

# PREA Facility Audit Report: Final

**Name of Facility:** Elkhart County Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/21/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 08/21/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	06/15/2023
<b>End Date of On-Site Audit:</b>	06/16/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Elkhart County Juvenile Detention Center
<b>Facility physical address:</b>	26861 County Road 26, Elkhart, Indiana - 46517
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Ricky Rickard
<b>Email Address:</b>	krickard@elkhartcounty.com
<b>Telephone Number:</b>	574-891-2252

Superintendent/Director/Administrator	
<b>Name:</b>	Ricky Rickard
<b>Email Address:</b>	krickard@elkhartcounty.com
<b>Telephone Number:</b>	574-891-2252

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Facility Health Service Administrator On-Site	
<b>Name:</b>	Jessica Whickcar
<b>Email Address:</b>	jwhickcar@wellpath.us
<b>Telephone Number:</b>	574-891-2216

Facility Characteristics	
<b>Designed facility capacity:</b>	30
<b>Current population of facility:</b>	23
<b>Average daily population for the past 12 months:</b>	20
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	9-19
<b>Facility security levels/resident custody levels:</b>	OR,RC, Levels 1-3
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	19
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	23

AGENCY INFORMATION	
<b>Name of agency:</b>	Elkhart County Board of Commissioners
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	117 North Second Street, Goshen, Indiana - 46526
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Ricky Rickard	<b>Email Address:</b>	krickard@elkhartcounty.com

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

5

- 115.331 - Employee training
- 115.333 - Resident education
- 115.335 - Specialized training: Medical and mental health care
- 115.367 - Agency protection against retaliation
- 115.373 - Reporting to residents

#### Number of standards met:

38

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-15
2. End date of the onsite portion of the audit:	2023-06-16

#### 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:	Elkhart County Victim Advocate Services

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	20
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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	16
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0

<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>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:</b>	19
<b>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:</b>	23

<b>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:</b>	22
<b>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:</b>	The facility utilizes Wellpath for contracting medical and mental health services. The contract is provided for the Juvenile Detention Center and the Elkhart County Correctional Facility. There is one nurse and one mental health staff assigned to the juvenile center on a rotating basis.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	16
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
<b>If "Other," describe:</b>	I interviewed all residents at the center.
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	I interviewed all resident at the center that were available to be interviewed. There were two that were out to court during the audit.



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<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>	
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="checked" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<b>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).</b>	<p>Prior to the interviews, the facility director and I reviewed all of the screening Instruments and I interviewed the medical and mental health staff and asked them to identify residents that are part of the target population.</p>
<b>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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>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).</b>	<p>Prior to the interviews, the facility director and I reviewed all of the screening Instruments and I interviewed the medical and mental health staff and asked them to identify residents that are part of the target population.</p>
<b>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:</b>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the interviews, the facility director and I reviewed all of the screening Instruments and I interviewed the medical and mental health staff and asked them to identify residents that are part of the target population.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the interviews, the facility director and I reviewed all of the screening Instruments and I interviewed the medical and mental health staff and asked them to identify residents that are part of the target population.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the interviews, the facility director and I reviewed all of the screening Instruments and I interviewed the medical and mental health staff and asked them to identify residents that are part of the target population. All resident interviewed spoke English.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>The screening instrument did not include an question about sexual orientation, therefore during the interviews of all resident I asked the following; When your first arrived at the facility did anyone ask you about your sexual orientation? If you are willing or feel ok with it would you being willing to tell me your sexual orientation? For the younger residents I would ask the same question and do you know what I mean by sexual orientation? All of the resident understood and all indicated they were "straight" or like resident of the other gender.</p>

<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="817 416 1469 577"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="817 624 1469 701"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	<p>The screening instrument did not include an question about sexual orientation, therefore during the interviews of all resident I asked the following; When your first arrived at the facility did anyone ask you about your sexual orientation? If you are willing or feel ok with it would you being willing to tell me your sexual orientation? For the younger residents I would ask the same question and do you know what I mean by sexual orientation? All of the resident understood and all indicated they were "straight" or like resident of the other gender.</p>
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="817 1637 1469 1798"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="817 1845 1469 1921"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>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).</b>	<p>Prior to the interviews, the facility director and I reviewed all of the screening Instruments and I interviewed the medical and mental health staff and asked them to identify residents that are part of the target population.</p>
<b>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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>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).</b>	<p>Prior to the interviews, the facility director and I reviewed all of the screening Instruments and I interviewed the medical and mental health staff and asked them to identify residents that are part of the target population.</p>
<b>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:</b>	<p>0</p>

<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>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).</b>	The center does not have a dedicated segregation unit and no residents were on room restriction during the audit.
<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	The auditor had to probe to determine sexual orientation. The center implement a corrective action plan and rescreened the resident to determine sexual orientation as part of the corrective action plan.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility  <input type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None
<b>If "Other," describe:</b>	Interview staff that were available for the one and half days I was at the center.

<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>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):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	6
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

During the comprehensive tour of the facility, posted signs were also observed regarding Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, Elkhart County Advocacy Services telephone number and address, and the Indiana Child Service telephone number and address. There was also a flyer that included calling 911 in an emergency. Posting included PREA brochure, End the Silence, and additional PREA posters identified in the standards. There is an office that is utilized by the resident to make these phone calls. The resident's attorneys and parent can utilize this same phone in emergency or legal information. The auditor called all the above numbers from a telephone that is in the office area. The telephone number for the Indiana Department of Child Services (DCS) was the wrong number. The center implemented a corrective action plan while the auditor was on site and the auditor called that number and spoke with a staff member with DCS. The Children Advocacy Center staff requested if the call was to report an allegation or to talk to an on duty emotional support staff. Residents were observed interacting with staff under staff's direct supervision during dinner time, leisure activities, and education activities in the classrooms. Resident were interview during the tour, and additionally when the resident's recreation time when the auditor went on the yard and talked informally with the residents. All residents indicated they felt safe at the facility. Residents knew the facility administrator and indicated he speaks with them on a daily basis including most weekends. Staff were engaging with the auditor. Several of the staff have been at the facility since the first implementation of PREA and provided a historical perspective of how the facility had implemented PREA into a cornerstone of training and programming. This is the first PREA audit of the facility. The Facility Administrator makes continuous rounds throughout the center. Staff announce

their presence prior to entering a dormitory housing resident of the other gender. The intake area is located in the rear of the center. When the resident arrives staff bring the resident folder which includes purpose of placement in the detention center and authority to accept the resident. The screening staff, medical and mental health staff are notified prior to receiving the residents and go to the intake area to begin the intake process. Medical staff determine if there are any medical issues with the resident that need to be addressed prior to admission into the facility. The screening staff conduct a screening instrument. Mental health conducts a suicide screening instrument. The facility administrator, assistant administrator, medical and mental health staff then discuss which of the two dormitories is the best placement for the youth. Staff then discuss the film, PREA brochure and general discussion about PREA. The mental health staff will interview the resident about victimization and offer services to the residents at that time.

The facility is clean, in good repair, and well maintained. ECJDC staff, both male and female supervise in the bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in the bathroom area providing awareness supervision. Staff and youth interviews verify this procedure. The facility has a surveillance system in place. The camera were installed when the center opened in 2019. Prior to the opening a video mapping plan was implement that provides ample views of all areas except the bathroom of the center. The monitoring is conducted by staff assigned to a central control room.

A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Administrator makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There

are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy phone number.

### **Documentation Sampling**

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

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

☒ Yes

☐ No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

Nineteen (19) residential records were reviewed. Included in the review was age, date of arrival, date of initial PREA orientation, date of comprehensive PREA training, initial vulnerability screening and rescreening as needed based on staff interactions, allegations of sexual harassment or sexual abuse. A review of the residential records also included resident referrals for mental health or victim advocate programs. All time requirements were met on each area. The auditor requested PREA unannounced rounds for specific weeks that are conducted by intermediate and supervisory staff. The rounds were for weekends and at night and included a general description of PREA standards. There were two (2) investigative reports to review. The auditor requested some specific and some random files for employees. The auditor reviewed seven (7) staff personnel files. The files included PREA questionnaire, National and Indiana Child abuse registry checks, NCIC, previous employment verifications and yearly appraisals that included the PREA questionnaire. Two of the files were staff that had been promoted and two were for staff with five-year tenure at the center. Sixteen staff acknowledgements of training were reviewed. This included contracting staff. Four volunteer training files were reviewed for background checks and training.

## **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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	2	2	2	2
<b>Total</b>	2	2	2	2



## 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	2	0	0
<b>Total</b>	0	2	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

0

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

The center has not had a sexual abuse investigation in the last three years.

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

<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

**111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

2

**112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

No text provided.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

## Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

☐ The audited facility or its parent agency

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

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

☐ Other

**Identify the name of the third-party auditing entity**

The Nakomoto Group

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Division of Youth Services Org Chart</p> <p>Eckhart County Juvenile Detention Center (ECJDC) Policy PREA</p> <p>ECJDC Org. Chart</p> <p>115.311 (a) Eckhart County Juvenile Detention Center (ECJDC) Policy Prison Rape Elimination Act provides direction to staff regarding the facility's approach to preventing, detecting, and responding to conduct that violates the zero tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in Policy. It also includes sanctions for those found to have participated in the prohibited behaviors. The facility has additional policies which support the PREA standards. The policy establishes that all facilities, staff, residents, volunteers, contractors, or</p>

	<p>visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of ECJDC efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In interviews with clinical staff, the center has not only embraced PREA mandates but have adapted PREA standards and culture into the program model. It is the policy of Gentry Treatment Center that all sexual activity between residents is prohibited and may result disciplinary action for such activity. Incidents by youth in which youth may engage in sexual contact with staff such as unwanted touching, the youth may receive programmatic sanctions. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.311 (b): Eckhart County has one detention program that is under the supervision of the Eckhart County Governmental Judiciary Court Services. The PREA coordinator/Compliance manger is under the direct supervision of the director of the program.</p> <p>115.311 (c): The Facility Administrator serves as PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. Interviews with the staff and residents at the facility ensures that the center provides training to residents, staff, parents, volunteers, and contractors. All residents have a treatment plan developed based on mental health evaluation, screening instrument and input with parents. During this process family members are encouraged to have resident share concerns about sexual abuse or sexual harassment. Interview with resident and staff verified that all persons at the center undergo training on a monthly basis with monthly staff meeting and monthly town hall meeting with residents. The facility rescreens residents for safety every thirty day.</p> <p>Compliance was determined by review of the organizational chart and interviews with the PREA coordinator, PREA compliance manager, staff and residents at the facility.</p>
--	--

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Eckhart County Juvenile Detention Center does not contract for housing youth.



115.313	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Staff to youth ratio docs</p> <p>Eckhart County Juvenile Detention Center (ECJDC) Policy 115.313 Responsive Planning</p> <p>Unannounced Tours</p> <p>Monthly Schedule</p> <p>Youth Daily Rosters PREA</p> <p>Pre-Audit Questionnaire</p> <p>Master Roster W Position-2022</p> <p>Staffing Plan - PREA 2022 (2)</p> <p>Staffing Plan - PREA 2021</p> <p>PAQ</p> <p>Unannounced Rounds</p> <p>Request for additional staffing and comparative assessment.</p> <p>115.313 (a): Each year the facility reviews staffing and the need for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in November 2022 were found to be in compliance with this standard. The staffing plan included: 1) Generally accepted detention and correctional/secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated). (6) The composition of the youth population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility did not report deviations from the staffing plan during the past 12 months. According to the PAQ the staffing plan is based on 20 youth. Based on conversations with the facility administrator it was obvious that the facilities review all areas of the center for additional staffing based</p>

on the youth movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour.

The ECJDC staff schedules reviewed indicated that the facility has a variety of shifts for Youth Specialists that provides for adequate levels of staffing, and monitoring, to protect residents against sexual abuse and meet the centers youth to staff ratios.

115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the pandemic the center had to pay overtime and utilize some non-essential staff in order to provide staff that ensured appropriate staff were available to meet the mandatory posts. While the center is not fully staffed, the administrator indicated the center has an overtime schedule for staff to ensure that the center meets the correction youth to staff ratios. The facility Policy states in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan.

115.313 (c) Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. The facility's plan strives to maintain staffing ratios of a minimum of 1 staff to 8 youth during youth waking hours and 1 to 16 during youth sleeping hours. The facility has a hold over and overtime pay program to provide coverage as required. Staff interviewed indicated they are not allowed to abandon their post until properly relieved.

115.313 (d): Eckhart County Juvenile Detention Center (ECJDC) Policy 115.313 Responsive Planning mandates that the staffing plan will be reviewed and approved at least yearly. While the facility has an assessment that included a request for additional staff it was not signed and approved by the agency head. The facility implemented a corrective action plan and updated the assessment to include the agency head.. The Facility Manager stated that the deployment of video monitoring systems and other monitoring technologies and resources for the facility are discussed to ensure adherence to the staffing plan was considered.

115.313 (e): The Facility administrator and PREA compliance manager conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the policy of MVTC that staff are not to inform other staff when the shift supervisor, facility manager or regional administrators are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and facility administrator had signed to logbook a minimum of one a day for the last three-week excluding weekends. Shift supervisor had signed the logbooks on each day including weekends. DYS has developed a PREA form that is utilized to conduct daily, weekly, and monthly unannounced rounds by administrative staff.

Compliance was determined by review of policies, documentation, and interview

	with staff.
--	-------------

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>PREA statement of Preference</p> <p>Eckhart County Juvenile Detention Center (ECJDC) Policy 115.313 Prevention Planning</p> <p>Female and Male Announcements</p> <p>Training on Cross gender -gender</p> <p>LBGTQ Cross-gender and transgender pat searches</p> <p>Training Video on Guidance on Cross Gender and LBGTQ searches</p> <p>115.315 (a): Based on interviews with staff and residents there have been no cross-gender pat down searches in the last 12 months.</p> <p>115.315 (b): Search Procedures mandates the facility always refrain from conducting any cross-gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All resident interviewed stated they had never been searched by a staff of the other gender.</p> <p>115.315 (c): The facility had no resident that claimed to be transgender prior to the interviews. According to the PAQ there were no cross-gender searches during the last 12 months.</p> <p>115.315 (d): A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process. ECJDC showering procedure requires that staff of the same gender will supervise all showers and will position themselves so they can't see the residents totally naked. All resident stated they are allowed to change clothes and shower in private. A review of the cameras noted there were no cameras that provided views of the shower or toilet areas in any of the units. All staff of the other gender always announce their presence when entering a housing unit. There are reminders poster placed at the entrance of each housing unit. Staff and resident confirm that staff announce their presence and will knock on the door prior to</p>

	<p>looking in during counts.</p> <p>115.315 (e): Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a resident's genital status is unknown, 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.</p> <p>115.315 (f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner.</p> <p>Compliance was determined by review of policies, watching the cross-gender video, and interview with resident and staff.</p>
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Zero Tolerance Poster English- Spanish</p> <p>English and Spanish Third-Party Posters</p> <p>PREA Posters</p> <p>ECJDC Policy 115.316 Prevention Planning</p> <p>Education Services Global Language Telephone Contract</p> <p>Youth Request for Reasonable Accommodation</p> <p>Recognizing Signs and Symptoms</p> <p>PREA Video in Spanish</p> <p>115.316 (a)(c): ECJDC Policy 115.316 Prevention Planning mandates that facilities will ensure that residents with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when</p>

necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. ECJDC will ensure that all written materials to every resident is in format or through methods that ensure effective communication with residents with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Facilities will not rely on 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, or the investigation of the resident's allegations. Any use of these interpreters under these type circumstances will be justified and fully documented in the written investigative report. Residents receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the appropriate manner, taking into consideration age, disabilities, sexual orientation, and language. The facility has a cartoon style training book that is used to explain PREA to residents. The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource.

The procedures outlined below will ensure that information about services, consent forms, rights, and program rules, etc. are communicated to youth with the use of interpreters or other auxiliary aids. Also, these procedures will provide for an effective exchange of information between staff/employees, youth and/or families while services are being provided. All aids and/or assistance shall be provided by the facility without cost to the person being serviced.

ECJDC will take such steps to provide reasonable accommodations as are necessary to insure that disabled persons, including those with impaired sensory, hearing or speaking skills receive effective notice concerning benefits, services, or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice, e.g., sign-language interpreters, readers, or through other auxiliary aids, shall be provided within the service limits and availability of qualified/ certified interpreters provided under contractual service without cost to the person being served.

Family members or friends of the youth may not be used as the sign language interpreter, unless specifically requested by that individual. Other youth may not be used to translate.

115.316 (b): The facility has a contract for language services including sign language services. Staff would read all information required for an orientation into the facility and the comprehensive PREA training for residents that can't read. All of the residents interviewed were able to articulate the training programs, recalled the intake process and felt safe at the facility. At the time of the audit there were no

	<p>residents that required additional resources to receive training, reporting, or other communication requirements. Whenever communication accommodations are needed, the Facility manager is responsible for arranging for an interpreter or the use of another auxiliary aid to ensure reasonably prompt and effective communication with the youth. Special Educational staff utilize the IEP 504 auxiliary services to provide educational programs for residents.</p> <p>Compliance was determined by review of policy, language line contract, and interviews with facility director, and education staff.</p>
--	---

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.317 Prevention Planning</p> <p>Pre- Employment Reference Check</p> <p>Employee Handbook</p> <p>Annual Background Checks</p> <p>PREA Questionnaire for annual appraisals</p> <p>115.317 (a): ECJDC shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who. 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in 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. 4. ECJDC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth. ECJDC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. DYS shall require the following background checks on all staff, volunteers, interns, and contractors and</p>

any applicant that is being considered for employment or promotion with ECJDC. In order to accomplish this task all personnel files and background checks are conducted by the Agency's Central office.

Center policy requires that before it hires any new employees who may have contact with residents, it (a)conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

115. 317 (b): The Center Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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.

115.317 (c): ECJDC policy requires that before it hires any new employees who may have contact with residents, it (a)conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check includes any past history of sexual abuse, sexual harassment including sexual harassment toward other staff.

115.317 (d): ECJDC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

115.317 (e): ECJDC shall conduct background checks or alternative background checks on all staff, volunteers, interns, and contractors yearly.

115.317 (f): The center asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal.

	<p>115.317 (g): ECJDC Policy 115.317 Prevention Planning mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal Charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>115.317 (h): Unless prohibited by law, ECJDC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Facility Administrator confirmed the facility would provide this information if requested to do so. Policy states the information would be provided when requested unless it is prohibited by law to provide the information.</p> <p>Based on the review of the documentation and the interview with the Facility Manager and Human Resources staff the facility is in compliance of all provisions of this standard.</p>
--	--

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Juvenile program re located to the present center in 2019. At the time of the relocation to the new center, the facility added video equipment and monitors as part of the facility programming. There were no additional cameras added. During the tour of the center there were no blind spots noted by the PREA auditor.

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.321 Prevention Planning</p> <p>Eckhart County Medical Center Email to provided Forensic medical Examinations</p> <p>MOU with Eckhart County Sheriff's Office for trained investigators</p> <p>Facility requests for Victim Advocate</p>



## Certification of Trained Victim Advocate

### PREA Youth Posters

115.321 (a): Investigating PREA Allegations policy and guidelines establishes that the evidence protocol to be utilized in sexual assault cases involving residents to be developmentally appropriate and to mirror the U.S. Department of Justice Office of Violence Against Women's "A National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents." The resident will be taken to the Elkhart County Medical Center emergency room for examinations related to alleged or actual sexual abuse.

115.321 (b): and (F): The Department does not conduct criminal investigations into youth related sexual abuse reports. Local Law enforcement and the Indiana Department of Children Services investigate allegation of sexual abuse or sexual harassment. The Elkhart Sheriff's office is responsible for investigating allegations of sexual abuse. The agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

115.321 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The center provided documentation of attempt to establish and MOU to provide victim advocate to accompany youth for a SANE evaluation.

115.321 (d)(e): The facility has a staff that is trained to provide advocacy services and emotional support services. The staff is contracting mental health through Wellpath, that provides medical and mental health services for the center. I interview with Wellpath mental health staff, the metal health consultant indicated a qualified victim advocate would accompany a resident for a SANEs and during the law enforcement investigations. The advocate program would continue to offer emotional support, crisis intervention and referrals. Wellpath has full time mental health staff that would also provide crisis intervention as requested by the victim and as part of the resident treatment plan. The center provided clinical staff documentation of providing victim advocacy services if an advocate is not available at the time of a sexual assault.

	<p>115.321 (g) Wellpath provided certification that they have a staff trained in providing victim advocacy services. In interview the mental health staff explained the training program and discussed the cooperative program with Wellpath and Elkhart Medical Center.</p> <p>The center also is in compliance with the standard based on review of policies and contracts, interviews with Mental Health Provider, Medical Administrator, the Sheriff's Investigations MOU.</p>
--	--

115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.322 Prevention Planning</p> <p>Indiana State Standard 8-1-41 Sexual Assault Investigation</p> <p>ECJDC Internet accessible to public:</p> <p><a href="https://elkhartcounty.com/en/all-departments/juvenile-detention/">https://elkhartcounty.com/en/all-departments/juvenile-detention/</a>&gt;</p> <p>115.322 (a &amp; b) The center shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister, peace officer or law enforcement official, or other person with the responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to local law enforcement.</p> <p>ECJDC does not conduct criminal investigations for youths related sexual abuse reports or Sexual Harassment. investigations for youth related sexual abuse reports or sexual harassment are reported to the Indiana Department of Youth Services and Elkhart Sheriff's office to be investigated.</p> <p>To the extent the center is responsible for investigating allegations of sexual abuse,</p>

	<p>the center shall request that agencies that conduct investigations, follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults.</p> <p>115.322 (c): Eckhart County Juvenile Detention Center (ECJDC) Policy 115.322 Responsive Planning and staff training mandates that that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested. There has been no allegation that was referred for criminal investigation during the last 12 months. There were two allegations of sexual harassment that were investigated by sheriff's office and DCS as one incident that involved two allegations of sexual harassment.</p> <p>Compliance was verified by reviewing policies, procedures, MOU with Elkhart Sheriff's office and interviews with agency designee, facility administrators, investigators, staff, and investigative worksheets.</p>
--	---

115.331	Employee training
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.331 Training - Staff training</p> <p>PREA Acknowledgement form</p> <p>Victimization and Sexual Aggressive</p> <p>PREA training 2022</p> <p>PREA training 2023</p> <p>Cross Gender Training Acknowledgement Form</p> <p>115.331 (a): ECJDC utilizes the PREA Resource Center Training Program and</p>

augment the training for the specialize residents' programs components. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All staff members interviewed, and documentation reviewed verified the general topics below were included in the training: 1. The center Zero Tolerance Policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. Residents' right to be free from sexual abuse and sexual harassment. 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment juvenile facilities. 6. The common reactions of juvenile victims of sexual abuse and sexual harassment. 7. 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. 8. How to avoid inappropriate relationships with residents. 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. The training is extremely thorough in each standard and application of the standards.

115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. All employees receive training that includes managing and communicating with male and female residents. The training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The center training for all staff also includes working with LGBTI youth in juveniles facilities. Additionally, the center has developed training for First Responder duties and responsibilities.

115.331 (c): The center provides each employee with refresher each year to ensure that all employees know the center's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training for staff working at ECJDC. Additional training is provided at the facility for the onsite training staff. A review of the topic included an additional refresher to most topics found in the Skill Pro Curriculum. The center Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Interviews with non-direct care staff and contracting staff and files of non-direct care and contracting staff confirmed that all staff working at ECJDC receive the same training.

	<p>Policy and procedure mandate that staff are training a minimum of once each year. All staff indicated they had to complete preservice prior to working with any residents. Several stated they had to shadow staff for at least two weeks after receiving their preservice training.</p> <p>115.331 (d): The center document training, through employee signature or electronic verification that employees understand the training they have received. The policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document reviewed verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.</p> <p>ECJDC requires staff to go through PREA training on a quarterly bases and each month when a all-staff meeting. Staff interviewed indicated that one of the administrator meet with the staff during staff briefings at least once a month to discuss PREA related topics. There are over 10 Posters about Sexual safety located throughout the facility.</p> <p>Exceed Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records of staff. An interview with random staff also confirmed that they received the training and refresher training as mandated by policy. Interviewed included questions about the specialized training programs. Staff were able to articulate an understanding of working with LGBTI youth.</p>
--	--

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and center or facility supplements were reviewed for compliance with this standard.</p>

	<p>Volunteers and General Contractors Training</p> <p>Training Sign in Sheets</p> <p>ECJDC Policy 115.332 Education and Training – Contractor/Volunteer</p> <p>115.332 (a): Prior to having contact with the residents all volunteers and contractors receive training on their responsibilities under the center’s sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the center’s zero tolerance Policy regarding sexual abuse and sexual harassment and be informed how to report such incidents.</p> <p>115.332 (b): All volunteers and contractors who have contact with residents shall be notified of the center’s zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents. 115.332 (c): The center shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information. During the last year, 23 contractors or volunteers have received Volunteer and Contractor training. The center utilizes Wellpath for all medical and mental health services. These contractors also are contracted with the Elkhart Correctional Center and receive the training from the Correctional Center also.</p> <p>A review of the training curriculum, staff acknowledge forms and interviews with volunteers, personnel staff and PREA compliance manager confirm compliance with this standard.</p>
--	---

115.333	Resident education
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and center or facility supplements were reviewed for compliance with this standard.</p> <p>Youth Training and education</p> <p>PREA acknowledgement form</p> <p>PREA Brochures</p>

Special accommodations for disability

Youth education sign in Youth training

Education material

Advocacy brochure

12 Resident Files

115.333 (a): The center shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The center maintains documentation of participation in the education program. In addition to providing such education, the center shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts initial training for all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements. The facility provides an in-depth training to all staff that remain at the facility more than 72 hours and less than 10 days. The training includes several videos, classroom conversation and discussion about sexual abuse and sexual harassment. The auditor was able to view part of this training and noted that staff were discussing sexual harassment with resident in B Pod housing unit.

115.333 (b): Residents receive information explaining the center's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. The facility has the capability of providing the PREA education in formats accessible to all residents including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. According to documentation and interview with Facility Director and the Assistant Facility Administrator, the local school system will assist with the provision of services for disabled and limited English proficient residents. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the facility administrator who will contact the appropriate community resource services including the local board of education. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. Special needs youth are provided training that is age and maturity-based training per FOP Special Needs. Compliance was confirmed by review of the. The staff conducting the comprehensive training reviews the resident brochure and read the training that is found in a "comic strip" type training book. All video training is provided in English and Spanish.

115.333 (c): ECJDC Policy 115.333 requires that residents receive such education upon arrival or transfer at the facility and shall receive education upon transfer from a different Juvenile Detention center to the extent that the policies and procedures of the resident's new facility differ from those of the previous center. During the last 12 months there were 188 received orientation during their initial intake at the center.

115.333 (d): The center shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Documentation was reviewed of a contracting service for language lines. Posted PREA information is in English and Spanish accessible to residents, staff, contractors, volunteers, and visitors. Staff interviews confirmed residents are not used as translators or readers for other residents. The facility staff indicated that the facility director, education supervisor and medical staff would work with the community resources to provide education to residents regardless of his limitations or disabilities. According to the PAQ, the education department assists in providing information one-on-one in large print, visual aid and magnifiers, translation and other services through the residents individual Education Plan.

115.333 (e): The center shall maintain documentation of resident participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding PREA education for residents. Staff ensures residents' receipt of the information, including the resident signing the acknowledgement form. A review of resident files confirmed they acknowledged the received a PREA orientation during intake and a comprehensive training within 10 days of arrival at the facility. In the last 12 months 144 residents received comprehensive training as indicated in the PAQ.

115.333 (f): In addition to providing such education, the center shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims in a cartoon format. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family. There were PREA educational documentation noted throughout the facility including the lobby, visitation and living units.



	<p>All resident interviewed formally and informally during tour and subsequent visits to the recreation area confirmed that their therapist of administrative staff talks to them on a daily basis about PREA. They indicated that the staff that conduct round will ask them questions about PREA. They also indicated that during their initial treatment team meetings the therapist will talk about PREA with their parents.</p> <p>Exceed Compliance was determined by review of the center policies, training curriculum, posters, and resident files and interviews with staff and residents.</p>
--	--

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.334 Training and Education - Investigators</p> <p>115.334 (a): ECJDC does not conduct any form of administrative or criminal sexual abuse investigation. The center had an MOU with Elkhart Sheriff's office that indicates that persons conducting investigations at the center have been trained on conducting sexual abuse investigation in a confinement setting.</p> <p>Compliance was determined by statement of fact and policy review.</p>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.335 Training and Education - Specialized training for mental health and medical staff</p> <p>Medical training Mental health training</p> <p>PREA-Mental Health and Medical Professionals</p> <p>Specialized training for medical and mental health</p>

	<p>115.335 (a): ECJDC Policy 115.335 Training and Education - Specialized Training Medical-MH Medical training provides medical and mental health staff members receive the regular PREA training and the specialized training is provided as part of FDJJ Sill Pro training modules. In addition to the Zero Tolerance policy, all full- and part-time medical and mental health care practitioners will be trained in the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.</p> <p>115.335 (b): Forensic medical examinations are not conducted by the facility medical staff or mental health staff.</p> <p>115.335 (c): The facility acknowledges of training indicating that medical and mental health staff had attended medical specialized training. Based on PAQ, 25 medical and mental health staff have received specialized training. This represents 100% of the medical and mental health employed at the center.</p> <p>115.335 (d): The mental health and medical staff completed the general and refresher training provided for all staff members. Since this a diverse population of residents the clinical staff provide additional training on de-escalation, suicide prevention, recognizing the needs of transgender residents, and sexual orientation, gender identify expression.</p> <p>A review of the training curriculum, acknowledgement documentation and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that exceeds the expectations of the standards. The staff are contractor and have to attend the training for contracting staff, as well as general PREA training and specialized training.</p>
--	--

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Screening procedures Vulnerability for Victimization and Sexual Aggressive Behavior (VSAB)</p>

Sample Screening for female/ Male

Suicide Risk Screening Instrument

ECJDC Policy 115.341 Screening for Sexually Abusive Behavior

Indiana Standard 8-6-43 Screening for Sexually Abusive Behavior

Resident file reviews

115.341 (a) and (b) ECJDC Policy 115.341 Screening for Sexually Abusive Behavior mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. The medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. One hundred and eighty-eight (188) received the Screening for Sexually Abusive Behavior. All resident that makes an allegation or sexual abuse or are named in the sexual abuse allegation will be rescreened. Medical, mental health, and supervisory staff may conduct an additional rescreening based on reasonable concerns of the resident safety. The facility screens the youth once every thirty day for felling so safety and any allegation of sexual abuse of sexual harassment.

The facility uses the information gathered to make room and programming assignments for the residents with the goal of keeping him safe and free from sexual abuse. The program is prohibited from using isolating. The staff member conducting the intake process will complete the screening using the PREA screening tool and will immediately report any heightened risks to the supervisor on duty before making housing decisions. Residents will be reassessed as needed.

115.341 (c): Risk of Victimization and Sexually Aggressive Behavior screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability. It did not include the residents perceived to be (LGBTQI) or gender nonconforming. A corrective action plan was completed, and this was added to the screening instrument.

115.341 (d): Policy mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. Screening staff interviewed indicated staff review the residents court records, suicide screening reports, family information and any other documents that are provide to them at the time of intake. The screening staff utilizes the screening instrument during the initial intake process that includes and conversation with the resident in a private setting. The screening staff indicated

	<p>they introduce the screening instrument to the resident by explaining the purpose of the questions and acknowledges to the residents that that the know they just had the same questions, but it is important in order to make sure they are safe and get the most out of the stay at the center. After the initial screening or prior to the screening the medical staff interviews the residents and conduct a medical screening. The nurse indicated she talks about sexual transmitted diseases and residents' perception of vulnerability. The staff then interview the resident, review the resident's file, the screening victimization or predator and suicide screening and have a general conversation with the resident to determine the clinician opinion on best placement for the residents.</p> <p>Based on the review of the agency Policy and procedures, observations and information obtained through staff and resident interviews, and review of resident files, the facility has demonstrated compliance with this standard.</p>
--	---

<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>ECJDC Policy 115.342 Screening for Sexually Abusive Behavior</p> <p>Intake and Screening</p> <p>Suicide Risk</p> <p>Statement of Fact</p> <p>115.42 (a): ECJDC Policy 115.342 Use Of Screening for Sexually Abusive Behavior establishes protocol to house residents in a safe environment, taking into consideration his/her screening, programming plan, and sexual orientation. Transgender resident would be interviewed by the clinical director for determination of her assignment. The resident perception and own views with respect to her safety would be given serious considerations when making the housing placement decision. Programming assignment is made by the program the resident was transferred to the center to receive.</p> <p>Procedures state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers.</p> <p>115.42 (b): Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Residents have an</p>

option of refusing these services. The center has not segregated or removed residents from the program for a PREA incident in the last 12 months. The agency PREA coordinator, and facility administrator interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis.

115.42 (c): Policy and practice mandates that making housing and programming assignments for transgender or intersex residents, the facility will consider on a case by-case basis whether the placement would present management or security problems.

115.42 (d) – (f) A transgender or intersex resident’s housing and program assignments will be reassessed every six months to review any threats to safety experienced by the resident. Transgender and intersex residents’ placement and programming are reviewed as needed, but at least every six months. A transgender or intersex residents’ own views of their safety is taken into consideration.

115.42 (g) Transgender and intersex residents are offered the opportunity to shower separately from other residents as indicated in their Statement of Search/ Shower/ Pronoun Preference Form. The facility did not have a transgender or intersex resident during the audit timeframe.

115.42 (h) The facility does use isolation as a way to separate residents. Prior to isolating a resident from other residents the center will the facility clearly document the basis for the facility’s concern for the resident’s safety and the reason why no alternative means of separation can be arranged. The facility has one-man rooms and multiple housing unit to house residents. The center has not segregated or removed residents from the program for a PREA incident in the last 12 months.

115.42 (i) If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Based on an interview with the center administrator and PREA compliance manager, the center would the agency head if it became necessary to move a resident to another center to protect the youth from sexual abuse or sexual harassment and to keep the youth safe. If a youth is isolated, they shall not be denied large-muscle exercise and educational programs and will receive daily visits from medical and mental health practitioners.

The agency head and facility administrator interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis.

Compliance of this standard was determined by review of the screening instrument, interviews with medical and mental health director, and facility administrator.

115.351	Resident reporting
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 338 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="279 454 611 488">Youth/Parent Handbook</p> <p data-bbox="279 526 507 560">PREA Brochures</p> <p data-bbox="279 598 608 631">Youth reporting Posters</p> <p data-bbox="279 669 727 703">ECJDC Policy 115.351 Reporting</p> <p data-bbox="279 741 592 775">Corrective Action Plan</p> <p data-bbox="279 813 1473 1391">115.351 (a) The above policies and External reporting mechanism identifies the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are Reporting to Indiana Reporting Children Services hotline, which allowing residents to remain anonymous upon request. Also, the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents. Indiana Law explicitly mandates reporting of sexual abuse sexual harassment. It also establishes a Department of Child Services Hotline which is under the supervision of Department of Children Services.</p> <p data-bbox="279 1429 1473 2051">Resident may talk to, call or send a letter or note to any of the following: A staff member you trust. Program Administrator, Your attorney, advocate, Your parents or guardians, Indiana Department of Children Services Hotline, Elkhart County Victim's Assistance. These programs were called using the telephone available for residents and was able test the telephone. The Indiana Department of Children Services posted was the wrong telephone number. The victim advocate accepted the call in indicated they would notify the DCS and the facility if a resident called their program. They indicated they do offer emotional support if the resident calls them. A corrective action plan was implemented and the correct telephone number for the DCS hotline was posted. The auditor called the correct line and spoke to a staff member at the DCS that indicated they would take the call and would notify the Elkhart County Juvenile Detention Center, the Elkhart County Sheriff's office and the director of court services in Elkhart County. The one resident interviewed indicated she had called the Victim Advocate and talked to staff at the center about a problem she had at her home.</p>

	<p>115.351 (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may call the Indiana Department of Child Services or the Elkhart County Victim's Assistance program,</p> <p>115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.</p> <p>115.351 (d): The facility provides residents with access to tools necessary to make a written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit and while on the site review, the auditor observed the accessibility of writing utensils to the residents. Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and must immediately notify the State Sexual Abuse Hotline. Staff and Facility Administrator confirmed that staff may report directly to the facility administrator, and he will coordinate with the staff to call DCS, local law enforcement and legal guardian.</p> <p>115.351 (e): Staff may make anonymous reports of sexual abuse and sexual harassment of residents to their local law enforcement, and Indiana Department of Children Services.</p> <p>Compliance was determined by review of posters, policy, and interview with staff, Child Services hotline, Elkhart County Victim's Services, and PREA Compliance manager.</p>
--	---

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

## Youth Grievances Forms

### ECJDC Policy 115.352 Exhaustion of administrative remedies

#### Investigative Reports

15.252 (a): Resident may file a grievance regarding sexual abuse or sexual harassment. However, the director will forward the grievance to the Indiana Department of Children Service, Elkhart County Sheriff's Office and the Director of Court Services immediately on receiving the grievance. The facility will not undertake investigations of the grievance, however if it is an emergency grievance and the resident claims or appears to be imminent danger or if the grievance claims staff member sexual abuse, the facility director will take immediate steps to protect the resident, to preserve the crime scene and consult with Indiana Department of Children Services to determine how to best protect the resident. This includes moving the resident to another center or placing staff on administrative leave.

Instructions on how to file grievances are provided to residents on PREA Education Manual for Residents and PREA posters. While the agency utilizes the Grievance system only for residents to make allegations of sexual abuse or sexual harassment, the grievance system does meet the standards for reporting non PREA related allegations.

115.52 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. ECJDC does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict ECJDC's ability to defend against a lawsuit filed by a resident on the grounds that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were two PREA related grievances filed. Both were sexual harassment and involved the same residents and staff.

115.52 (c): ECJDC policy provides that residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third-party file a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. ECJDC or the facility may claim and extension of time to respond (for good cause) for up to 70 days and shall notify the individual of the extension in writing and when a final decision will be made.

115.52 (e): Third parties such as fellow residents, family members, attorneys or



	<p>outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/ she is not required to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision. In an interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p>115.52 (f): ECJDC policy provides residents may file an emergency grievance if he/ she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days.</p> <p>In an interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.</p> <p>115.52 (g): A detainee can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the detainee filed the grievance in bad faith.</p> <p>Compliance was determined by review of the policies, grievance, and by interviews with grievance coordinator, GEO PREA coordinator, PREA compliance managers, and facility administrator.</p>
--	---

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.353 Reporting- Resident access to outside support and legal representation</p> <p>Victim Advocate Brochures</p> <p>Trained Victim Advocate</p> <p>115.353 (a): ECJDC Policy 115.353 Reporting mandates the facility shall provide</p>

residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility has attempted to establish an MOU with several programs to provide emotional support, counselling; follow-up support; and referral for treatment after release or transfer to another facility. The auditor spoke with staff from the Elkhart County Victim Service and was told that the organization does provide services with all youth in Elkhart County and provided the center with their address and telephone number. The staff interviewed indicated that they do receive telephone calls from residents at the center, however they have not received a call requesting emotional support. It was about problems the child is having at home or school. The staff indicated they have provided the residents with follow-up information when they leave the center and offered to go to the center to talk to the residents. The staff indicated she knew the center had requested an MOU; however, they were not willing to provide one at this time. The center does not house residents for US Citizenship and Immigration Services. The auditor has had discussions with the center director in attempting to codify an agreement with the Elkhart Victims Services. The facility does have a contract with Wellpath to provide mental health services and emotional support staff. The facility provided a certification from a staff that has received additional training. The staff is also a mental health provider at the center.

115.353 (b): The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services .. When contacted by phone the center's staff explained they always tell the caller that the telephone calls or confidential however, they have a responsibility to report allegations of child abuse or child neglect.

115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Residents may use the phone, located on each living unit, and push the appropriate number to gain access and speak with a victim advocate. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to residents.

	<p>115.353 (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Residents interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer, or a court representative privately. Residents interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA.</p> <p>The Facility Administrator confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal representatives.</p> <p>Compliance was determined by review of center visitation rules, policies, and memorandums, posters located throughout the facility and interview with Staff of Elkhart Victim Services, facility administrator and random staff and residents.</p>
--	---

115.354	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>PREA Brochure Posted Information</p> <p>ECJDC Policy 115.354 Reporting- Third Party Reporting</p> <p>ECJDC shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with Policy. Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through ECJDC websites provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian can call the Indiana Department of Child Services. There is a Poster with the telephone number and address of this agency located in the lobby and visitation room.</p> <p>Compliance was determined by interviews with random staff and residents as well as review of policies and posters.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 338 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="279 454 1225 488">ECJDC Policy 115.361- Official Response After a Resident Reporting</p> <p data-bbox="279 526 533 560">Statement of Fact</p> <p data-bbox="279 598 467 631">Staff Training</p> <p data-bbox="279 669 1461 871">115.361 (a) (b): During the intake process, residents are informed of the facility's duty to report and the limitations of confidentiality. Medical and Mental Health Staff meet with the resident upon arrival at the facility. Medical conducts a nurse's appraisal and mental health does a suicide screening. During the intake process resident are informed on their duties to report and sign an acknowledgement form.</p> <p data-bbox="279 909 1481 987">1. Employees, Contractors, and Volunteers are required to immediately report any of the following:</p> <p data-bbox="279 1025 1386 1104">a. Knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or exploitation that occurred in the facility.</p> <p data-bbox="279 1142 1374 1176">b. Retaliation against residents or employees who reported such an incident.</p> <p data-bbox="279 1214 1474 1292">c. Any employee, contractor, or volunteer neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="279 1330 1474 1442">3. Any employee, contractor, or volunteer suspecting abuse, neglect, or exploitation must immediately report the incident to the local law enforcement and Indiana Department of Child Services</p> <p data-bbox="279 1480 1453 1592">4. Following a report, the employee, volunteer, or contractor suspecting sexual abuse or sexual harassment will immediately notify the PREA Compliance Manager or Administrator On-Duty.</p> <p data-bbox="279 1630 1418 1753">5. If an alleged crime occurs against a child or adolescent, the PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities.</p> <p data-bbox="279 1792 1474 1915">6. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.</p> <p data-bbox="279 1953 1474 2076">7. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal</p>

representative of record within 14 days of receiving the allegation.

All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented. ECJDC Policy 115.361- Official Response After a Resident Reporting and staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Upon receiving any allegation of sexual abuse, facility administrator promptly reports allegations to the Court Service Director, Indiana Department of Child Services, and Elkhart Sheriff's office. The person making the report shall provide basic information such as the date and time of the incident, where the incident occurred, the supervising staff, and who may be involved. Other than making appropriate notification through Department channels, staff should take no further actions other than those directed by law enforcement or first responders.

115.361 (c): Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive and non-judgmental.

115.361 (d): Medical and Mental Health staff interviewed confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality during the intake process.

115.361 (e): PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation. All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented.

115.361 (f): Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PCM or Administrator. The Administrator or highest-ranking staff on duty will notify the Department of Child Services. Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.

During the last 12 months there were to allegations of sexual abuse that was

	<p>reported during intake that occurred prior to admission to the center. The intake staff notified the facility director. The facility director notified the Department of Child Services and documented the notifications. All staff knew their responsibility to report any suspicions or allegations by residents or third parties immediately.</p> <p>Compliance was determined by review of policies, training, and interviews with direct care staff and first responders that are not direct care staff, the facility administrator, and the agency head designee.</p>
--	--

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.362- Official Response After a Resident Reporting - Protection Duties</p> <p>PAQ</p> <p>Statement of Fact</p> <p>115.362 (a) ECJDC Policy 115.362 requires staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety are discussed during the intake process and during the administration of Screening assessments. Policies requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility director. These staff will then determine the best options to protect the victim. There have been no instances where residents were at imminent danger of sexual abuse.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.361- Official Response After a Resident Reporting – Reporting to Sending Center</p> <p>Statement of Fact</p> <p>115.363 (a-d) In the event that a resident alleges that Sexual Abuse occurred while confined at another Facility, the Facility Director will document the allegations, notify the send facility administrator, DCS and local law enforcement of the allegations. If the allegation was criminal in nature the facility administrator would also notify local law enforcement. The report will be reported to the sending center as soon as possible, but no later than 72 hours after receiving the notification. The notification will be from the facility director to the sending facility director and will be documented.</p> <p>During the past 12 months, there were no allegations received that a resident was abused while confined to another facility nor were there allegations of sexual abuse received by ECJDC from other facilities.</p> <p>Based on the review of the agency Policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.</p>
--	--

<b>115.364</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.364 - Official Response After a Resident Reporting- First Responders duties</p> <p>Volunteer and Contractor Training</p> <p>Statement of Fact</p> <p>115.364 (a): Upon receipt of a report that a resident was sexually abused, or if an employee sees abuse, the first staff member to respond will: a. Separate the alleged victim and abuser. b. Call for emergency medical care for the victim, if necessary. c. Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel. d. Preserve and protect the scene of the alleged</p>

	<p>abuse until appropriate steps can be taken to collect any evidence. When appropriate, the staff member will remove all residents from the room or area. e. Assign the alleged victim and abuser to separate areas and ensure supervision by a same sex employee. f. If the alleged abuser is an employee, student intern or program volunteer, a supervisor must stay with the employee until further instruction is provided by an Administrator (e.g., safety plan, administrative leave). g. If the alleged abuse occurred within the past 96 hours, the employee(s) should request that the alleged victim not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). h. Ensure that the alleged abuser not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). i. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to individuals involved with investigating the alleged incident. j. Document detailed description of 1) Victim and abuser locations and affect (e.g., emotions, appearance) 2) Wounds and their location 3) Anything the victim or abuser reported to the employee.</p> <p>115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a resident alleges being sexually abused. Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred. Random interviews indicated residents would go directly to the medical or facility assistant director to report and understood that they would need to provide evidence for the center to prosecute the resident or staff that sexually assaulted them. While this information is no germane with staff duties it is further documentation that the center trains staff and resident duties in cases of a sexual abuse.</p> <p>During the last 12 months there was no allegations of sexual abuse. Interview with the education staff determined several were aware of their first duty responsibilities.</p> <p>Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including administrative support staff that do not deal directly with resident, however, do go to the area where resident a located.</p>
--	---

115.365	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements



were reviewed for compliance with this standard.

#### FDJJ Coordinated Response Plan

ECJDC Policy 115.364- Official Response After a Resident Reporting-- Coordinated Response

#### ECJDC Coordinated Response Plan

When the coordinated response plan is activated, activities relevant to youth safety must occur immediately. When activating this plan in response to a sexual abuse incident, the facility Manager or Assistant Manager, in the Manager's absence, is responsible for overseeing the implementation of these coordinating actions.

#### First Responder Actions:

- Contact Administration / Supervision
- Separate victim and alleged perpetrator
- Protect incident scene if identified
- Report allegation to ECSD and DCS.
- Request that the victim not wash, change clothes etc. (pending forensic exam if applicable)
- Ensure that the alleged perpetrator does not wash, change clothes, etc. (as applicable)
- Document all information and activities in an incident report
- Cooperate with investigators, prosecutors, facility Administration

#### Supervision / Administration

- Respond to assist first responder
- Contact facility Manager
- Facilitate transportation of victim for forensic examination (if applicable)
- Ensure protection of evidence (including victim and scene) pending evidence collection by qualified investigator
- Implement any special instructions by facility Manager or Assistant Manager
- Document all activities and information in an incident report

#### Facility Manager

- Assume overall responsibility for implementing coordinated response

	<ul style="list-style-type: none"> <li>• Ensure First Responder and Supervisor activities occurred</li> <li>• Ensure that investigation referral is made</li> <li>• Ensure that all reporting (IE. DCS, law enforcement, others) notifications are made</li> <li>• Ensure that alternate housing and other accommodations are made for victim if/as needed</li> <li>• Ensure that victim receives follow up medical examination (regardless of when incident occurred or if forensic examination occurred) and that victim receives psychological and counseling services</li> <li>• Ensure that investigation is completed and that findings are reported to all pertinent parties, including the victim</li> <li>• Ensure that victim and any supporting witnesses (including staff) are monitored for protection against retaliation for at least 90 days</li> <li>• Ensure that post-incident review is conducted and documented</li> </ul> <p>Medical and Mental Health Providers</p> <ul style="list-style-type: none"> <li>• Provide services as required (including forensic examination, post-incident medical exams, and counseling) under the oversight of the facility Manager</li> </ul> <p>Investigators</p> <ul style="list-style-type: none"> <li>• Conduct and complete investigation (administrative or according to Memorandum of Understanding for criminal investigations)</li> <li>• Report findings to facility leadership</li> </ul> <p>Compliance was determined by review of the Coordinated Response and interviews with random staff, PREA compliance manager, medical and mental health staff, shift supervisors, and victim advocate. The auditor did recommend the facility develop a checklist to ensure each area of the coordinated response plan is carried out in a timely manner.</p>
--	--

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

	<p>ECJDC Policy 115.366- Official Response After a Resident Reporting – Collective Bargaining</p> <p>Memo for the record from Facility Director</p> <p>Contract with Wellpath Medical/Mental Health</p> <p>Contract with Oaklawn Mental Health Services</p> <p>115.366 (a): In every case where the alleged abuser is an employee, contractor or volunteer there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders (e.g., safety plans) requiring “no contact” will be documented by facility management. A memorandum will be printed and maintained as part of the related investigation file.</p> <p>ECJDC will not enter any agreement or contract with a private vendor to operate juvenile facilities that limits a facility’s ability to remove alleged employee sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>ECJDC will not enter or renew any collective bargaining agreement or other agreement that limits a facility’s ability to remove alleged Employee sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance was determined by with agency head, PREA compliance manager and facility administrator.</p>
--	---

115.367	Agency protection against retaliation
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.364- Official Response After a Resident Reporting – Retaliation Monitoring</p> <p>PAQ</p> <p>115.367 (a): Facility PREA Response Plan establishes for protection or resident against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is</p>

believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA retaliation monitor (assistant administrator) shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there were no retaliation for reporting allegations of sexual abuse or sexual harassment. There have been no allegations of sexual abuse alleged at the center during the last 36 months.

ECJDC has developed a form to document retaliation monitoring. During the last 12 months there were no allegation of sexual abuse that required retaliation monitoring. There were two allegation of sexual harassment involving the same residents and staff. The facility director implemented a retaliation log on all of the residents and staff member involved in the allegation of sexual harassment.

115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy identifies measures to protect staff and residents including the following: a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The Retaliation Monitor identified protective measures that are aligned with the standard, including separating the alleged abuser from the alleged victim.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Retaliation Monitor explained during the interview how he would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no

	<p>incidents of retaliation during the 12 months preceding the audit.</p> <p>115.367 (d): In the case of residents, such monitoring shall also include periodic status checks. The Retaliation Monitor indicated status checks would be initiated with staff and residents. The FOP states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing monitoring and use of the Retaliation Status Checklist.</p> <p>115.367 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states if any other individual who cooperates with an investigation expresses the occurrence retaliation from another resident or staff member, KYA shall take appropriate measures to protect that individual against retaliation. The assistant facility administrator indicated he would visit the resident whenever an allegation is lodged by residents or third party immediately and discuss her role to monitor for retaliation. The facility administrator indicated he would monitor staff that report and cooperated with any investigations. The retaliation monitor interviewed indicated he would meet with the resident on a weekly basis to assure there are no retaliation for reporting sexual abuse or sexual harassment.</p> <p>A review of the retaliation logs was noted to be thorough, including all aspects of the standard and completed for the duration of the investigation or when the youth left the center. The retaliation was for sexual harassment.</p> <p>Exceed Compliance was determined by review of policies, the monitoring check list and interviews with the retaliation monitor, facility administrator, PREA compliance manager and Agency Head.</p>
--	---

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 115.368- Official Response After a Resident Reporting – Post Allegation Protection</p> <p>Statement of Fact</p> <p>115.368 (a): Residents may be separated 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 resident safe can be arranged.</p>

	<p>The facility shall clearly document the basis for the facility's concerns for the resident's safety and the reason no alternative means of separation can be arranged.</p> <p>Youth in an isolated area shall not be denied large muscle exercise and educational programming.</p> <p>Resident shall receive daily visit from the medical and mental health practitioners.</p> <p>Medical and mental health staff interviews indicated that anytime a resident is placed in an isolated area they will visit the resident a minimum of once during each shift.</p> <p>There has been no residents placed in an isolated area for a PREA incident.</p> <p>Policy 115.368 mandates that the center would comply with PREA standard 115.342. In interview with the facility director, he indicated that if a resident was segregated due to fear of sexual abuse or sexual harassment he would be mandated to notify his supervisor and DCS and all parties would determine if the resident that is a risk or the predator needed to be removed from the center.</p> <p>Compliance was determined by review of policy, interviews with facility administrator, education lead teacher, medical and mental health staff.</p>
--	---

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 371 – Investigations</p> <p>Investigative Files Review</p> <p>115.371 (a): ECJDC Policy 371 establishes the Center Policy that all allegations of sexual abuse or sexual harassment will be investigated. Elkhart County Juvenile Detention Center does not conduct their own investigations of sexual abuse and harassment. The Elkhart County Sheriff's Department (ECSD) conduct administrative investigations and criminal investigations and Department of Children Services conduct administrative investigations.</p> <p>115.371 (b): The ECSD follows protocols in conducting administrative investigations in confinement settings and the investigators receive training on the related Center policies. Elkhart County Juvenile Detention Center has requested the agencies that conduct allegation of sexual abuse or sexual harassment follow the PREA standards.</p>

In MOU with ECSD, the investigative agency agrees to utilize trained investigators and follow appropriate protocols for youth in confinement settings.

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

115.371 (d): The Center shall not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (e): Any criminal investigations are conducted by local law enforcement and would be referred to appropriate jurisdiction for prosecution. Completed reports shall be retained in the Center and ECSD in accordance with the state retention schedule. Interviews with Facility director confirmed that the present retention period is the center retain all written reports referenced in 115.371 for as long as the alleged abuser is incarcerated or employed by the Center, plus five years.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. The center shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

115.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

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

115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or Center shall not provide a basis for terminating an investigation.

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

	<p>115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. As part of the responsive planning staff are trained on protecting the crimes scene and cooperating with investigative units. There have been two allegations of sexual harassment made during the three-year cycle.</p> <p>Compliance was determined by review of the investigative Packet. MOU with Elkhart County Sheriff's Office and interviews with PREA compliance, agency head, and facility administrator.</p>
--	--

115.372	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 372 – Investigations -</p> <p>MOU with ECSD</p> <p>Based on review of the MOU, investigators will make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all of the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and in order to support a finding of child abuse or neglect by a preponderance of evidence. Investigator must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance of the standard was determined by reviewing the Policy, investigative report, and interview with the Center PREA compliance manager and review of the MOU.</p>

115.373	Reporting to residents
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>



	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 373 – Investigation- Reporting Outcome of Investigations</p> <p>Investigative file</p> <p>115.373 (a): At the conclusion of an investigation, staff member designated by the facility administrator will inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded.</p> <p>115.373 (b): ECJDC Policy 373 Investigating PREA Allegations requires that if the facility did not conduct the investigation, it will request the relevant information from the investigating Center in order to inform the individual.</p> <p>115.373 (c): Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the Center shall subsequently inform the resident (unless the Center has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident’s unit; (2) The staff member is no longer employed at the facility; (3) The Center learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The Center learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (d): Following a resident’s allegation that he or she has been sexually abused by another resident, the Center shall subsequently inform the alleged victim whenever: (1) The Center learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (e): Policy requires all such notifications or attempted notifications shall be documented. The PREA Coordinator has developed a form that for notification to residents of the outcome of investigations that includes a signature from the resident. During the last 12 months the facility director notified residents of the outcome of sexual harassment investigations. When the resident was no longer at the center the facility director notified the resident’s guardian and Attorney of record of the outcome of the investigations.</p> <p>Based on review of policy and interviews with PREA compliance manager and review of the documentation of time and date of notifications, the center exceeded the expectations of this standard.</p>
--	---

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 376 Discipline – Disciplinary sanctions for Staff</p> <p>Statement of Fact</p> <p>115.376 (a): Staff is subjected to disciplinary sanctions up to and including termination for violating Center sexual abuse or sexual harassment policies.</p> <p>115.376 (b): All allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a resident, that staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges.</p> <p>115.376 (c): Disciplinary sanctions for violations of Center policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.</p> <p>115.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated, are reported to the local law enforcement unless the activities were not clearly criminal.</p> <p>There has been no adverse action taken against staff for violation of Center PREA or related policies. There was staff that was terminated during a sexual harassment investigation for violating Center policies, however, it was not related to the investigations. The investigations were determined to be unfounded.</p> <p>Compliance was determined by review of the Center policy, interview with PREA compliance manager and facility administrator.</p>
--	--

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 377 – Discipline- Disciplinary sanctions for Contractors or Volunteers</p> <p>Contractor Training</p> <p>Contractor Acknowledgement for Training</p>

	<p>Statement of Fact</p> <p>115.377 (a) Investigating PREA Allegations provide any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. The policies also provide for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies.</p> <p>115.377 (b) The documentation and interviews with the PREA coordinator, assistant facility administrator revealed the provision of information to volunteers and contractors that sexual misconduct with a resident is strictly prohibited. In the case of any other violation of center sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents. Volunteer and contracting staff indicated that all PREA related training includes facility's policy involving any violation of PREA standards. Each indicated they were aware that the facility would take appropriate action including reporting to law enforcement and licensing board.</p> <p>There have been no allegations of sexual abuse or sexual harassment involving contracting and volunteers during the last 12 months.</p> <p>Compliance was determined by training curriculum, contractor and volunteer applications and interviews with the PREA compliance manager and Facility Administrator.</p>
--	---

115.378	Interventions and disciplinary sanctions for residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 378 – Discipline- Intervention and disciplinary sanctions for Youth PAQ</p> <p>115.378 (a): Investigating PREA Allegations provide guidance and procedures for disciplinary action to be used for residents. Individuals in ECJDC who are found guilty of engaging in sexual abuse involving other individuals in the facility (either through administrative or criminal investigations) will be subject to formal disciplinary sanctions.</p> <p>115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Isolation will not be utilized for a disciplinary sanction.</p>

	<p>115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. ECJDC provides that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Clinical Director.</p> <p>115.378 (d): The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The center has a contract with sex offender counseling services and would offer this service is deemed appropriate by Elkhart County Juvenile Detention Center.</p> <p>115.378 (e): The Center may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Investigating PREA Allegations states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.378 (g): ECJDC prohibits all sexual activity between residents and may discipline residents for such activity. An Center may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Residents interviewed indicated they were advised that they would be discipline for any sexual abuse, sexual harassment or sexual misconduct. Most indicated that they are reminded of their duties to hold each other responsible for maintaining a safe environment for all residents.</p> <p>Based on the review of the Center policy, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.</p>
--	---

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and Center or facility supplements

were reviewed for compliance with this standard.

#### ECJDC Policy 381 – MH and Medical Screening

##### Crisis Assessment Screening

##### Referrals to Mental Health Staff

##### ECJDC Health Education Records

115.381 (a) If any of the intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility administrator or other intake officer shall document the information on the Follow up Notification Form. If the resident makes the notification during the Screening to the intake staff the intake staff will notify the facility administrator and mental health staff. According to the mental health staff all residents that arrive at ECJDC are seen by the mental health clinician within 72 hours of arrival and the same question about victimization is discussed during their initial intake. According to memo from facility director, there were two residents that claimed being victimized before any contact with juvenile justice staff. The Facility administrator notified the Department of Children Services. The mental health staff interviewed and also provided support to the residents while housed at the facility. The facility also notified the Elkhart Victim Services for emotional support. There were no resident that claimed past victimization at the center at the time of the audit.

115.381 (b) If any of the intake screening forms indicates a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. There have been no residents at the center that indicated they had perpetrated sexual abuse.

115.381 (c): Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.

115.381 (d): Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

Compliance was determined by review of the Center policy, VSAB referrals and interviews with medical and mental health staff.

115.382	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 382 Medical and Mental Health Services – Access to Emergency Medical and Mental Health Services</p> <p>Health Education Records</p> <p>115.382 (a): PREA Response Plan Following Resident Report mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required. Observations revealed medical and mental health staff members maintain secondary materials that document services to residents and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation. Residents are provided access to an outside victim advocacy for services which includes but is not limited to emotional support. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no allegations of sexual abuse during this audit period that include a SANE or SAFE. The facility houses male and female residents. The facility PREA response plan and operational procedure requires evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim names the abuser or cooperates with any investigation of the incident.</p> <p>115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed residents have unimpeded access to emergency services. The</p>

	<p>coordinated response plan flow chart provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. The full-time Nurse is generally on-call 24/7 as determined by the interview. Interviews with Women's Services indicated there is an on-call victim available 24/7 to accompany residents to forensic examinations. Vital Core staff indicated that part of their responsibilities is to provide victim advocacy services when a SAVS staff is not available to accompany the resident for SANE evaluation.</p> <p>115.382 (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All residents are provided access to infection prophylaxis when they arrive at the facility. The PAQ and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.</p> <p>115.382 (d): PREA Response Plan Following Resident Report mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. Policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim.</p> <p>Based upon the review of policies, interviews with the medical and mental health staff and interviews with staff from the Elkhart County Advocate Services is compliant with this standard.</p>
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>Statement of Fact</p>

ECJDC Policy 383 Medical and Mental Health Care – Ongoing Medical and Mental Health Services

115.383 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The medical and mental health staff indicated in interview that the facility would provide treatment as indicated as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone that provides information on prior victimization or past predator behavior in order to comply with the standard. However, the facility director indicated that all residents that go through intake at the facility are seen by mental health within 72 hours. Victim Services provides ongoing mental health counseling services for residents assigned from their geographic location and makes referrals to Indiana Coalition against sexual victimization.

115.383 (b): Facility PREA Response Plan Following Resident Report includes a provision that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. Residents that are housed at ECJDC have a follow up plan which includes mental health counseling as needed. The plan also includes the family in supporting the resident. The Victim Services would provide resident with support programs when released from the center or provide information and arrange for a transfer for emotional support to a certified victim advocacy program within the Indiana Coalition of Victim Services in other areas of Indiana.

115.383 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.

115.383 (d-e): As indicated by the nurse, resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy test and if pregnancy results from the conduct described in paragraph § 115.383(d), victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (f) The policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing will be done at the Elkhart Medical Center. There are SANE staff on duty and a private area for forensic examinations at the center.

115.383 (g) All treatment services will be provided at no cost to the victim, according to policy and staff interviews.



	<p>115.383 (h) Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known resident-on resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment.</p> <p>Any resident that makes an allegation of past victimization is allowed to call the Elkhart County Victim Services and staff from the program will go to the facility and meet with the resident and offer their services when released from the center.</p> <p>Based on a review of the PREA policies, and interviews with the Victim Advocate Services, mental health director, medical staff, PREA compliance manager and facility administrator the facility is in compliance with this standard.</p>
--	--

115.386	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 371 – Data Collection and Review - Incident Review</p> <p>Incident Review Meeting reports (form)</p> <p>115.386 (a): Facility PREA Response Plan Following Resident Report require an incident review team meeting within 30 days of the conclusion of each investigation unless the finding is unfounded. The policy mandates review team participation to include the Center wide PREA Coordinator, the facility’s PREA Compliance Manager, facility administrator, medical and mental health staff. There were no allegations of sexual abuse during the last 12 months that have been resolved and require an IRT meeting. The interview with the PREA Compliance Manager and a review of the form used to document the incident review team’s findings indicate the team: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse considers 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>115.386 (b): The Center policy requires that the reviews occur within 30 days of the</p>

	<p>conclusion of the investigation. There have been three allegations of sexual abuse. One allegation unfounded, one is ongoing, and the other required an IRT meeting.</p> <p>115.386 (c): The policy mandates review team participation to include the Center wide PREA Coordinator, the facility's PREA Compliance Manager, facility administrator, medical and mental health staff. 115.386 (d): The committee reviewed the following: 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.</p> <p>115.386 (e): The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Facility Administrator, review documentation confirmed the incident review team meeting are documented, including recommendations and the document provided to the Facility Administrator.</p> <p>The interview with the Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.</p>
--	---

115.387	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 371 – Data Collection and Review- Data Collection</p> <p>Final PREA FY 2018-19 Annual Report</p> <p>PREA FY 2019-20 Annual Report</p>

	<p>PREA FY 2021-22 Annual Report</p> <p>115.387 (a): A review of reports confirm that ECJDC collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for ECJDC facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). ECJDC maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by ECJDC. ECJDC aggregates the sexual abuse data which culminates into an annual report. The Center provides DOJ with data as requested.</p> <p>115.387 (b): The facility collects and maintains data in accordance with directives by ECJDC. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.</p> <p>115.387 (c): The format used for ECJDC facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by U.S. Department of Justice (DOJ) 115.387 (d): The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives.</p> <p>115.387 (e): The format used for ECJDC facilities and contractors capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). Private facilities are required to follow the same PREA policies and procedures and report the information on the same basics as State operated facilities.</p> <p>115.387 (f): ECJDC policy mandates that upon request, ECJDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p>Compliance was determined by reviewing data collections for preceding two years, review of ECJDC Policies and interview with the PREA coordinator, facility administrator and ECJDC Center head.</p>
--	--

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC 2022 Annual PREA Report</p>

	<p>ECJDC Policy Data Collection and review- Data review for Corrective Action</p> <p>PREA FY 2018-19 Annual Report</p> <p>PREA FY 2019-20 Annual Report</p> <p>PREA FY 2021-22 Annual Report</p> <p>115.388 (a): ECJDC Policy 371 – Data Collection review recognizes the purpose of conducting annual reports and annual PREA assessments are to 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 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. Further 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 Center as a whole. While the facility was conducting annual reviews, it was not reviewed and approved by the agency head. The agency head and facility administrator reviewed the reports for the last 3 years and documented the number of reports of sexual abuse and sexual harassment.</p> <p>115.388 (b): A review of the annual reports for the last 3 years included a comparison of the current year’s data and corrective actions with those from prior years and provided an assessment of the Center’s progress in addressing sexual abuse.</p> <p>115.388 (c): The annual report is reviewed by PREA coordinator, his supervisor and Center administrative staff and signed by the Center Head. Compliance was determined by the PREA policy and website review. 115.388 (d): ECJDC Policy 371 indicates that all information that is placed on the website will not include personal identifies. The annual report has been reviewed and the report is accessible to the public through the facility’s website. There are no personal identifiers in the annual report.</p> <p>Compliance was determined by reviewing data collections for the preceding three years and review of ECJDC website. Compliance was also determined by reviewing the corrective action plan.</p>
--	---

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Data Collection and Review – Data storage- publication and retention</p> <p>Records and Information Management Procedures</p> <p>115.389 (a)(b): Elkhart County Juvenile Detention Center Procedure- Records and Information Management Procedures requires that data be collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed. The website included State and privately operated facilities.</p> <p>All juvenile files are maintained in a secure area of the center in a locked file cabinet in a locked file room. Entrance is limited to the facility administrator, assistant facility administrators, mental health and medical staff. Medical and mental health files were in a private office under lock and key and not available to staff. All database programs are password protected and also limited to people that can access these databases.</p> <p>Compliance was determined by review of the ECJDC websites and interview with the Center and Elkhart County Juvenile Detention Center PREA coordinator/compliance manager.</p>
--	---

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and Center or facility supplements were reviewed for compliance with this standard.</p> <p>ECJDC Policy 371 PREA</p> <p>PREA Audit November 2014</p> <p>PREA Audit October 2017</p> <p>PREA Audit September 2020</p> <p>115.401 (a): (b)This is the first PREA audit of Elkhart County Juvenile Detention Center.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of Facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p>

	<p>115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.</p> <p>115.401 (m): I interviewed random staff on duty for the for the first 24 hours of the audit and random sample of residents during the onsite audit. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondences from residents. The information was posted on March 6, 2023. The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to auditor in the same manner as legal mail system. She indicated they were and provided how you stamps legal mail that it has not been opened or censored and mailed same date as it is removed from the mailboxes located throughout the facility. The PREA Compliance manager indicated that he or the Facility Administrator check the mailbox, PREA Box and Grievance Box a minimum of two times a day during the week and at least once a day on weekends.</p> <p>Compliance was determined by review of three past audits, email providing dates of audit postings and interviews with Facility Administrator, and Agency Head.</p>
--	--

115.403	Audit contents and findings
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This is the first audit of Elkhart County Juvenile Detention Center. The facility director indicated that the audit will be posted on the facility's website upon approval by the agency head.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

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



	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

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

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

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



	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
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

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

	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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).)	na
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

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



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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

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

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

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	na
	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).)	na
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	



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

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

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

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes



	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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