, likely to re-offend, or flee before their court appearance. Youth may be sentenced to serve time in secure detention for up to 90 days if they are under the age of 17 and for 120 days if they are 17 years of age or older.

Per the 2020 annual report, the Indiana Department of Correction provides standards for compliance for any secure detention facility. The annual report stated that the agency passed the audit with 100% on the mandatory standards. Because the report was not provided through OAS, the auditor requested a copy of the actual report with the findings as well as the expectations of the standards for the report.

The 2021 Juvenile Detention Inspection-Compliance Report completed by the Indiana Department of Correction, Division of Youth Services was provided to the auditor during the on-site portion. Per the report, there were two inspection dates, 4/28/21 and 10/4/21. The audit is based on two hundred and thirty-seven (237) standards for this, their 25th annual detention inspection. Sixteen (16) of these 237 standards require mandatory compliance with the remaining 221 standards being recommendations. In order to obtain full compliance, there needed to be 100% compliance with mandatory standards and 90% for the recommended standards. The final scores for this audit was 100% with mandatory standards and 97.71% with recommended standards.

There were a total of 9 standards that discussed sexual abuse and/or harassment specifically. Of those 9, only 3 were compliant. The other 6 were deemed not compliant with the majority of them being due to not providing a file regarding the standard. Because the standards manual and the scoring sheet provided by the PREA Coordinator did not parallel each other, the auditor couldn't see what the exact standard required to give more specific details.

While the staffing plan provided basic information, it didn't give specifics about which position works when. Therefore based on how it was written initially, it was impossible to tell if the staffing plan is being followed or if there needed to be a document about the lack thereof. The original staffing plan was basically the standards re-written with some facility specific information included. It was not adequately explaining how these subsections of the audit are being accomplished.

The original staffing plan also didn't provide a count of staff, shifts worked and how they are strategically placed within the facility. No post orders were provided giving a more in-depth picture of how the facility operates.

During the corrective action period, the staffing plan was updated to include all of the missing information so that the auditor was able to distinguish whether the plan was being followed or if there should have been documentation explaining why it wasn't. There was even language added in regard to how the pandemic is affecting vacancies, new hires and staff retention.

There was no language in the staffing plan that refers to substantiated versus unsubstantiated cases and how they affect staffing. The annual report talks about an IDOC audit with a 100% on the mandatory standards but no copy was provided nor did it say what the audit was. Because this audit is not a requirement of the standards, there was no follow up information provided. The PREA Coordinator understood that using it as verification would only apply if PREA related and the report in its entirety were uploaded.

The Master Schedule provided was lacking a key to help a non Bartholomew County Youth Services Center employee understand what they are reviewing. The assumption is that the names assigned to each schedule are correctional officers but no staff key was provided that gave definitive information.

During the corrective action period, this form was updated so that it could be read and understood by anyone who reviewed the document.

Limited and exigent circumstances that would require the facility to operate outside of the staffing plan expectations were not explained initially. However the updated staffing plan states that exigent circumstances could include but are not limited to: medical issues requiring staff to go to the hospital, or any emergency situation.

The PREA walks is a typed document with no signatures or handwritten anything. The auditor asked for more clarification on this document and how it is meant to be utilized for auditing purposes. It was learned that the document is always typed, in live time and multiple staff can access it at any time so there is no real authentication because it can be updated by anyone whenever due to its accessibility.

It would appear that no PREA walks occurred between 11:43PM and 6:10AM. While completing the on-site portion of the audit, the questions were asked in regard to the absence of walks during those specific hours and how the policy reads. The facility was instructed that the policy as written is vague enough that it leaves discretion of interpretation to the reader which means that it isn't detailed enough to protect staff or residents. The PREA Coordinator was advised to update the policy to say exactly what the expectations are in plain language.

During the pre-audit phase the auditor wasn't sure how the staff completes the PREA walks without alerting other staff of what they are doing. This question was posed to the PREA Coordinator and the response was that they simply don't tell the other staff the purpose of their movement throughout the building, they just do them and report it to the Control Officer for logging or log it themselves.

This was another discrepancy, prior to the corrective action period, because there was no definitive standard operating procedure regarding who is to log PREA walks, the frequency or walks and if it is being verified through audits. During staff interviews, conflicting information was provided about the expectations.

Since the initial on-site portion of the audit, updates have been made to the PREA walks expectations as listed in the PREA Policy Number 115.313 with the Subject Area: Prevention Planning. It is now required that PREA walks be conducted by intermediate-level or higher-level supervisors at least once a day from 6a-4p, 4p-1 am and 10p-7a. The control officer or supervisor on duty are required to log the rounds in the control log. It is required that other staff are prohibited from being alerted during these rounds.

Interviews with staff at the follow-up onsite visit supported that they understood the new expectations of the policy and how it was to be carried out.

115.315 Limits to cross-gender viewing and searches

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

The staffing manual was presented during the pre-audit phase with page 172 discussing the expectations with Limits to cross-gender viewing and searches. However it was simply the standards retyped in different language. No signed staffing manual receipt and understanding of the expectations were provided so there was no proof staff had been made aware. The manual discussed exigent circumstances but failed to define any instance in which it would be applicable.

The original policy was contradictory as the first line says "Under no circumstances does BCYSC utilize cross-gender searches at the facility. This includes strip-searches or pat downs." The next sentence said "Only exigent circumstances would allow cross gender searches and pat downs be permitted." So the auditor wasn't sure if exigent circumstances are the only time it is allowed and they need to be listed, or they are never allowed and the sentence about exigent needed to be removed.

During the corrective action period, the PREA Policy was updated to clearly define the information that was previously contradictory. It now says that cross-gender strip searches, cavity searches or pat-downs shall only be conducted in exigent circumstances. These circumstances could include a resident requests that the duty be performed by someone of the opposite sex and residents who pose immediate risk for their own safety and that of the facility. These exigent circumstances are not the only ones, but provide examples for clear understanding.

There was no language in the staff manual that discussed the residents ability to shower, perform bodily functions and change clothes etc out of view of opposite gender staff. It was written in the comment box that staff introduce themselves to the residents but the staff manual didn't talk about this, nor did it mention staff announcing themselves. The PREA Coordinator was made aware that this specific language needed to be added to the policy if it was to be the expectation.

During the corrective action period, the policy was updated to include all of the missing verbiage thereby making this portion of the standard compliant.

Interviews with staff supported that the practices of how residents shower, change clothes etc is controlled by how movement is completed. The restrooms and showers are "single-person" use so if the door is closed, it means it is occupied, if it is open, it means available for use. If the door is closed, only same sex staff can enter that space. Staff are required to sanitize the space after each use.

Because the facility is co-ed and residents are housed together, it was asked how to avoid accidental viewing by peers of the opposite gender. Each wing has 8 individual rooms (there is one room that has double beds but it is not used per the PREA Coordinator). The rooms are separated by cubbies of 2 to a space. Only same sex residents are paired in cubbies so that incidental viewing doesn't happen when entering or leaving their specific space.

During the initial on-site tour, the auditor asked what the protocol is for a resident who changes their clothing or disrobes in their rooms since there is a window for viewing. The PREA Coordinator reported that it wasn't allowed. The auditor asked if and how both staff and residents knew this since it wasn't written in any of the policies or materials provided. The answer was that they know the expectation. The auditor informed the PREA Coordinator that if it is not written and cannot be proven that the information was provided and understood, then it doesn't meet the criteria for the standards. Based on this theory, opposite gender residents could potentially view each other incidentally in their rooms if they choose to disrobe or change clothing despite the unwritten expectation.

The manual said that staff are trained in conducting professional respectful searches of transgender and intersex youth. The signature log says that 43% of staff were trained what about the other 57% of staff? Are they not required because of their titles, is this not a function of their job description, why is there no training records for them? Also the signature sheet doesn't list what the training was about, what they learned, the expectations or acknowledgements of the material. Is this training annual, or just upon hire? How often is it provided? All of these questions were not answered in the initial stages of the audit.

During the on-site portion of the audit, the auditor requested copies of all training records and was provided a report of excel spreadsheets showing training for staff for years 2018, 2019, 2020 and 2021. The trainings used can be found on YouTube and the PREA Resource Center, however no training specific to the facility and its standard operating procedures was provided. The online trainings do not provide specific guidance for a facility based on their policies and procedures therefore this training wouldn't suffice and this was reported to the PREA Coordinator in the interim report.

No signed acknowledgement of trainings or understanding of trainings were provided. For Calendar year 2021, training records were received for a total of 27 staff but they weren't broken down into job titles or hiring dates. There were 2 specific trainings listed, "PREA: Limits to Cross-Gender Viewing & Searches" and "PREA: Cross Gender Searches". After reviewing

the training files, it was discovered that 8 staff had neither training, 7 staff had one or the other and 12 had both. This equates to the 44% as found with what was provided during the pre-audit phase.

Unless this training is only required for certain staff, this portion of the standard is not compliant. Also the staffing requirements need to be outlined to reflect what the expectations are per job title including frequency and type of training. There is no proof that staff did hands-on training of these techniques. Is this a requirement or is watching the video sufficient.

The staff manual does prohibit searching or physically examining transgender or intersex youth solely for the purpose of determining genital status.

115.316	<p data-bbox="229 69 1509 1305">Residents with disabilities and residents who are limited English proficient</p> <p data-bbox="229 136 1509 192">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 199 1509 255">Auditor Discussion</p> <p data-bbox="229 262 1509 479">The original manual presented was the standard retyped regarding resident education. It didn't explain how residents in the vulnerable population will receive the education specifically. No information was provided regarding cognitive disabilities, low vision etc. Originally the manual mentioned the use of Su Casa for interpreter services but it wasn't clear what services were provided. Information was typed into the comment section about how it is handled but it is not in the manual therefore how do you prove staff know of these expectations. The comment box discussed using online services but didn't disclose what they were, how to access them and proof that staff know of this option.</p> <p data-bbox="229 486 1509 591">The auditor was presented with an updated policy that states if a youth presents with cognitive, development or physical disabilities, it would be determined that Bartholomew County Youth Services Center would not be an appropriate setting for this youth resulting in alternative placement request by the Director of the facility.</p> <p data-bbox="229 598 1509 703">Because the number of staff outweighs the number of residents in custody, they have the ability to be more hands on with the residents. The ability to meet with them on a one-on-one basis is easy to do and can be accomplished depending on the vulnerabilities of the residents at that time.</p> <p data-bbox="229 710 1509 815">During the corrective action period, copies of facility specific information translated into Spanish was provided. PREA flyers were translated into Spanish and posted in common areas and hung for easy access throughout the facility.</p> <p data-bbox="229 822 1509 927">A copy of a Master Service Agreement between Bartholomew County Youth Service Center and Language Line Services, INC was provided that is signed and dated 7/29/22. This company advertises that there is 16,000+ live interpreters in 240+ languages including American Sign Language. It is an on-demand 24/7 service with rates based on usage only.</p> <p data-bbox="229 934 1509 1084">During initial staff interviews, the staff generally stated that bilingual staff would be used for Spanish. They knew that there was a language line but none of them had ever used the services or knew the name of the company. The auditor was not provided with contact information to verify the validity of the language line described during staff interviews nor was it provided in the pre-audit phase.</p> <p data-bbox="229 1090 1509 1173">At the follow-up onsite meeting, staff were able to provide feedback as to having a language line and how to access it if needed.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1453 396">During the pre-audit phase, information entered into the comment box stated finger printing was a part of the intake considerations for hiring however it is not in the staff manual. No records were provided proving staff have criminal background checks conducted every 4 years despite it saying that in the staff manual. Per the answers provided in OAS, there has been 1 new staff hired this year but no hiring information was provided.</p> <p data-bbox="242 427 1477 687">During the initial on-site portion of the audit, staff files were reviewed. A total of 16 employee files were reviewed for supporting documentation proof for this standard, with one person being counted twice because of being promoted during calendar year 2021. There were 14 current staff, 2 new hires and 1 promotion. The files were not in a standardized order and could be pretty thick depending on the length of employment. Because of this, it is possible the auditor missed forms that were present because they weren't flagged or all stored in the same division of the folder as others. Also because different mechanisms were used to track information, the auditor may not know what to look for...(an example is one person has an actual training form, someone else has an excel spreadsheet, someone else has actual certificates etc). The files were hard to review because of these discrepancies.</p> <p data-bbox="242 719 1474 913">The standards require that the agency will conduct criminal background records checks at least every 5 years of current employees and contractors who may have contact with residents. The staff manual states that this is to be done every 4 years. Upon review the files, multiple different criminal background records check were observed. Some were local and others were state-wide. There was no consistency about how this portion of the standard is to be achieved, therefore the policy needed to specifically state which records check is the expectation. In at least 1 instance, the records check was not completed within the 4 years as BCYSC states it is to be done.</p> <p data-bbox="242 945 1485 1070">During the pre-audit phase, no copies of interview questions or preliminary forms that ask specifically about previous misconduct during hiring and promotions was provided. No proof that the facility ever contacted a secondary agency to try and gather information about PREA connections prior to hiring or that the agency has provided that information to an agency who has requested it.</p> <p data-bbox="242 1102 1477 1196">During the initial on-site portion 1 of the new hires was missing the civil and criminal admission form. There was a new hire who worked previously for Job Corp and the Police Department and there was no proof that those agencies were contacted regarding previous PREA allegations while employed. One file was missing the material omission paperwork.</p> <p data-bbox="242 1227 1418 1254">No contractor documentation was provided due to a report of not having any entering the facility in the last 12 months.</p> <p data-bbox="242 1285 1477 1411">The staff manual was replaced with PREA Policy 115.317 Prevention Planning. It did not mention the use of fingerprinting as a requirement for hire, only a criminal background check, verification of child abuse registries and best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="242 1442 1485 1568">There were 2 new hires since the initial onsite phase and documentation was provided showing where they completed the Staff PREA Questionnaire that includes a requirement regarding continuing affirmation duty to disclose any such misconduct after hire. Neither had previous corrections experience so there was no documentation of a request to follow up with previous institutions.</p> <p data-bbox="242 1599 1401 1657">The auditor was presented with letterhead dated February 1, 2022 showing where criminal background checks were completed between December 2021-January 2022 for all current staff.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 353">This standard is about upgrades to facilities and technology. Bartholomew County Youth Services Center has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012.</p> <p data-bbox="229 353 1508 430">The facility currently has 16 cameras and has not installed or updated a video surveillance system, electronic surveillance system, or other monitoring technology since August 20, 2012.</p> <p data-bbox="229 430 1508 497">This standard is non-applicable.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 427">When completing the PREA instrument in OAS, the answer was that BCYSC doesn't conduct administrative investigations and that all are sent to the Department of Child Services (DCS). However on page 183 of the staff manual, it talks about administrative investigations but doesn't really explain who is responsible for this. The paragraph above says that any report of abuse is to be reported to DCS. The policy needed to be updated to reflect the standard operating procedures as a part of the corrective action period.</p> <p data-bbox="242 463 1493 651">During staff interviews, it was discovered that an administrative investigation is in fact performed at the facility level prior to the Department of Child Services being contacted. The issue is who is responsible for it, who has specialized training and what is the direct line for the chain of command. Some staff stated that they would call the Shift Supervisor immediately upon being made aware of a potential PREA allegation, others said they would call the PREA Coordinator and a small group said they would contact the Facility Director. Administrative Investigation procedures need to be clearly established and then staff need to be trained on who is responsible and what that looks like.</p> <p data-bbox="242 687 1449 779">The comment box states that youth 14 and under are taken to Riley for a forensic exam and those 15 and up go to Bloomington Hospital. That is not written in the staff manual and was later learned to be contradictory to what the auditor was told in person.</p> <p data-bbox="242 815 1490 907">During questioning by the auditor during the initial on-site phase, it was expressed that Riley nor Columbus Regional Hospital will conduct forensic exams on their behalf and that all are done with Susie's Place. The MOU provided was dated for 2017 with the understanding that it would remain in place unless terminated by either organization.</p> <p data-bbox="242 943 1378 1034">The Executive Director of Susie's Place was contacted through phone and email on multiple occasions prior to the completion of the interim report with no reply. The purpose was to discuss the MOU and verify that the standards requirements are satisfied through this relationship.</p> <p data-bbox="242 1070 1490 1258">Per the Facility Director, once allegations of sexual abuse are received, it would be her responsibility to notify Bartholomew County Court Services Director, a specified Judge, the Department of Child Services (DCS) and then the State Police. There is not an Memorandum of Understanding or any written agreements that support a direct line for the staff of this facility to make a report with DCS as they are expected to use the same hotline as the public. There is no Memorandum of Understanding or written documentation for direct line for Columbus Police Department of Indiana State Police to file a report on behalf of a juvenile in their custody.</p> <p data-bbox="242 1294 1490 1451">A copy of a degree for a facility Counselor titled "Counselors qualifications" was provided as proof of qualified staff who have been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The degree is a Bachelor of Arts from 8/31/80. This doesn't provide any proof of her qualifications based on the standards requirements. No training records were provided to support the need. Simply having a degree is not enough.</p> <p data-bbox="242 1487 1442 1543">Following the Corrective Action Period, email chains were submitted to the auditor showing an attempt to put an MOU or written agreement in place with both the Department of Child Services and with Law Enforcement.</p> <p data-bbox="242 1579 1490 1700">Because it is a juvenile facility, many of their processes are "expected" but has no proof of existence even if assumed. The email regarding an MOU with the Department of Child Services says that it was forwarded to the State for final approval but had not yet been signed. Also the auditor was not provided a copy of the actual MOU to see if it includes all of the necessary language as required by the standards.</p> <p data-bbox="242 1736 1490 1827">Originally the facility reached out to the Bartholomew County Sheriff's Office but was told that it would be a conflict of interest due to them also being a county office. They were then instructed to reach out to the Columbus Police Department. On 8/23/22, an MOU was signed between Columbus Police Department and the Youth Services Center.</p> <p data-bbox="242 1863 1469 1984">The updated Policy states that Susie's Place of Bloomington Indiana shall provide the sexual abuse forensic medical exam without financial cost and where evidentiary or medically appropriate. Further in the document, it says that Bloomington Hospital will be handling the forensic medical exams with victim advocate services provided by Center of Hope. There was no written documentation of this agreement with Center of Hope INC.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 416">The staff manual states on page 175 that there is a published policy on its website that requires administrative, criminal investigation or DCS investigation is completed for all allegations of sexual abuse and sexual harassment. During the interim report, it was clearly stated that the website address listed in the manual was incorrect. Upon completion of the corrective action period, the policy also has the website incorrect.</p> <p data-bbox="229 416 1508 546">The policy that was uploaded appeared to be the 17 pages regarding PREA from the staff manual verbatim. It does not describe the responsibilities of both the agency and the investigating entity, it simply states that DCS is responsible for the completion of criminal and administrative agency investigations.</p> <p data-bbox="229 546 1508 640">Despite this information being presented in the interim report, nothing has been updated. The same policy that was on the website in the beginning of the audit is the same at the end of the corrective action period. Nothing has been corrected.</p> <p data-bbox="229 640 1508 748">No information was provided as to how administrative investigations would be handled within the facility and who is qualified to conduct them. Because they are going to verify if DCS is to be called or not in every situation, someone administrative must happen prior to that decision being made and no provisions have been made for that.</p> <p data-bbox="229 748 1508 844">The facility reports having no allegations of sexual abuse or sexual harassment during calendar year 2021, so there was no documentation to review.</p>

115.331	Employee training
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>A copy of the Bartholomew County Staff Brochure was provided. It has Internal phone numbers (4 digits) for ACJC Director of Detention and the PREA Coordinator. The full phone number is provided for the Department of Child Services. The acronym ACJC was not explained so the auditor is uncertain who this person is and how they fit into the reporting of allegations.</p> <p>At no time during the staff interviews did any of them report having a staff information brochure or signing that they have access to it. It is uncertain if this document is readily available and accessible to the staff.</p> <p>No signed proof of training for all current staff regardless of whether it took place in the last 365 days or not. Training is provided annually and may be virtual due to COVID. Staff Manual mentions a refresher training every two years.</p> <p>Multiple links were provided as curriculum proof for online staff training through the PREA Resource Center. The first link is to the same training as the PREA: Limits to Cross Gender Viewing and Searches specific to standard 115.15. Of the training records for 27 staff in calendar year 2021, 12 staff did not have this training and 15 did.</p> <p>The second online training is through Just Detention International on "What Kids Need to Know: PREA and Resident Education in Youth Facilities". Of the records for training for 27 staff in calendar year 2021, 12 staff did not have this training and 15 did.</p> <p>A PowerPoint presentation was uploaded with the title YSC Staff Training. It provided the most in-depth explanation for what PREA is and how to identify all the requirements of the standards. The presentation provides contact information for organizations not mentioned anywhere else in the OAS system nor were they mentioned during the on-site interviews with staff. The phone number for the Sexual Assault Treatment Center and the Child Abuse/Neglect Hotline was listed. Slide 59 says to "Assist Allen County PD/Ft Wayne PD and Sexual Assault Treatment Centers as needed." It would appear that perhaps this training was an adaptation of another facilities and it wasn't carefully proofread.</p> <p>The other concern is that the phone numbers for DCS, Sexual Assault Treatment Center and Child Abuse/Neglect Hotline is in the presentation but where is it located for the staff to access it when not in training?</p> <p>The records of all 27 staff did not reflect a training with this title at all. Unless it was listed as something different on the training document, it would appear no staff had this training.</p> <p>There was a document called "First Responders Duties", however it was a singular piece of paper not included in any training curriculum and was not accompanied by anything proving staff know the expectations or how to find this information during an event. A training signature sheet was provided that was to cover What Kids Need to Know, Resident Education in Youth Facilities, First Responder Duties and BCYSC Staff Brochure. There were 18 signatures with dates varying from 8/31/21 through 9/20/21. An attempt to reconcile the signature sheet with the training log was unable to be accomplished. The dates for the trainings listed on the excel spreadsheet do not match the titles for the trainings on the signature sheet. Due to these inconsistencies this standard is not in compliance.</p> <p>No staff were able to answer questions about retaliation monitoring.</p> <p>The above information was included in the interim report and since that time, there were a couple changes but not enough to be compliant. The auditor was provided a copy of the Policy and Procedure Signature list that has information for 10 of the 27 staff employed.</p> <p>A copy of the 8/29/22 Meeting Agenda was presented that spoke about specific PREA policy updates, however the policy has not yet been updated as the auditor doesn't have a copy of a version different than that at the beginning of the audit.</p> <p>Staff are still not sure about retaliation monitoring. They have no idea who is responsible for this process or how to identify it.</p> <p>The training curriculum presented is still that from the original submission.</p> <p>One of the staff who is an intake officer and works as a supervisor has been employed over 2-3 months and admitted to not yet having formal PREA training despite being a person responsible for monitoring the following of the policies and procedures.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">During the pre-audit phase, no proof of formal training for volunteers or contractors. The facility brochure is being used as proof of training which is not accompanied by a signed training form acknowledging what they have learned.</p> <p data-bbox="229 353 1509 430">It is written that currently there are 5 volunteers or contractors or a combination of the two. In a previous standard, it was stated that there were no contractors so this may be all volunteers.</p> <p data-bbox="229 430 1509 542">During the on-site phase, the auditor asked about contractors and visitors and was told that due to COVID, there are none currently or in the last calendar year. Therefore no files or records could be reviewed to prove compliance with this standard.</p> <p data-bbox="229 542 1509 618">It would appear this standard is not applicable.</p>

115.333	<p>Resident education</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>During the pre-audit phase, no proof of education provided with resident signatures and dates. Spanish posters and brochures were provided. Staff can do one on one education or use of videos with someone who is low vision. Written documentation is provided for someone who is hearing impaired but no provisions if they don't speak English/Spanish or if they don't read at all, no ASL provided. Also nothing to discuss how those with cognitive disabilities are addressed.</p> <p>The auditor requested copies of the signature sheets with dates for the residents who have received education upon intake regarding PREA. Based on the pre-audit paperwork, there were 94 admissions in the past calendar year to be accounted for. This could not be done because the process didn't require written acknowledgement with signatures of staff and residents and dates.</p> <p>Interviews of staff and residents both confirmed that this education does take place at intake immediately upon arrival. The original PREA Coordinator, now Director is bilingual and can therefore do orientation for the residents who are Spanish speaking. No language line information was presented nor was there any documentation provided in any language beyond English and Spanish.</p> <p>Because the population is so low, staff have the ability to conduct intakes on a one-on-one basis. When asked about how residents who may have more serious needs receive the information, there was no plan in place. This may be due to the fact that a juvenile of with those concerns have never been sentenced to the this facility but there still needs to be a plan in place.</p> <p>The PREA policy does not discuss if there are options to ask the court to modify placement if the juveniles needs are greater than can accommodated based on this standards requirements.</p> <p>After receiving the interim report, the facility changed the processes to better document how resident intake education has been conducted. The auditor received written documentation on multiple admits since the initial onsite audit.</p> <p>The auditor was provided an agreement between the facility and the organization Language Line. During staff interviews at the follow up onsite visit, it was reported that they knew this option existed and how to access it if necessary.</p> <p>Language was added in another part of the PREA Policy that states that residents whose needs are greater than the facilities ability to meet, will be returned to court for a potential modification of component.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1490 432">This standard is about specialized training in investigations. It is the expectation that any investigators have received training specifically for confinement settings. It should include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation shall be maintained that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="242 463 1458 555">Bartholomew County Youth Services Center reported that they do not conduct administrative nor criminal investigations regarding sexual abuse or sexual harassment. All allegations are immediately referred to the Indiana Department of Child Services. It is the responsibility of DCS to ensure that these requirements are being met.</p> <p data-bbox="242 586 1417 678">During the on-site portion of the audit, it was learned that while they may not do a criminal investigation, there is some degree of administrative investigation in order to determine if the allegations need to be forwarded to DCS and/or law enforcement.</p> <p data-bbox="242 710 1469 770">No administrative investigator was identified nor was any specialized training documentation provided for the Facility Head, PREA Coordinator or the Shift Supervisors.</p> <p data-bbox="242 801 1342 828">The above was written as such in the interim report and there have been no changes to the facilities response.</p> <p data-bbox="242 860 1489 952">The auditor did receive a copy of an MOU between Columbus Police Department and the facility, however it doesn't included the specific language required for meeting the standard. There is no discussion of training requirements for law enforcement who would respond to allegations of sexual abuse.</p>

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>During the pre-audit phase, an email between the PREA Coordinator and a staff says the person has received the attachments but hasn't been in the office to sign properly so updated documentation needed to be shown. The email doesn't say specifically what was in the attachment, so what forms were they presented with.</p> <p>Based on the answers in OAS, there should be documentation proof of 2 staff and there is only an email for one.</p> <p>The auditor was uncertain if those 2 staff listed were county employees or contractors as that information was not provided.</p> <p>During the on-site, the auditor requested clarification based on what was provided in OAS. During that time it was discovered that compliance is not being met with this standard for the following reasons.</p> <p>There is a full-time medical staff who is employed by the county and is not a contractor however she had been out of the office on maternity leave since October of 2021. Therefore her interview was completed through zoom as she was unavailable in person. Her license is an LPN therefore she is unable to perform forensic exams or prescribe medication, therefore this portion of the standard is not applicable.</p> <p>A review of her training records show that she completed 2 PREA specific online trainings but not the facility specific one wherein the curriculum covers detection and assessing signs of sexual abuse and sexual harassment. While the medical staff was able to talk about preservation of evidence from a global perspective, there was no proof of training. The auditor was given a copy of a training with the heading "Preventing, Detecting and Responding to Sexual Misconduct at DYS: What our Medical and Mental Health Contractors Need to Know." There was no accompanying signature and date that the medical staff ever completed this course, nor was it listed on the training excel spreadsheet.</p> <p>Initially, the PREA Coordinator identified a Counselor as a Mental Health Practitioner but upon gathering educational materials, communicating with both the Counselor and the PREA Coordinator about her duties, it was decided that she does not meet the criteria based on the standards as written. Therefore there is only 1 staff who would be reviewed based on their job titles.</p> <p>The above information was presented as is on the interim report. The only update was a signature sheet for the Nurse stating that training on PREA standards for medical staff had been received. No copies of the curriculum was provided to prove that the training encompassed the standards requirements.</p>
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Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

None of the 94 intake screening paperwork, copies of completed screening instruments or proof of reassessments were provided for verification during the pre-audit or initial on-site portion of the audit.

The PREA policy mimics the PREA standards but no evidence of application or proof of completion was provided.

The auditor did receive a copy of the actual screening instrument, which is a 5 page document with specified closed-ended questions but space to elaborate or explain as necessary. The document includes the youths name, intake date and time of intake. The form says it is to be completed by an appropriately trained Youth Counselor during the intake process (within 72 hours of arrival) and periodically through a resident's detention. The document is to be signed and dated by the youth counselor, Intake Signature (not sure if this is the youth or intake officer), Facility Director, Medical Staff and Mental Health Staff.

The form states that this information is to be ascertained through conversations with the resident during the intake process, medical/mental health screenings; during classification assessments' and by reviewing court records, case files, center behavioral records and other relevant documentation from the resident's files.

This document specifically says it is to be completed by the Youth Counselor, however during the onsite audit, interviews with staff stated that this form is completed by Youth Care Workers, Shift Supervisors and Intake Officers but not the Counselor. Either this form needs to be updated or the responsibilities need to be shifted. Furthermore the language says appropriately trained staff but no proof of training, understanding or acknowledgement were provided.

The PREA policy doesn't state who is responsible for completing the sexual victimization or abusiveness assessment, so that needs to be updated as well.

Upon verifying that the screening instrument asks all the questions required by the standards, the PREA Coordinator was instructed that the question about the size of the juvenile is subjective and needed to be more specific otherwise, staff will answer based on their perceptions of stature instead of having a threshold to use for decision making. An example would be for a male that small is <5ft, 100lbs....this leaves no room for subjectivity. Either they are or they aren't. She was instructed to discuss the particulars with medical staff based on human norms for the age groups that can be sentenced to this facility.

The screening instrument does take into account the following or provide information regarding:

- Prior sexual victimization or abusiveness;
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may be vulnerable to sexual abuse;
- Current charges and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities; and
- The residents own perception of vulnerability.

The final requirement is if it provides 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. Those questions include but are not limited to:

- Under the influence of alcohol or drugs;
- Impaired communication skills; and
- Level of consciousness, decision making and memory.

The standard requires that appropriate controls on the dissemination of this information is within the facility be in place to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The PREA policy states that this information is to be placed in the Nurse's private file and/or the counselor's private file that are only accessible by those specific staff. The discrepancy is that staff other than these specific positions are conducting the interviews and gathering the information. The policy needs to be update to describe how to gather the information as well as how it is to be stored so that it mimics the current operations.

The above information was provided in the interim report. The Sexual Violence Assessment Tool (SVAT) has added language defining small and large stature, however they are the same for both males and females. While an updated blank form was provided as proof, the completed form dated 8/25/22 is not the same and doesn't have that language printed. No other SVAT's were provided to the auditor.

The auditor did receive copies of PREA RESIDENT INTAKE SCREENING TOOLS for multiple residents, however none of them had an accompanying SVAT. The auditor is unsure if both of these documents are to be completed at intake or if one replaced the other. In either case, there is no consistency as to what processes are to be followed.

The form doesn't have the signature of the youth present so there is no proof that they were a part of the process for data collection.

The policy does not specify who is to conduct the SVAT. It states that appropriate controls on dissemination will allow accessibility by the nurse and counselor only. The nurse was not available on the date of the follow up visit and no staff interviewed admitted to being responsible for conducting the SVAT's at intake.

The tool itself says that accommodation considerations may be recommended if a youth is flagged, however it requires the approval of the PREA Coordinator or the Director. This information is not in the policy or any training curriculum provided

115.342	Placement of residents
	<p data-bbox="242 145 829 174">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="242 210 454 239">Auditor Discussion</p> <p data-bbox="242 271 1436 365">This standard requires that housing, bed, work, education and program assignments be made based on the information obtained from the risk screening with the goal of keeping all residents safe and free from sexual abuse. The comment section explains the process for separation, however it is not in the staff manual/PREA Policy.</p> <p data-bbox="242 396 1484 521">During the on-site the information was provided about how the wings are used, individual room cubbies, proximity to the staff post and other operational expectations but none of this is in writing. The risk assessment has a page that says that these options are available but doesn't ask which if any of them are to be put in place. There is a space on the form to write in additional precautions but nothing that says what is to be done in this specific instance.</p> <p data-bbox="242 553 1468 712">The second part of this standard discusses isolation from others only as a last resort when less restrictive measure are inadequate to keep them and other residents safe. Agencies are not allowed to deny residents daily large-muscle exercise or legally required educational programming or special education services. It goes on to say that residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents must also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="242 743 1492 938">The PREA policy is a regurgitation of the standards and didn't provide feedback as to the operational aspects of isolation and its processes. During staff interviews, the medical staff was asked if a resident is placed in isolation if she is required to visit them daily and/or prior to them being released from isolation. It was learned that the only time there is a requirement for her review is if the resident is in isolation due to being physically ill or having physical vulnerabilities (broken arm/leg etc), otherwise she believed the intake officer controls this function. Therefore the policy is not reflective of the practices of the facility.</p> <p data-bbox="242 969 1444 1064">While isolation is not a common practice in the facility for extended periods of time (on average a few hours to a couple days), the policy is contradictory to the practices. It is not a true isolation as much as it is a time-out due to the residents having individual rooms and can simply be sent to their rooms instead of being in the common areas.</p> <p data-bbox="242 1095 1492 1220">The portion of the standard regarding the placement of residents who identify as part of the LBGTQ+ community is compliant by default due to having individualized rooms. However the language in the policy doesn't provide details on how to avoid making a mistake with this population. That information was relayed during interviews and typed in the comment box of the pre-audit form but not spelled out in the policy.</p> <p data-bbox="242 1252 1476 1312">No supporting documentation of what is used to make case-by-case decisions regarding transgender and intersex residents for housing and program assignments.</p> <p data-bbox="242 1344 1476 1438">The risk screener asks some of the questions necessary for this portion of the standard but it was not explained who makes the housing/programming decisions. So while this information may be collected, there is no clear chain of command, documentation proof of application or provision of blank forms in anticipation of this occurrence.</p> <p data-bbox="242 1469 1380 1529">There is only one stall for showers and restrooms so this portion of the standard is compliant because there are no communal areas for bathing and self-relief.</p> <p data-bbox="242 1561 1492 1621">The facility reported having no youth who would fall into this category in the last calendar year, therefore no paperwork was provided. This applies to the requirement for the 30 days follow up regarding continued isolation from the general population.</p> <p data-bbox="242 1653 1228 1682">The above information was provided as written in the interim report. No changes have been made.</p>

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Bartholomew County Youth Services Center has provided multiple internal ways for residents to privately report sexual abuse and harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

They also provide a method to report abuse or harassment to a public or private entity or office that is not a part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials while allowing anonymity upon request.

The Resident Reporting section of the staff manual lists methods of reporting as:

- Informing any security staff in the Center
- Informing Intake Officers or Administration in writing or face to face
- Informing the Center Nurse in writing or face to face
- Informing the Center Counselor in writing or face to face
- Informing the resident's attorney or probation officer
- Informing the a family member or any adult they trust.

It is the expectations that staff shall accept any reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.

The facility posters and brochures provide contact information for:

- Indiana Division of Child Services Abuse Hotline
- Columbus Police Department
- Susie's Place

The comments section says that in each wing of each classroom there are envelopes with the address of DCS already made out readily available for use, but that is not written on any of the documentation provided to the auditor.

The staff manual states that information will be provided to a resident on how to contact relevant consular officials and relevant officials at the Department of Homeland Security for those who are solely detained for civil immigration purposes. That information wasn't provided and isn't listed on any of the materials that were provided.

The staff manual says that staff are to be provided a method to report sexual abuse and sexual harassment of residents privately but neglects to share how that is to be done. The comment section states that this information is relayed at policy review for onboarding however no documentation proof was provided.

The Detention Manual, PREA Poster, Staff Manual/PREA Policy and SA Brochure list filing a grievance as an option for residents to report being victims of sexual abuse or sexual harassment, however this is not written in the Resident Reporting bullet point list of methods. The Staff Manual does discuss the process for grievances overall but nothing specific to PREA. It says that grievances are to be given to the Intake Officer unless it is about that person specifically, then it is to be given to the Director for review. The section that does discuss the use of Grievances for PREA allegations is a regurgitation of the standards.

The auditor asked the PREA Coordinator to explain how grievances are to be turned into the Intake Officer and was told that they are just handed to this person. The auditor then asked what checks/balances exist to ensure the grievance is turned in appropriately to which the response is that they know what the expectation is. The auditor asked how could you identify the difference between a grievance and any other piece of paper being handed to the Intake Officer and there was no answer. The auditor asked if cameras can be followed to show the Intake Officer accepting the grievance and completing the standard operating procedure of delivery to the appropriate staff and the answer was no. Basically, a grievance can be handed to an Intake Officer, discarded along the way and there is no record of it, proof it was received or delivered thereby not providing a safe method to file a report. The PREA Coordinator was given some suggestions on ways to fix this issue and also that policies need to be updated with specific details. If the process will be the same for PREA grievances as it is for regular grievances, the language needs to be added about who is to be notified first, the Intake Officer, Director or PREA Coordinator.

During staff interviews, no one was able to explain how and with whom retaliation is to be monitored.

The above is the exact language from the interim report.

At the follow up visit, the auditor was provided pages 12-25 of an unidentified document that spoke about PREA rights. The auditor would assume based on the language that this document is meant for the students but it could not be confirmed. No proof of presentation to new intakes was provided.

The auditor received an updated PREA Policy on Reporting that spoke of new processes, however no proof of staff acknowledgement and awareness was provided.

The Memorandum of Understanding between the facility and Columbus Police Department does say that if a report is received by law enforcement alleging abuse, it is to be reported to the Director of Youth Services. Subsequently, if the allegation is against the Director of Youth Services, it is to be reported to the Director of Court Services. Nothing was provided showing that the Director of Court Services is aware of this agreement and would know what the next step in protocol would be.

The auditor was able to see pre-addressed envelopes in the classrooms for residents to write to organizations beyond the facility.

Follow up interviews did not show an increase in staff awareness about how and who is responsible for monitoring retaliation if reported.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 371">No proof of PREA grievance policy provided. Multiple documents mention grievances as an option to report allegations of sexual abuse and sexual harassment but no standard operating procedures were provided. The method described to the auditor during the on-site phase are not sufficient to meet this standards requirements.</p> <p data-bbox="229 371 1509 488">The PREA policy/Staff Manual is a regurgitation of the audit standards. This entire process needs to be revamped with specific operational details of how it is to be completed.</p> <p data-bbox="229 488 1509 598">The above is the exact wording from the interim report. The PREA Policy is the standards rewritten. No standard operating procedures were submitted. Also no proof that staff have been made aware of this expectation due to a lack of acknowledgement and awareness.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 421">This standard asks about residents awareness and all of the supporting documents were mainly for staff. There is no proof the residents know their rights under the subsection of this standard. No acknowledgements of PREA education with signatures and dates were provided. No resident handbooks or forms were presented. The brochure and the poster do not meet the requirements of this standard.</p> <p data-bbox="229 421 1509 483">The above is the exact language of the interim report and nothing has been changed.</p> <p data-bbox="229 483 1509 629">There is a Memorandum of Understanding between the facility and Susie's Place of Bloomington that states that upon receipt of allegations being reported, that Susie's Place will assist law enforcement. If the allegation is against the Director of Youth Services, Susie's Place will notify the Director of Court Services. There is nothing showing what would happen once the Director of Court Services was notified.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 369">No proof of making the brochure publicly available. It is not on the facility website. No signature sheets or documentation stating that visitors have been made aware were presented. The brochure has all of the information but there is no way to know when or if it is made available to visitors.</p> <p data-bbox="231 369 1508 504">Prior to the corrective action period, there were no MOU's in place with outside agencies that require them to report back to Bartholomew County if reports are made and received. The initial MOU with Susie's Place didn't discuss what the requirements are if a report is made through them that didn't start with Bartholomew County Youth Services.</p> <p data-bbox="231 504 1508 593">The PREA Policy on the facility website is a regurgitation of the standards. No actual phone numbers, contact information or addresses are providing for the public to make a 3rd party report.</p> <p data-bbox="231 593 1508 721">The MOU signed on 9/1/22 between the facility and Susie's Place doesn't speak about the protocol if allegations are reported from anyone beyond law enforcement. Therefore they are not set up to accept calls from third parties and report that information to Bartholomew County Youth Services Center.</p>

115.361	<p data-bbox="231 71 1508 1274">Staff and agency reporting duties</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 268 1508 436">The staff manual/PREA Policy states that it is the expectation that all staff report immediately and according to agency policy any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. It is also a requirement that all staff report immediately any retaliation against residents or staff who reported such an incident. Staff are also required to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="231 459 1508 526">Staff are also required to report immediately any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p data-bbox="231 548 1508 616">No proof of policy signature, facility specific PREA training, understanding of expectations or opportunity to discuss was provided for any of the staff.</p> <p data-bbox="231 638 1508 705">The word retaliation is all throughout the Staff Manual/PREA Policy but simply as a regurgitation of the standards. None of the training curriculum provided gave details about what retaliation is, how to identify it and with whom to report it.</p> <p data-bbox="231 728 1508 795">The PREA policy would appear to be in compliance as it is the standards retyped but no operational processes or proof thereof were provided.</p> <p data-bbox="231 817 1508 884">During the staff interviews, everyone knew the expectations as written in this standard however it could not be proven otherwise if they didn't admit.</p> <p data-bbox="231 907 1508 974">No documentation proof was provided regarding staff's expectations of following the mandatory child reporting laws, although all the staff verbally admitted to knowing this expectation, it couldn't be proven.</p> <p data-bbox="231 996 1508 1131">Medical staff of the facility was able to verbally report that she understood her requirements regarding the immediate reporting of sexual abuse to designated supervisors. When asked about the requirement to inform residents at the initiation of services of their duty to report and the limitations of confidentiality, there was nothing in writing that supported this action. There is no way to prove the youth understand this process.</p> <p data-bbox="231 1153 1508 1254">The above is the exact verbiage on the interim report. There have been no updates or information provided different than what was already done. The auditor did not receive proof of training and understanding for every staff member employed on the follow up visit that occurred on September 2, 2022.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1484 432">This standard requires that the facility take immediate action to protect the resident once notified of a substantial risk of imminent sexual abuse. The PREA policy provides operating procedures for multiple instances in which this could come up. The first is if the Intake Officer has reason to believe the youth is in imminent danger of abuse or neglect, they are to immediately call the appropriate law enforcement agency in addition to completion of a Document of Oral Report of Alleged Child Abuse and/or Neglect form and faxing it to DCS. The form is to then be placed in the youth's master file.</p> <p data-bbox="242 463 1230 490">No copy of the Document of Oral Report of Alleged Child Abuse and/or Neglect form was provided.</p> <p data-bbox="242 521 1497 683">The PREA policy states that a resident who files an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse must be given the ability to call the DCS hotline without staff interference to report the alleged abuse. Once this is reported to DCS, they make the decision of where there is an immediate danger and if an investigation should be completed. It is the expectation that facility staff shall follow the recommendations from DCS including a transfer to another facility pending the completion of the investigation.</p> <p data-bbox="242 714 1485 907">The above is the exact language from the interim report. The auditor was not given documentation proving that residents were aware that they are able to report allegations of substantial risk of imminent sexual abuse. While the staff were able to verbalize how they would respond during the follow up visit, no proof of standard operating procedures or dissemination, awareness and acknowledgement by all current employees was received. The MOU with the Department of Child Services has been submitted for approval, per emails, however it has not been signed and the auditor was not provided a copy of the actual document to see if it acknowledges all of the requirements of this standard.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1465 365">This standard is met by default because the PREA policy is a regurgitation of the standard. While the facility reports never receiving allegations from another facility or making a report to another facility, no forms have been created for documentation purposes.</p> <p data-bbox="240 394 1453 521">There is a contradiction between what the policy says and what the standards say. The PREA policy states that the supervisor receiving the information shall notify DCS through the Abuse/Neglect Hotline. They are also to report it to the other confinement facility's Director or Agency Head. The standard states that all notifications are to be conducted by the head of the facility which is not a supervisor.</p> <p data-bbox="240 551 1477 712">Because there is no DCS MOU or any other type of written agreement between the agencies, Bartholomew County Youth Services places all ownership of reporting and following standards on DCS but there is no proof that they understand, agree or are aware of their expectations regarding PREA allegations. The facility doesn't have a direct report or direct contact information with DCS, they simply make reports as anyone in the community can so does that really meet the standards requirements?</p> <p data-bbox="240 741 1161 770">The above is the exact language of the interim report and no updates have been completed.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The policy is a regurgitation of the standards. No training acknowledgement or proof of understand was provided for any of the staff interviewed during the onsite portion of the audit.</p> <p>Staff were able to verbalize what the expectations were but the auditor is unable to provide proof.</p> <p>The above is the exact language of the interim report and no proof of training was provided for all current employees.</p>

115.365	Coordinated response
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Prior to the corrective action period, the only thing provided was a policy which was a regurgitation of the standards.</p> <p data-bbox="229 318 1509 510">Following the corrective action period, a Sexual Assault First Responder Checklist was created and that is broken down into 3 columns, task, first responder initials/date and time completed and comments. The staff were able to verbalize that they knew what the expectations were following notification of allegations, however none of them mentioned completed this form. Therefore the auditor is uncertain if they know the form exists. Furthermore no proof of training, acknowledgement or awareness of the form and how to proceed.</p> <p data-bbox="229 510 1509 658">All front line staff were able to share what their individual duties were in the event, but most had no concept of what is to occur after the Director or PREA Coordinator were made aware. Staff also asked the auditor how exactly a separation of the alleged victim and alleged perpetrator was to be done. They knew what to say but not how to actually apply what was being said.</p> <p data-bbox="229 658 1509 786">Many of the staff were unable to say with certainty that an incident report should be completed if they are told verbally of allegations. Those who acknowledged this expectation stated they put everything in writing. Those who aren't self-motivated in that manner were not certain.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There is no collective bargaining or renewal of any collective bargaining agreement since 8/20/12, therefore this standard is not applicable and is therefore compliant.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 353">The Staff Manual is the standards regurgitated. There is no proof of information being disseminated to staff regarding retaliation monitoring by other residents or staff.</p> <p data-bbox="229 353 1508 452">The above is the language from the interim report. Since that time the PREA Policy entitled Official Response Following a Resident Report was created and it gives specific operational expectations and how to identify retaliation. No copies of awareness or acknowledgement by all current staff was provided at the end of the corrective action period.</p> <p data-bbox="229 452 1508 551">Furthermore, the policy states that the intake officers, director and counselor will monitor retaliation of staff but during the interviews, none of the staff acknowledged this understanding or that it was their responsibility.</p> <p data-bbox="229 551 1508 649">Beyond the Department Head and the PREA Coordinator, the only other position that stated they were tasked with retaliation monitoring of residents was a counselor. No intake officers acknowledged this as a responsibility.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The staff manual discusses confinement processes but does not have any language regarding PREA in that section. The section of the manual that does discuss PREA and the isolation process is a regurgitation of the standards.</p> <p data-bbox="229 353 1509 452">Upon completion of the corrective action period, a Policy entitled Reporting was presented to the auditor. It is simply the standards rewritten. There is no proof that staff or residents are aware of the expectations regarding the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse.</p> <p data-bbox="229 452 1509 598">A document on letterhead states that segregated housing was not used to protect residents who have alleged sexual abuse during this audit period. It doesn't say that there have been no allegations or what processes were used. While many other letterhead statements say that there have been no allegations, this document opens the door for contradiction.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 371">It is unclear if administrative investigations occur on any level or if DCS is contacted first every time. No documentation showing the relationship between the facility and DCS was provided. While it is assumed that a juvenile facility would have this relationship, it cannot be proven.</p> <p data-bbox="229 371 1509 488">There is no written documentation of the expectations between this agency and any investigative body regarding allegations and administrative or criminal processes.</p> <p data-bbox="229 488 1509 680">The above is the exact language from the interim report. Since that time PREA Policy with the subject area Investigations has been updated. In it is described the expected processes once an allegation has been made. However no records of training, acknowledgement or awareness has been received for all current employees. Furthermore the language in the policy makes reference to the Director of Community Corrections monitoring the conduct and treatment of participants or staff who reported the allegations. Up until this document, the Director of Community Corrections had not been a part of the process. The auditor is unsure if this is a lack of proofreading or if this is a new step.</p> <p data-bbox="229 680 1509 788">The assumption is that Law Enforcement will follow all of the requirements of the standard but because the MOU doesn't specify and no training records were provided for whomever would lead the investigation, it could not be confirmed.</p>

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 829 174">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1412 331">No documentation was provided that stated explicitly who is responsible for investigations and the subsequent PREA standard requirements.</p> <p data-bbox="242 360 1484 488">The above is the response from the interim report. Since that time, PREA policy with the subject area Investigations was presented. The policy is the standards rewritten. Because the facility reports zero allegations, there are no forms or documents that have been created to show how a decision would be made or what characteristics constitute a substantiated claim.</p> <p data-bbox="242 517 1476 577">An MOU with Columbus Police Department states that they will conduct the investigations of allegations of sexual abuse for anyone housed at the Youth Service Center.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Nothing was provided except the staff manual that is the standards re-written during the audit portion prior to the corrective action period.</p> <p data-bbox="229 353 1509 430">Since that time, the PREA Policy with the subject title Investigations was presented. It doesn't address the responses to staff or residents who have been found to be in violation of the policy.</p> <p data-bbox="229 430 1509 528">It does provide feedback on notification of the alleged victim, however it is simply the verbiage of the standards. No documentation or anticipated forms were provided showing how this would be done...it simply states that it would be done.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1369 297">Nothing provided except the staff manual that is the PREA standards retyped for the pre-corrective action period.</p> <p data-bbox="244 329 1469 389">The facility presented the PREA Policy with the subject area Discipline that is the standards retyped. There is no proof that this policy has been disseminated amongst all of the current staff or is the expectation.</p> <p data-bbox="244 421 1121 448">The facility reports having no PREA violations as of this audit in the previous 12 months.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Nothing provided except the staff manual that is the PREA standards retyped for the pre-corrective action period.</p> <p>The facility presented the PREA Policy with the subject area Discipline that is the standards retyped.</p> <p>It has been reported that the facility does not utilize volunteers or contractors at this time. Therefore this standard is non-applicable and therefore in compliance.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="244 208 453 235">Auditor Discussion</p> <p data-bbox="244 271 1382 297">During the pre-corrective action period, nothing was provided but the staff manual, which is the standards retyped.</p> <p data-bbox="244 329 1485 421">Since that time, PREA Policy with the subject area Discipline was provided. It is simply the standards re-written. No additional documentation was provided showing that these expectations were presented and accepted by the Department of Child Services or the Courts.</p> <p data-bbox="244 452 1062 479">The facility reports no instances of PREA violations within the previous 12 months.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>The staff manual is the standards retyped therefore this portion doesn't meet the requirements.</p> <p>A pdf entitled "Counselors Notes" were uploaded. In it were weekly progress reports for 5 different youth. All of the documents were incomplete with missing information. There were no signatures from staff or residents signifying that these events took place. None of the notes on the documents discuss the topic of this standard which is a disclosure of any prior sexual victimization during a screening. No Screening reports or any documentation showing intake dates were provided to verify if the notes meet the time requirement of completion within 14 days.</p> <p>A pdf entitled "Nurse Notes" was a series of 7 email exchanges between the facilities medical staff and the PREA Coordinator. None of the emails had replies attached and none of them had anything to do with the requirements of this standard which is disclosure of any prior sexual victimization during a screening. No Screening reports or any documentation showing intake dates were provided to verify if the notes meet the time requirement of completion within 14 days.</p> <p>No supporting evidence for compliance with this standard was provided.</p> <p>The above is the exact language from the interim report.</p> <p>Since the corrective action period, PREA Policy with the subject area Medical and Mental Care was presented. It is the standards rewritten.</p> <p>Blank forms as well as some completed forms entitled Bartholomew County Youth Service Center Intake Health Evaluation was presented but the information collected has nothing to do with this standard.</p> <p>Blank as well as completed MAYSI-2 Questionnaires were provided and questions 50 asks if they resident has ever been raped or been in danger of getting raped. The completed form shows the resident answered no to this question, therefore the auditor assumes the form is simply to show that the question is asked.</p> <p>Bartholomew County Youth Services Center Preliminary medical and chemical usage form was presented with the same residents name as all of the previous questionnaires. It is not signed and dated by any staff or the resident. This time, it would appear the residents response was yes to ever being sexually abused. However no follow up documentation or anything was provided showing the facilities response after receiving the yes, which is the entire premise of the standard.</p> <p>A completed Sexual Violence Assessment Tool was presented however this youth denied being the victim or prior sexual abuse as well as denied being the perpetrator of prior sexual abuse during incarceration. The auditor is uncertain if this is simply to show that the questions are being asked because otherwise, it doesn't support the purpose of this standard of the facilities response to being made aware of previous victimization or previous perpetration.</p> <p>Paperwork was only provided for one youth and most of the forms were not complete in their entirety.</p> <p>During the onsite visits, it was discussed with multiple staff that there was a need to have something in writing that discussed informed consent that could be proven as understood not only by the youth but presented by the practitioner. As of this final report, no documentation was provided that shows this action was put into place.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1477 365">During the pre-corrective action phase, there was no documentation proof that plans are in place to provide these services. The MOU with Susie's Place had a signature on it but multiple attempts to speak to the person listed failed. Numerous calls and emails were made from the auditor with no response.</p> <p data-bbox="244 394 1453 488">The PREA policy with the subject area Medical and Mental Care is simply the standards rewritten. The MOU with Susie's Place does not use the specific language of this standard regarding timely and unimpeded access to emergency medical treatment and crisis intervention services.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Staff Manual was provided as the standards retyped in the pre-corrective action period.</p> <p>It has now been replaced with the PREA Policy with subject area Medical and Mental Care which is also the standards rewritten. This policy speaks of the Community Corrections Director having responsibilities with how the facility will provide care following allegations but there is nothing in writing with that person showing they accept the role.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The policy is a retyping of the standard. No form templates were provided, furthermore during interviews, staff that are named in the standards as being a part of the review team had no clue about it.</p> <p>The above is the exact language from the interim report. The facility reports no PREA incidents requiring the need for review. Based on the positions that are to be a part of this process, during the follow-up interviews, none of the staff knew they would be a part of this. This information hasn't been communicated.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 235">Auditor Discussion</p> <p data-bbox="244 271 1484 331">Initially the facility website did not have any of the data collection requirements per the standards. The policy was a retyping of the standard but no actual documentation had been completed. Nothing was available on the facility website.</p> <p data-bbox="244 360 1489 456">Following the corrective action period, the facility has posted on their website the 2021 aggregated data based on allegations of PREA sexual abuse as well as PREA sexual harassment. The form provides definitions and is broken down into three Sections: Inmate on Inmate Sexual Victimization, Staff on Inmate Sexual Victimization and Private or Local Allegations.</p> <p data-bbox="244 486 1042 512">There is also a comparison data report for calendar years 2019, 2020 and 2021.</p> <p data-bbox="244 542 1449 602">Because there are no contracts for the housing of residents with a secondary agency, this portion of the standard is Non-applicable. The Department of Justice has not requested agency data as of this report.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 450">Initially no aggregated data had been completed and made available to the public. Since the completion of the corrective action period, this has been rectified. There is a document that provides comparison data for calendar years 2019,2020 and 2021, that is readily available on the facility website. There have been zero reported allegations. There is a disclaimer on the report that the agency reserves the right to redact material from the reports based on the nature of the publication that would present clear and specific threat to the safety and security of the facility.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	PREA Policy with the subject area Data Collection and Review is simply the standards rewritten. No operational procedures were provided to show how it will meet the requirements of this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 365">Initially, the auditor was told that this facility specifically had a PREA audit in 2018. A copy of the audit could not be found on the facility website so it was requested from the PREA Coordinator. The copy of the audit provided was a draft that was marked up and therefore could not be the official PREA final audit report.</p> <p data-bbox="240 394 1485 521">The auditor requested a copy of the 2018 audit report from the PREA Resource Center and was notified that there was not one on file and there was no record of one for this facility. The thought was that perhaps a mock audit was conducted in 2018 but since it was never registered or had a final report submitted to DOJ, this would constitute as the first audit since the inception of the PREA standards.</p> <p data-bbox="240 551 1474 678">Bartholomew County Youth Services is under the umbrella of Bartholomew County Court Services. The auditor is unsure how the agency views the different facilities. Bartholomew County Community Corrections is also under the Court Services and they have had multiple PREA audits conducted by this auditor. There is still confusion surrounding the requirement of auditing facilities during each year of the auditing cycle.</p> <p data-bbox="240 707 1474 770">The auditor was given access to the entire facility and all secured spaces were unsecured for the auditor to see its contents and make up.</p> <p data-bbox="240 799 1082 828">The auditor was permitted to request and receive copies of any relevant documents.</p> <p data-bbox="240 857 1182 887">The auditor was permitted to conduct private interviews with inmates, residents and detainees.</p> <p data-bbox="240 916 1493 978">The residents were able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="240 1008 1082 1037">The staff was able to send confidential information or correspondence to the auditor.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 416">The auditor was unable to locate the PREA Audit conducted in 2018 on the facility website during the pre-audit phase. The PREA Coordinator was asked to clarify if this was the 1st audit or a subsequent one. It was explained that the previous PREA Coordinator was no longer employed and that most of the documentation on her computer was lost. The PREA Coordinator then provided a copy of an audit that was in draft mode from 2018 to the Auditor.</p> <p data-bbox="229 416 1509 577">Once on-site, the auditor asked again for a copy of the final report from 2018. It was not available so the auditor reached out to the Department of Justice to request a copy of the final audit that was submitted in 2018. It was learned that there has been no formal PREA final report submitted on behalf of this facility. Therefore the assumption is that the document that was presented to the auditor may have been the result of a mock audit.</p> <p data-bbox="229 577 1509 629">This is officially the first audit for this facility. Therefore this standard is non-applicable for previous years.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

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

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

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

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

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

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	no
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	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?	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	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?	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?	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?	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?	no
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	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?	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?	no
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	no

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	no
	Is such training tailored to the gender of the residents at the employee's facility?	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?	no
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	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
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no
	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).)	no
	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).)	no
	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).)	no
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	no
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	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?	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?	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?	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?	no
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	no
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

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

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	no
	Does the facility provide residents with reasonable access to parents or legal guardians?	no
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	no
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	no

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

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

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	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?	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?	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?	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?	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?	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?	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?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	no
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	no
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	no
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	no
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	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?	no
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	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?	no
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	no
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	no

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

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

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

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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na