

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

Interim       Final

Date of Report    05/04/2018

### Auditor Information

Name: Sonya Love	Email: Sonya.Love57@outlook.com
Company Name: Diversified Correctional Consultants	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, Georgia 31516
Telephone: 678-200-3446	Date of Facility Visit: 3/19-20/18

### Agency Information

Name of Agency Allen County Juvenile Center		Governing Authority or Parent Agency (If Applicable) Allen County Superior Court	
Physical Address: 2929 Wells Street, Fort Wayne, Indiana 46808		City, State, Zip: 2929 Wells Street, Fort Wayne, Indiana 46808	
Mailing Address: same		City, State, Zip: same	
Telephone: 260-449-8034		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: To rehabilitate juvenile offenders by providing supervision, community-based programming and educational services to empower and enrich the lives of juveniles and their families.			
Agency Website with PREA Information: <a href="http://acjc.us/detention/#1447160842284-5ff17bc3-8b45">http://acjc.us/detention/#1447160842284-5ff17bc3-8b45</a>			

### Agency Chief Executive Officer

Name: Andrea Trevino	Title: Judge, Allen Superior Court
Email: andrea.trevino@acjc.us	Telephone: (260) 449-8012

### Agency-Wide PREA Coordinator

<b>Name:</b> Richard Hobbs	<b>Title:</b> PREA Coordinator
<b>Email:</b> richard.hobbs@acjc.us	<b>Telephone:</b> (260) 449-8136
<b>PREA Coordinator Reports to:</b> Director of Detention	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> none

### Facility Information

<b>Name of Facility:</b>	Allen County Juvenile Center		
<b>Physical Address:</b>	2929 Wells Street, Fort Wayne, Indiana		
<b>Mailing Address (if different than above):</b>	same		
<b>Telephone Number:</b>	(260) 449-8034		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b>	To rehabilitate juvenile offenders by providing supervision, community-based programming and educational services to empower and enrich the lives of juveniles and their families.		
<b>Facility Website with PREA Information:</b>	<a href="http://acjc.us/detention/#1447160842284-5ff17bc3-8b45">http://acjc.us/detention/#1447160842284-5ff17bc3-8b45</a>		
<b>Is this facility accredited by any other organization?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

### Facility Administrator/Chief Probation Officer

<b>Name:</b> Jamie Mann	<b>Title:</b> Chief Probation
<b>Email:</b> Jamie.mann@acjc.us	<b>Telephone:</b> (260) 449-8086

### Facility PREA Compliance Manager

<b>Name:</b> Click or tap here to enter text.	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

### Facility Health Service Administrator

<b>Name:</b> Reginald L. Humphrey	<b>Title:</b> Nurse Practitioner
<b>Email:</b> reginald.humphrey@acjc.us	<b>Telephone:</b> (260) 449-8086

### Facility Characteristics

<b>Designated Facility Capacity:</b> 138		<b>Current Population of Facility:</b> 42	
<b>Number of residents admitted to facility during the past 12 months</b>			734
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>			332
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			520
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	9-18		
<b>Average length of stay or time under supervision:</b>			23.1 days
<b>Facility Security Level:</b>			high
<b>Resident Custody Levels:</b>			High/Medium/Low
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			186
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			29
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			0
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 1		<b>Number of Single Cell Housing Units:</b> 5	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		1	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		0	
<p>The Allen County Juvenile Center has an excess to 250 cameras placed in strategic locations to assist in the deterring of sexual abuse and harassment. The video footage is retained for at a minimum of 180 days. ACJC also has a Watchtour system with buttons placed throughout the facility that must be physically pushed by staff ensuring checks are being completed. These checks are also recorded by a computer system. ACJC limits access to all doors, closets, and stairways by utilizing electronic key fobs with each person having specific access. Youth Care Workers do not have key fob access and rely on a control center to allow access via computer and camera monitoring.</p>			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Emergent care	
<b>Forensic sexual assault medical exams are conducted at:</b>		Fort Wayne Sexual Assault Treatment Center	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>			201
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>			0

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases:*

*documents and files reviewed,  
discussions and types of interviews conducted,  
number of days spent on-site,  
observations made during the site-review, and a  
detailed description of any follow-up work conducted during the post-audit phase.*

*The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The on-site Prison Rape Elimination Audit (PREA) was conducted at the Allen County Juvenile Center, Fort Wayne, Indiana, March 21-22, 2018. The audit was completed by Sonya Love, PREA Auditor and consultant for Diversified Correctional Consultants. This is the first PREA audit for Allen County Juvenile Center (ACJC). Prior to the onsite audit Allen County Juvenile Center submitted documents such as facility policies, PREA policies, proof of practices in the form of facility statements, supporting documents, mission statement, PREA posters and a resident handbook in multiple languages (Spanish/English).

Allen County Juvenile Center resident sample size (44) was based on the population census on the first day of the audit along with the established sample size criteria outlined by the PREA Resource Center (PRC). Specialized (13) and random (11) staff interviews were conducted by the auditor. Random (10) and targeted resident interviews were also conducted during the onsite audit. Random resident (5) interviews (5) targeted resident interviews included all genders. Allen County Juvenile Center random staff were selected from a roster of current employees working on March 21-22, 2018 from three different shifts. A volunteer (1) was interviewed during the onsite audit period. The volunteer voluntarily answered questions regarding ACJC PREA training and his duty to detect, prevent, respond and report sexual abuse of a resident. Likewise, the community SANE representative at the Fort Wayne Sexual Assault Treatment Center was contacted and interviewed by telephone as part the PREA audit process.

An opening meeting was held with the facility Director of Detention, the PREA Coordinator, and Director of Training and Security. The initial meeting covered a discussion of a two-day schedule for the on-site audit, the facility tour, a review of the audit process, identification of resident and staff samples for random interviews, identification of specialized staff for interviews on day two, time was given to allow for questions from the administrators. On day one of the onsite PREA audit a comprehensive facility tour was conducted of the facility. The tour included areas such as intake, all living units, education classrooms, medical, gymnasium and visitation.

During the tour process the auditor found sufficient staff supervision and monitoring of residents in common areas and on the living units. Staff supervision and video monitoring appeared superior to protect residents against sexual abuse. When concerns were cited during the Director of Detention took immediate actions to correct the problems noted. Corrective action was taken immediately to correct the following areas of concern:

1. Resident toilets on all living units are in full direct view of male/female staff. ACJC immediately began correcting this issue on all living units by installing an 11" high film in the paned part of each resident's door to afford a degree of privacy when residents are using the toilet or changing clothes.
2. A sample (10) of ACJC, Secure Detention Unit, Intake Screening/Risk Assessment tool v.2.1, revealed that the facility inconsistently completed the entire instrument during the intake process. For example, sections of the instrument were blank such as "Personal Perception" and "Lack of Fit." Both sections could be helpful for vulnerable residents detained at ACJC. ACJC, facility Psychologist and Counselors reviewed Intake Screening/Risk Assessments for all 44 residents currently present in the facility to correct this problem. Action steps were taken by facility staff based on the reappraisal of residents with incomplete Intake Screening/Risk Assessments to address and implement measures to prevent a resident's risk of victimization and/or risk of victimizing other residents.

## Facility Characteristics

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

Allen County Juvenile Center (ACJC) is a co-ed county juvenile detention facility that houses residents of Allen County. The Secure portion of the ACJC has 4 general population housing units (3 male, 1 female) and 1 diagnostic unit where all new intakes (male/female) are housed and orientated with a maximum capacity of 138. The mission of the Detention-Diagnostic, Orientation and Education Program (D.D.O.E.) is to allow new residents the opportunity to acclimate themselves to a detention setting in a non-threatening and constructive manner. The D.D.O.E. Program will also allow the professional staff members the opportunity to properly assess the overall needs of each resident so they may be cared for properly. Finally, it will allow a short term period in which the resident can learn appreciation for the rewards of positive behavior while experiencing the consequences for negative behavior. This program is designed to allow the ACJC staff the opportunity to properly assess the psychological, behavioral, physical, and mental needs of the resident. The program also allows the ACJC staff the time to evaluate the resident's emotional condition during their stay in detention. The program is designed to reinforce the consequences of negative behavior and the potential rewards for positive behavior.

The ACJC also provides educational services where there are currently seven full-time Fort Wayne Community School staff members that comprise the educational staff at the Allen County Juvenile Center. The school day begins at 7:30 a.m. and ends at 2:35 p.m. The Allen County Juvenile Center school program follows the Fort Wayne Community Schools academic calendar.

Juveniles who are attending school at the time of their detention are eligible to attend classes at the Allen County Juvenile Center. Juveniles who are not currently enrolled in the Fort Wayne Community Schools are transferred and enrolled as FWCS students during their stay in detention. Upon their release from detention,

students will be re-enrolled in their home school district. All grades in progress are forwarded to the juvenile's home school upon their release from the Allen County Juvenile Center.

Juveniles who are not enrolled in school at the time of their detention at the Allen County Juvenile Center are placed in resource classes. These students work with certified teachers to improve language arts and mathematics skills. Special education students who are detained at the Allen County Juvenile Center can receive direct services from a licensed special education teacher. Special Education Conferences can be conducted at the Allen County Juvenile Center when they are required.

The ACJC currently offers the following courses:

High School:

English: 9-12	Biology
Algebra 1&2	Chemistry
Geometry	Economics
Trigonometry	U.S. History
ECA remediation	Social Studies
Compass Learning (credit recovery only)	

Middle School:

Language Arts  
Mathematics  
Social Studies  
Test Assessing Secondary Competition (T.A.S.C.) Instruction

Students who are currently working toward a T.A.S.C. can continue this effort by attending T.A.S.C. preparation classes while detained at the Allen County Juvenile Center. T.A.S.C. classes are conducted by certified teachers from 3:00 p.m. to 5:00 p.m. The official T.A.S.C. test is proctored at the Allen County Juvenile Center approximately every 45 days.

The Diagnostics Unit of the Allen County Juvenile Center is comprised of a Psychologist (PsyD, HSPP), Licensed Mental Health Counselor (LMHC), Licensed Addictions Counselor (LAC), and two Mental Health Counselors. The Diagnostic team meets with every juvenile who is detained in the Allen County Juvenile Center. Every resident upon intake is administered the Massachusetts Youth Inventory (MAYI-2), and the Prison Rape Elimination Act Intake Screening/Risk Assessment and are seen individually.

The Diagnostic Unit also provides Psychological Reports and Mental Health and Substance Abuse Assessments ordered through the court to address services and needs of residents and those juveniles on probation or who may require probation services.

The Diagnostic's Unit provides individual and group sessions. Each resident has the opportunity to sign-up daily to speak with a clinician. Some of the group sessions include topics on coping with mental illness, how to deal with stress, repairing strained relationships, thinking errors, what depression and anxiety is, coping skills, disrupting negative behaviors, and anger management. The anger management group is an evidence based

program that focuses on noticing anger and dealing with anger in an appropriate outlet or release, and how anger affects the brain, body, and others.

Drug and Alcohol classes are offered at ACJC as well with all of our units. Classes run B Unit Monday 10 AM-11 AM, A/L Unit Thursday 11:45 AM-12:20 PM, and F Unit Friday 10 AM- 11 AM. Most of the focus is on drug intervention with themes of relapse prevention, drug use and the effects on the body, coping skills, 12 step programming, and short/long-term consequences of drug use. Evidence based Carey Bits and Guides are also used during this time. PRI will substitute for drug and alcohol classes if completed.

Prime for Life (PRI) is an evidence based drug/alcohol program that is a weeklong program with a total of 10 hours. This program is used with high risk residents who may have a moderate to severe substance use disorder.

ACJC utilizes Moral Recognition Therapy (MRT) as another program which began in 1986 in the adult prison systems. Inmates helped in deciding how the program should be developed and ran. MRT is used in over 30 states and is an effective learning tool for decision making. The word "recognition" has to do with how we make our decisions and MRT attempts to help people make decisions by doing what is right.

ACJC utilizes yoga, art therapy, and a hygiene class that focuses on taking care of the body from head to toe. Topics include; when to wash hair, how often to brush teeth and have dental care, and how often a physical should be done by a medical professional.

ACJC has many groups that are accessible to our juveniles to include a gang prevention group focusing on consequences of gang violence and how it affects self, others, and the community. A life skills group for 17 and 18-year old that discusses how to fill out applications, what to say during an Interview, budgeting and maintaining a household financially, and the cost of living. A girls group that discusses women in the prison system, dealing with peer pressure, making positive choices, how to deal with trauma, pregnancy/STD/STI/HIV/AIDS, living a healthy lifestyle, reputations, and self-worth.

In addition to ACJC's detention, we also provide court services as well. ACJC has 4 courtrooms to handle Juvenile Delinquency (delinquency and status) and State Enforcement cases (paternity and reciprocal support) as well as a satellite Clerk's Office, Prosecutor's Office, and Public Defender's Office.

Juvenile Probations main offices are located at ACJC. This includes our Administrative Division which is the front end of all delinquency and status cases, as well as our community service work and placement teams. We are also home to the North Regional Field Office as well as our Detention Alternative Program (DAP), Electronic Monitoring Program (EMP), and our Day and Evening Reporting Program (DERP). Probation also runs various evidence based programming at ACJC to include but not limited to Moral Recognition Therapy (MRT) , Resilience for Youth -Why Try?, Carey Guides, Brief Intervention Tools (BITS), and Juvenile Detention Alternative Initiative (JDAI). Juvenile Probation for ACJC also operates two regionally based field offices which are located off-site.

The Allen County Juvenile Center is also home to the Allen County Learning Academy (ACLA), which is a non-secure alternative school for youth on probation that are suspended or expelled from one of the 4 public school districts. ACLA is a full time middle and high school operated by the Allen Superior Court and Fort Wayne Community Schools, East Allen County Schools, Northwest Allen County Schools and Southwest Allen County

Schools. Students receive Core 40 instruction and receive credits necessary to graduate. There is also a High School Equivalency (HSE) program at ACLA.

In addition to just completing the PREA auditing process for the first time, ACJC is also Department of Correction (DOC) and Performance Based Standard (PBS) accredited.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 1

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**Number of Standards Met:** 44

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**Number of Standards Not Met:** 0

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## Summary of Corrective Action (if any)

1. Resident toilets on all living units are in full direct view of male/female staff. ACJC immediately began correcting this issue on all living units by installing an 11” high film in the paned part of each resident’s door to afford a degree of privacy when residents are using the toilet or changing clothes.
2. A sample (10) of ACJC, Secure Detention Unit, Intake Screening/Risk Assessment tool v.2.1, revealed that the facility inconsistently completed the entire instrument during the intake process. For example, sections of the instrument were blank such as “Personal Perception” and “Lack of Fit.” Both sections could be helpful for vulnerable residents detained at ACJC. ACJC, facility Psychologist and Counselors reviewed Intake Screening/Risk Assessments for all 44 residents currently present in the facility to correct this problem. Action steps were taken in necessary by facility staff based on the reappraisal of residents with incomplete Intake Screening/Risk Assessments to address and implement measures to prevent a resident’s risk of victimization and/or risk of victimizing other residents.

## PREVENTION PLANNING

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

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

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

A review of the Allen County Juvenile Center (ACJC) policy statement, confirmed the agency has a written policy mandating zero tolerance toward sexual abuse and harassment during the audit. ACJC operates a one facility. The facility has a Zero Tolerance Policy that outlined how the Allen County Juvenile Center would respond to all incidents of sexual abuse and harassment. The agency has appointed an employee as the Prison Rape Elimination Act (PREA) Coordinator for the Allen County Juvenile Center. The PREA Coordinator reports directly to the Chief Probation Officer of Quality (Allen County Juvenile Center) in all matters related to Prison Rape Elimination Act. The onsite interview with the PREA Coordinator confirmed that he has sufficient time and authority to coordinate efforts to comply with monitor and supervise adherence to all PREA standards, guidelines and requirements. Moreover, Allen County Juvenile Center has a policy statement that outline a Zero-Tolerance Policy for all forms of sexual abuse and sexual harassment.

Specialized interviews included intake staff (1) who explained the intake process for residents. During the intake process all residents are informed orally and issued written material (handbook and pamphlet) about the Zero-Tolerance Policy in English, Spanish and Burmese. Additional information on the facility's sexual abuse and harassment policy was seen during the onsite audit in the form of posters and pamphlets placed on the living units and common areas such as education, intake and visitation. The facility handbook also informed residents about the sexual abuse and harassment mandate and zero-tolerance in the Admission and Orientation (A&O) Handbook, a pamphlet and through postings throughout the facility (observed during the tour). Additional interpretive services are available for residents who do not speak or read English. All interviews with staff, volunteers, and residents confirmed that each was aware of the Zero-Tolerance Policy towards all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of PREA, along with an examination of policy and documentation supports the facility's compliance with this standard.

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

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

#### 115.312 (a)

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

#### 115.312 (b)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

*Allen County Juvenile Center does not contract for the confinement of residents with any other entity.*

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

### 115.313 (b)

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

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA

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

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.313 (e)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Supervising and Monitoring, Number 115.313, pages 1-2, meet the requirements of Standard 115.313. By way of memorandum from the Director of Detention, Allen County Juvenile Center did not deviate from the staffing plan outlined in the Allen Superior Court – Family Relations Division Policy and Procedure in the last twelve (12) months. The facility reviews their staffing patterns and staffing plan monthly but at least quarterly. All essential posts are filled on each shift and no essential posts were kept open for salary savings. The auditor confirmed this memorandum during an interview with the facility Director of Detention. The Director confirmed staffing levels for the last twelve (12) months remained adequate to protect residents from abuse. The written documentation also duplicates evidence submitted in ACJC's Pre-Audit Questionnaire submitted by the PREA Coordinator. ACJC has an elaborate video monitoring system strategically positioned through the entire facility. A review of video monitors located on living units confirmed a level of video monitoring that was superior for protecting residents from sexual abuse. It was clear from the tour that ACJC has adequate cameras positioned to eliminate blind spots inside the physical plant. According to the Allen County Juvenile Center documentation there have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to Standard 115.313.

PREA unannounced rounds were reviewed for the last twelve (12) months. A group of three (3) high level managers (Director of Detention, PREA Coordinator and the Director of Training and Security) rotated conducting PREA unannounced round during the audit review period. Each manager completed a written log of the unannounced visit that included information such as the date, time, staffing count, resident count, shift leader, and security concerns. Staff at the Allen County Juvenile Center are prohibited by policy from alerting other employees regarding unannounced rounds. Random staff interviews with correctional staff confirmed that upper level managers conduct random unannounced rounds that included nights and weekend visits. An interview with the facility PREA Coordinator and random correctional staff confirmed that staff were prohibited from alerting others regarding the unannounced rounds. A detailed review of facility documentation and staff and interviews confirmed ACJC met the requirements of Standard 115.313.

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

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

#### 115.315 (a)

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

### 115.315 (b)

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

### 115.315 (c)

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

### 115.315 (d)

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

### 115.315 (e)

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

### 115.315 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Searches: Room Searches, Pat-Down Searches, Strip Searches, Body Cavity Searches, Limits to cross Gender Viewing and Searches, Number 115.315, pages 1-4. address the requirements of Standard 115.315. The Allen County Juvenile Center overall rated capacity exceeds 50 residents. ACJC does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity or strip searches conducted in the facility during this audit period. Random (5) residents interviewed confirmed that they were not subjected to a cross-gender pat search during detention at ACJC. Officers interviewed during random (11) staff interviews confirmed that their training and policy required justification and documentation of all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with random staff (11) confirmed that they were aware of the prohibition of visual body cavity or strip searches of the residents of the opposite sex except in exigent circumstances. ACJC employees do not search or physically examine a Transgender (0) or Intersex (0) residents for the sole purpose of determining the resident's genital status. Interviews with random (5) residents confirmed that they had been pat-searched by officers of the same gender, properly and professionally.

Confirmed by observations during the tour of all housing units, that residents are permitted to shower and change clothing privately. The facility was cited for not observational problem with the position of the toilets in the entire facility. The position of the toilets offers no measure of privacy when a resident is using the toilet. This issue was cited during the facility tour. ACJC took immediate measures during the onsite audit to correct the problem.

ACJC has a policy (Searches: Room Searches, Pat-Down Searches, Strip Searches, Body Cavity Searches, Limits to cross Gender Viewing and Searches, Number 115.315, pages 3) in place that requires staff of the opposite gender to announce their presence when entering the housing units. Based on the onsite tour the housing units where residents are likely to shower, perform bodily functions, or change clothes and randomly (5) interviewed residents confirmed that staff of the opposite gender announce their presence when entering housing unit 95 percent of the time. The practice of

announcing your presence was observed during the tour of the entire facility. Interviews with random (11) and specialized (13) staff, observations and an examination of documentation such as the Staff Training Acknowledge Form, a review of the training video, facility policy, interviews all confirm ACJC compliance with Standard 115.315

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

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

### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

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

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Residents with Disabilities and Residents who are Limited English Proficient, Number 115.316, pages 1-2, address the requirements of Standard 115.316. Through policy and practice, AJCJ ensures that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. During the onsite audit one (1) resident with cognitive challenges identified as disable. The resident confirmed that he understood how to report abuse in multiple ways. The same resident indicated he would report abuse to his teacher or tell staff. He could explain in his own words how to report sexual abuse. The auditor explored how this resident was provided PREA information. The disable resident explained "they talked to me" and he saw a video. He confirmed that the video was in a language he understood (English).

All residents (11) interviewed verified that they received PREA (sexual abuse/harassment/retaliation) information and instruction during the intake process. All PREA related information, including postings, brochures and handouts were available in English and in Spanish which was confirmed through resident interviews and during a tour of the facility. ACJC when necessary contracts with Gema Aparicio Translation Services, Fort Wayne, Indiana to provide interpretive and translation services to residents detained at the facility. As needed, the facility would also employ The League for the blind and disable/Deaflink to provide sign language for residents who need assistance using sign language to communicate. ACJC County Youth Service Center by policy and through staff interviews with the PREA Coordinator and random staff (11) all confirm that the facility does not use resident interpreters, resident readers or other types of resident assistants in the performance of first responder duties or during the investigation of a resident's allegations. Interviews with a first responder, the PREA Coordinator and specialized staff (medical, mental health and investigative staff) confirmed their awareness of the prohibition for using resident interpreters for PREA compliance functions. Interviews with staff and an examination of supporting documentation (Allen County Juvenile Center Policy Statement and interpretive emails) also confirm compliance to Standard 115.316.

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

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

#### **115.317 (a)**

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

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

#### 115.317 (b)

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

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

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

### 115.317 (e)

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

### 115.317 (f)

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

### 115.317 (g)

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

### 115.317 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Hiring and Promotional Decisions, Number 115.317, pages 1-2, by policy statement and by memorandum ACJC confirmed that the facility does not hire or promote anyone who may have contact with residents to include contractors and

volunteers with a history of engaging in sexual abuse (e.g. jail, lock-up, community confinement, juvenile facility, or other institution), has attempted to engage in such activity or had been civilly or administratively adjudicated in any of the above inappropriate behaviors. In addition, the same policy affirms that Allen County Juvenile Center has a duty to perform criminal background check on all staff, contractors and volunteers that may encounter residents in the facility.

A review of the Allen County Juvenile Center employment application processed confirmed that the facility employment process includes the required criminal background check (national and local), an Indiana request for a child protective services (CPS) history check, and a fingerprint check (national and state). The ACJC conducts yearly criminal background checks on all staff persons. The Director of Training and Security and the Human Resource Manager confirmed the practice. The criminal background check involves the Indiana State Police utilization of the Indiana Data Communication System termed IDACS. The criminal background information obtained from IDACS is retained by ACJC for twelve (12) months then destroyed when the next years criminal background information replaces the previous year's report.

Allen County Juvenile Court Policy, Hiring and Promotional Decisions, Number 115.317, pages 1-2, also affirmed a duty to make a best effort to contact prior employers to include institutional employment to obtain information related any substantiated allegations of sexual abuse or resignations before the conclusion of a sexual abuse investigation. During the last twelve (12) months, ACJC hired twenty-nine (29) new employees. All twenty-nine (29) employee were underwent criminal background checks before beginning employment at ACJC. Submission of false information by any applicant is grounds for not hiring the applicant. The auditor examined ten (10) employment records onsite and confirmed ACJC practice of completing background checks as outlined in Standard 115.317. The PREA Coordinator also confirmed that criminal background checks were also completed on contractor and volunteers that come in contact with residents. Allen County Juvenile Center employment questionnaire requires potential employees, volunteers and contractors to disclose any adjudication or substantiated finding of sexual abuse or sexual misconduct during the pre-employment phase of the employment process.

By policy employees of the Allen County Juvenile Center have a duty to disclose misconducts and any material omissions regarding such misconduct would be grounds for termination. ACJC, Director of Training and Security and the Human Resource Manager confirmed that the agency will make a best effort to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. In addition, unless prohibited by law, ACJC policy will provide information on substantiated allegations of sexual abuse and harassment involving all former employees upon receiving a request from an institutional employer for whom previous employee has applied to work. The facility Human Resources Manager or the Director, notifies appropriate licensing/certifying agencies when professional staff are terminated for substantiated allegations of sexual abuse or harassment. A review of policy and relevant supporting documentation also supports compliance with Standard 115.317.

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

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

#### **115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Allen County Juvenile Center has had no substantial upgrades in technology since August 20, 2012. This is the first PREA audit for the facility.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

Yes  No  NA

#### 115.321 (b)

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

#### 115.321 (c)

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

#### 115.321 (d)

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

#### 115.321 (e)

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

#### 115.321 (f)

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

### 115.321 (g)

- Auditor is not required to audit this provision.

### 115.321 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Number 115.321, pages 1-2, indicates that all allegations of sexual abuse are referred to the Fort Wayne Police Department (FWPD) a state entity with the legal authority to investigation reports (criminal and administrative) of sexual abuse. To the extent possible investigating reports or abuse is limited to what is necessary to secure a crime scene, separate the victim and the abuser and gather basic information to forward to FWPD and the Department of Child Services (DCS). The interview of random and specialized staff confirmed understanding of their role and responsibility beyond the notification of FWPD and DCS such as to follow the uniform evidence protocol, preserve the crime scene, protect the victim and provide support services (e.g. forensic examination, victim advocacy, as dictated. Review of training documentation confirmed that the facility PREA Coordinator has completed specialized sexual assault investigative training inside correctional facilities but only serves as a liaison between DCS and FWPD investigative process. The facility follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Both the DCS and the Fort Wayne Police Department are mandated reporters of sexual abuse. Victims of sexual assault are referred to health services for initial examination, triage and stabilization. Any said treatment provided by clinicians at ACJC would be for life preservation only and the victim would be transported to a community hospital (Fort Wayne Sexual Assault Treatment Center) for examination, treatment and forensic evidence gathering by a SANE Nurse. All sexual abuse advocacy (Fort Wayne Rape Crisis Center), examinations, treatment, testing and follow-up care is provided without cost to

the victim. ACJC also offers Victim Assistance through a Memorandum of Understanding (MOU) with Fort Wayne Victim Assistance Program who provide trained victim advocates. Interviews with specialized medical and mental health, a telephonic interview with a SANE Nurse from Fort Wayne Sexual Assault Treatment Center, and the examination of relevant documentation (Memorandum of Understanding and telephonic interview with SANE Nurse) confirmed compliance with Standard 115.321.

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

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

#### 115.322 (a)

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

#### 115.322 (b)

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

#### 115.322 (c)

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

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Evidence Protocol and Forensic Medical Examination, Number 115.322, pages 1-2, addresses the requirement of Standard 115.322. AJCJ refers all criminal and administrative sexual abuse/harassment reports to a State entity with the legal authority to conduct the investigations. AJCJ has in place a policy to describing the expectation for governing the investigations. The PREA Coordinator confirmed that Fort Wayne Police Department or Allen County Law Enforcement. Both outside entities hold the legal authority to investigate all forms of sexual abuse/harassment. To the extent possible the PREA Coordinator indicated that AJCJ’s role and responsibility beyond the notification would be to follow the uniform evidence protocol, preserve the crime scene, protect the victim and provide support services (e.g. forensic examination, victim advocacy, when dictated. The facility follows a uniform evidence protocol as described in the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”. The ACJC PREA Coordinator serves as the liaison between the State entities investigating any criminal or administrative report of sexual abuse/harassment. All State entities in Indiana are mandated reporters of sexual abuse. ACJC staff (random and specialized) interviews confirmed their understanding of PREA and their duty to report, prevent, and respond to all allegation of sexual abuse or harassment to include making referral to State entities with the authority to investigate sexual abuse/harassment. Additionally, interviews with the PREA Coordinator, youth care staff, intake staff, and health services personnel confirmed that each staff member was knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is reported. Staff (random and specialized) were also aware that the Fort Wayne Police Department or Allen County Law Enforcement, Indiana Department of Child Services (DCS) investigated all allegations of sexual abuse and referred all criminal findings to the Fort Wayne Police Department. The documentation examined and onsite interviews with staff addresses ACJC’s compliance with Standard 115.322.

**TRAINING AND EDUCATION**

**Standard 115.331: Employee training**

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

**115.331 (a)**

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

### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

### 115.331 (c)

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

### 115.331 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Number 115.331, pages 1-2, addresses the requirements of Standard 115.331. Allen County Juvenile Center staff as well as new employees participate in PREA and facility policy and procedure training. An examination of the PREA training curriculum confirmed that ACJC provides training and education as prescribed in Standard 115.331. The PREA training addresses each topic identified in Standard 115.331 such as zero-tolerance for sexual abuse and harassment, how to detect, prevent, report and respond to reports of sexual abuse and harassment, resident rights and how to communicate with resident who self-identify as transgender, intersex, gay, bisexual, or gender nonconforming. The facility also provides other related education annually during staff refresher training. The review of facility lesson plans, training sign-in logs, alternative training records and PREA Power Point presentations, certification of course completions (e.g. PREA: Behavioral Health Care for Sexual Assault Victims in Confinement/PREA Medical and Mental Health Care training) confirmed that the provided training also addressed all elements identified in Standard 115.331. All staff interviewed indicated that they received the required PREA training initially and annually. PREA Coordinator in conjunction with the Director of Training and Security has periodically issued memos (e-mails) to staff

reminding them of and clarifying various PREA issues and upcoming PREA training initiatives. The training provided and staff knowledge of the PREA requirements confirm that the facility follows Standard 115.331.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

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

#### 115.332 (b)

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

#### 115.332 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Number 115.332, pages 1-2, address the requirements of Standard 115.332. Allen County Juvenile Center contractors and volunteers are mandated to participate in PREA and facility policy and procedure training. A volunteer interviewed during the onsite audit explained his PREA training and confirmed his duty to report sexual

abuse. An examination of the PREA training curriculum confirmed that ACJC provides training and education as prescribed in Standard 115.332. The PREA training addresses each topic identified in Standard 115.332 such as zero-tolerance for sexual abuse and harassment, how to detect, prevent, report and respond to reports of sexual abuse and harassment, resident rights and how to communicate with resident who self-identify as transgender, intersex, gay, bisexual, or gender nonconforming. A review of the PREA contractor and volunteer training curriculum confirmed that the level of instruction was appropriate for the services provided and emphasizes the facility's Zero-Tolerance of sexual abuse/harassment and the mandatory reporting policies.

## Standard 115.333: Resident education

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

#### 115.333 (a)

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

#### 115.333 (b)

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

#### 115.333 (c)

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

#### 115.333 (d)

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

### 115.333 (e)

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

### 115.333 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Resident Education, Number 115.333, pages 1-2, addresses the requirements of Standard 115.333.

The tour of the Allen County Juvenile Center confirmed that PREA education posters were prominently displayed in all housing units and common/program areas. Interviews with staff (random and specialized) and an examination of documentation also confirm that the facility meets compliance requirements with Standard 115.333.

During the in-take processing, each resident confirmed receipt of a Resident Detention Manual (English/Spanish), the auditor confirmed that the manual, PREA brochure and PREA video was age appropriate for the population by reviewing each format. The random and targeted residents (10) interviewed during the audit confirmed that Allen County Juvenile Center provided a comprehensive age-appropriate PREA education either the same day or by day two (2) of detention. A review of intake processing forms (20) and resident education during the same time (12-month audit period) revealed that ACJC conducted resident education and intake processing within two days of the resident being detained at the facility. Therefore, all resident education reviewed by the auditor took place within 10 days of intake. Zero (0) residents indicated that PREA education took place beyond the tenth (10) day of detention. Moreover, the facility PREA education format explained the facility's zero tolerance position against sexual abuse and harassment, the facility policies and procedures related to PREA, and how residents can report incidents or suspicion of sexual abuse. The manual also provides residents with information on facility rules, resident rights, program expectations, the grievance procedure and PREA reporting methods. Resident education included a review of definitions of sexual misconduct, consequences for sexual abuse, prevention strategies, how to report retaliation and reporting options for the resident of the facility. ACJC when necessary contracts with Gema Aparicio Translation Services, Fort Wayne, Indiana to provide interpretive and translation services to residents detained at the facility. As needed, the facility would also employ The League for the blind and disabled/Deaflink to provide sign language for residents who need assistance using sign language to communicate. Residents sampled during the onsite audit also confirmed that they were aware of multiple reporting methods to include anonymous and third-party reporting, the Zero-Tolerance Policy and their right to be free from retaliation. Staff (specialized) (13) interviews confirmed that a disabled resident with limited reading skill would be verbally read the Resident Detention Manual as well as other PREA related educational material.

## Standard 115.334: Specialized training: Investigations

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

#### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Specialized Training: Investigation, Number 115.334, pages 1, addresses the requirements of Standard 115.334. Pursuant to Standard 115.331, Allen County Juvenile Center provides general training to all staff. The facility does not conduct criminal or administrative investigation. ACJC's policy statement indicates that the facility has a limited role in any investigation of abuse. ACJC as the first responder gathers information for investigators, protects the victim and preserves evidence. ACJC PREA Coordinator/ Investigator is a liaison for State entities investigating a report of abuse. The ACJC PREA Coordinator/Investigator has completed specialized training requirement pursuant to Standard 115.334. A review of the certificate of completion by the auditor confirmed the completion of the course work. The interview with the PREA Coordinator confirmed that the course curriculum included techniques for interviewing victims of sexual abuse, proper use of Miranda and Garrity warnings, evidence collection in detention settings and the evidence requirement to substantiate a case for administrative or criminal prosecution.

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

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

### 115.335 (a)

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

### 115.335 (b)

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

### 115.335 (c)

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

### 115.335 (d)

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

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Specialized Training: Medical and Mental Health Care, Number 115.335, pages 1-2, addresses the requirements of Standard 115.335. During the onsite audit period the auditor confirmed by examination that medical and mental health staff (7) staff completed specialized training through the National Institute of Corrections (NIC) or the PREA Learning Center. ACJC maintained documentation of all specialized and general training related to Standard 115.335. The medical and mental health personnel training records also confirmed that these staff employees received the same PREA training as correctional staff and have and understand of their duty to report any knowledge of sexual abuse/assault, even when disclosed during a health care encounter. Further, a review of training records confirmed that all mental health and medical staff have also received specialized training on victim identification, interviewing, reporting and required clinical interventions. Training does not refer to certifications needed to conduct forensic examinations. ACJC does not conduct forensic examinations.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.341: Screening for risk of victimization and abusiveness**

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

**115.341 (a)**

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident’s confinement?  Yes  No

**115.341 (b)**

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

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

### 115.341 (d)

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

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

### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Screening for Risk of sexual Victimization and Abusiveness, Number 115.341, pages 1-2, complies with requirements in Standard 115.341 to reduce the risk of sexual abuse of a resident. ACJC has a policy that prohibits disciplining residents for refusing to answer or for not disclosing complete information during the screening. A sample of ten (10) intake processing forms for the 12-month audit review period revealed that Allen County Juvenile Center conducted the intake processing within two days of a resident being detained at the facility but always within 72 hours. All residents are assessed for a history of sexual abusiveness and risk of sexual victimization and abusiveness during the in-processing procedure performed in ACJC's intake receiving and discharge (R&D) area. A review of screening documents by the auditor confirmed that residents identified at high risk for sexual victimization or at risk of sexually abusing other residents were routinely referred to a medical and/or mental health professional and they would receive further assessment.

The facility policy and staff interviews with the staff nurse, psychologist and mental health clinicians confirmed information received during the screening process is deemed confidential and only available to staff on a need-to-know have access to the information but access is never given to other residents. Specialized staff (medical and mental health) also confirmed that access to screening for sexual victimizations and abusiveness records is maintained in a secure location (file cabinet) and accessibility is limited.

During the onsite audit an examination of a sample (10) of Intake Screening/Risk Assessment forms for current residents revealed that the facility inconsistently completed the entire instrument during the intake

process. For example, sections of the instrument were blank such as “Personal Perception” and “Lack of Fit.” Both sections could be helpful for vulnerable residents detained at ACJC. ACJC, facility mental health clinicians reviewed Intake Screening/Risk Assessments for all 44 residents who were present in the facility to correct this problem before the submission of the final report. By memorandum, ACJC confirmed that at a minimum, ACJC completed in entirety Intake Screening/Risk Assessment forms on all current residents and action steps were taken if new information dictated by the review indicated that additional safeguards were needed to prevent any resident’s risk of victimization and/or risk of victimizing other residents. The above documentation, interviews and corrective action taken before submission of the final report confirmed the facility’s compliance with Standard 115.341.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No

- Do residents in isolation receive daily visits from a medical or mental health care clinician?  
 Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  
 Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  
 Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  
 Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

### 115.342 (g)

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

### 115.342 (h)

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

### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Placement of Residents in Housing, Bed, Program, Education and Work, Number 115.342, pages 1-2, complies with requirements in Standard 115.342 and considers all information obtained pursuant to Standard 115.341, Screening for Risk of Sexual Victimization and Abusiveness. Facility Policy, Number 115.342 addresses the requirements of Standard 115.342. ACJC uses information obtained from the risk screen instrument to make housing, bed assignment, education, and program assignments. Determinations for various assignments were made on a case-by-case basis. The facility decides whether to assign a transgender or intersex resident to a male or female housing assignment on an individual case-by-case basis. During the onsite audit, targeted interviews included (0) transgender and (0) intersex residents who self-identified during the onsite audit period. Specialized staff (intake officers and counselor) confirmed that housing and programming assignments for a transgender or intersex resident would be given consideration on a case-by-case basis. ACJC policy prohibits assigning transgender or intersex resident to a housing unit solely based on the resident's identification or status. ACJC makes housing and program placements after considering if a placement would ensure the health and safety of the resident and whether the placement

would present management or security problems. The facility specialized staff confirmed during an onsite interview that placement and programming assignments for each transgender or intersex resident would be reassessed at least once every six months or twice yearly and the views or perceptions of the resident would be taken into consideration. Staff (random and specialized) confirmed that residents including transgender and intersex residents are given the opportunity to shower, dress and use toilet facilities separately from other residents. Residents sampled ten (10) confirmed that they shower individually, that all residents could use the toilet and change clothes privately. Staff (random and specialized) interviews and a review of supporting documentation confirm that medical and mental health staff meet on a regular basis to assess the status of any resident thought to be at risk for victimization or a resident exhibiting detention adjustment problem. An interview with the intake officers and random staff confirmed that a resident's genital status is not the sole criteria for placement on a specific living unit in the facility all confirmed that ACJC follows the requirements established in Standard 115.342.

During the onsite audit an examination of a sample (10) of Intake Screening/Risk Assessment forms for current residents revealed that the facility inconsistently completed the entire instrument during the intake process. For example, sections of the instrument were blank such as "Personal Perception" and "Lack of Fit." Both sections could be helpful for vulnerable residents detained at ACJC. ACJC, facility mental health clinicians reviewed Intake Screening/Risk Assessments for all 44 residents who were present in the facility to correct this problem before the submission of the final report. By memorandum, ACJC confirmed that at a minimum, ACJC completed in entirety Intake Screening/Risk Assessment forms on all current residents and action steps were taken if new information dictated by the review indicated that additional safeguards were needed to prevent any resident's risk of victimization and/or risk of victimizing other residents. The above documentation, interviews and corrective action taken before submission of the final report confirmed the facility's compliance with Standard 115.342.

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

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

#### 115.351 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Resident Reporting of Sexual Abuse and Sexual Harassment, Number 115.351, pages 1-2, addresses the requirements in Standard 115.351. A review of ACJC by policy confirms that the facility has in place multiple mechanisms for residents to report sexual abuse and harassment. Examples of reporting options for residents include telling a trusted staff person, write the PREA Coordinator, file a grievance, call the DCS hotline 1-800-800-5556, Probation Officer, Medical or Mental Health staff or write the facility Director of Detention. Each resident (random and targeted) interviewed during the onsite audit could explain multiple ways to report abuse. During the onsite tour of each living unit the auditor found telephone calling rooms on every living unit. Prominently displayed inside each calling rooms were PREA posters with the address and telephone

numbers to outside advocacy groups to report abuse such as the Allen County Juvenile, Resident Information Brochure, Allen County Sexual Prevention and Reporting Brochure and The Fort Wayne Police Department, Victim Assistance Brochure with contact information for the Fort Wayne Police Department were all available for residents near each telephone. Residents confirmed they were free to use the telephones at no cost to the resident. Moreover, the Fort Wayne Police Department Brochures, also included contact numbers to public offices such as the Rape Crisis Hotline, DCS, Center for Non-violence, New Haven Police Department, Indiana Legal Services, Crime Victim Care, Prosecutor's Office, Allen County Sheriff Department and the YWCA Women's Shelter. The ACJC Resident Handbook is provided to all residents during the admission and orientation (A&O) process. Every resident (random and targeted) interviewed confirmed receipt of a handbook in a language they understood during the intake process. Inclusive in the handbook are calling numbers for Victim Assistance, DCS Hotline, Rape Crisis Hotline, Women's Bureau (rape crisis), and police department. Family and friends of residents may report sexual abuse/harassment by using the ACJC County Youth Service Center website, calling the DCS Hotline, making a phone call to the PREA Coordinator or the facility Detention Director. Residents at Allen County Juvenile Center are not detained solely for civil immigration purposes. Interviews with staff (random and specialized) confirm they understood their responsibility to accept reports of abuse or harassment made verbally, anonymously, in writing or from a third party and the mandate to document any verbal report. Based on staff and resident interviews, personal observations during the facility tour, the Resident Handbook, PREA postings, brochures and numerous ways ACJC provides residents to report abuse and harassment all confirm that AJCJ exceeds compliance requirements for Standard 115.351.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

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

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned

upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Exhaustion of Administrative Remedies, Number 115.352, pages 1-2, addresses the requirements in Standard 115.352. This auditor confirmed ACJC has a policy which allows residents the option of exhausting administrative remedies to report sexual abuse/harassment by filing a grievance. ACJC does not impose a time limit on a resident that submits a grievance to report sexual abuse/harassment. The facility does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The policy ensures 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. ACJC policy requires the facility to 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. Time taken by a resident to prepare an administrative appeal to a grievance is excluded from the 90-day computation time. The facility may claim an extension of time to respond, of up to 70 days. If the normal time frame for response is insufficient to make an appropriate decision ACJC will notify the resident in writing and provide the resident with a date the resident can expect a reply from ACJC. The facility's policy allows third-party's such another resident, staff members, family members, attorneys, and outside advocates to file on behalf of a resident or to assist a resident with filing a grievance. ACJC requires facility staff to immediately notify upper-level managers (PREA Coordinator, Director of Detention, Shift Supervisor or Chief Probation Officer) if a resident file an emergency grievance and alleges substantial risk of imminent sexual abuse. ACJC's notification period requires staff to take immediate action. The expedited action on the part of ACJC exceeds the timeframe of 48 hours as outlined in Standard 115.352. ACJC's policy also indicates that a resident with an emergency grievance alleging substantial risk of imminent sexual abuse shall receive the initial and final response within 5 calendar days. A review of documentation related to grievances indicated there were zero grievances alleging sexual abuse/harassment were filed within the last twelve months that resulted in disciplinary action by ACJC. During the onsite audit random and targeted resident identified the grievance process as one of many ways they could report abuse. Interviews with random staff (11) also confirmed that staff understood their responsibilities if a resident would file an emergency grievance alleges substantial risk of imminent sexual abuse. Allen County Juvenile Center addresses the requirements outlined in Standard 115.352.

## Standard 115.353: Resident access to outside confidential support services and legal representation

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

### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Resident Access to Outside Support Services and Legal Representation, Number 115.353, pages 1, addresses the requirements in Standard 115.353. A review of the ACJC Resident Handbook confirmed that the facility provides residents with access to outside support services. Through resident interviews (random and targeted) confirmed that all residents were aware of how to access outside support services and legal representation. In addition, ACJC has a MOU with the Fort Wayne Sexual Assault Treatment Center to conduct a forensic exam. ACJC makes available for residents to obtain emotional support services by calling the Fort Wayne Police Department, Victim Assistance Office. Residents also have access to other advocacy groups that offer emotional support such as the Rape Crisis Hotline and Women's Bureau (crisis).

## Standard 115.354: Third-party reporting

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

#### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Third Party Reporting, Number 115.354, pages 1, addresses the requirements in Standard 115.354. ACJC has several posters prominently displayed inside each resident telephone calling room located on every living unit were PREA posters with the address and telephone numbers of outside advocacy groups to report abuse such as the Allen County Juvenile, Resident Information Brochure, Allen County Sexual Prevention and Reporting Brochure and The Fort Wayne Police Department, Victim Assistance Brochure with contact information for the Fort Wayne Police Department were all available. Residents confirmed they were free to use the

telephones at no cost to the resident. Moreover, the Fort Wayne Police Department Brochures, also included contact numbers to public offices such as the Rape Crisis Hotline, DCS, Center for Non-violence, New Haven Police Department, Indiana Legal Services, Crime Victim Care, Prosecutor's Office, Allen County Sheriff Department and the YWCA Women's Shelter. The ACJC Resident Handbook is provided to all residents during the admission and orientation (A&O) process. Every resident (random and targeted) interviewed confirmed receipt of a handbook in a language they understood during the intake process. Inclusive in the handbook are calling numbers for Victim Assistance, DCS Hotline, Rape Crisis Hotline, Women's Bureau (rape crisis), and the police department. Family and friends of residents may report sexual abuse/harassment by using the ACJC County Youth Service Center website, calling the DCS Hotline, making a phone call to the PREA Coordinator or the facility Detention Director. The above-mentioned documentation and interviews confirm compliance the requirements of Standard 115.354.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

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

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Staff and agency reporting, Number 115.361, pages 1-2. address the requirements of Standard 115.361. Staff (random and specialized) interviewed to include medical and mental health practitioners were aware of their duty to immediately report all allegations of sexual abuse, harassment and retaliation relevant to PREA standards including third party. The practitioners also affirmed that they are required to explain to residents at the initiation of services the limits of confidentiality. Specialized staff explained and confirm their understanding of the roles and responsibility if a resident reports sexual abuse. The facility Director of Detention and PREA Coordinator during interviews with the auditor explained their duty to immediately report any knowledge, suspicion or information concerning resident sexual abuse/harassment to initiate and investigation. In addition, the facility Director of Detention explained that his duty to report extended to the notification of supervisors up his chain of command, the custodian parent (unless otherwise noted by court order), legal guardian (unless otherwise noted by court order), or legal representative (within 14 days). The facility has a system in place to report criminal and administrative allegation of abuse to a State agency with the legal authority to investigate the report. As specified the, Staff and Agency Reporting Policy, prohibits staff from revealing any information related to a sexual abuse investigation, other than what is required for the treatment, incident review, or security decision-making purposes. The facility indicates that all reports of allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are all reported to the Fort Wayne Police Department, a State entity with the legal authority to investigate the reports on behalf of ACJC. This standard of compliance was verified through staff interviews and review of policies.

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Agency protection duties, Number 115.362, page 1, addresses the requirements of Standard 115.362. ACJC reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators from the Fort Wayne Police Department. During the past 12-month period the facility determined zero residents were subject to substantial risk of imminent sexual abuse. ACJC requires facility staff to immediately notify upper-level managers (PREA Coordinator, Director of Detention, Shift Supervisor or Chief Probation Officer) if a resident file an emergency grievance and alleges substantial risk of imminent sexual abuse. ACJC's notification period requires staff to take immediate action. The expedited action on the part of ACJC exceeds the timeframe of 48 hours as outlined in Standard 115.352. ACJC policy also indicates that a resident with an emergency grievance alleging substantial risk of imminent sexual abuse shall receive the initial and final response within 5 calendar days. A review of documentation related to grievances indicated there were zero grievances alleging sexual abuse/harassment filed within the last twelve months. Staff (random and specialized) interviewed stated if they were aware that a resident was subject to a substantial risk of imminent sexual abuse each affirmed that they would act immediately to protect the resident, contact the Shift Supervisor and document the incident. The staff training curriculum outlined what actions should be taken by staff if a resident is at substantial risk of imminent sexual abuse. Training acknowledgement rosters documentation support that PREA training initiatives took place at ACJC.

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

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

#### **115.363 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### **115.363 (b)**

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

#### **115.363 (c)**

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

#### **115.363 (d)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Reporting to Another confinement facility, Number 115.363, page 1, addresses the requirements of Standard 115.363. ACJC has a policy that requires the reporting of any PREA related allegation by a resident that occurred at another facility immediately to the facility Director of Detention. The Director of detention will notify the Agency Head of the facility where the abuse occurred immediately but within 72 hours of receiving the allegation. Allen County Juvenile Center would document the incident. By way of memorandum, Allen County Juvenile Center indicated that zero incidents of receiving an allegation that a resident was sexually abused while confined at another facility. The auditor verified the notification process with the facility Director of Detention and the PREA Coordinator. The facility Director of Detention and the PREA Coordinator confirmed that each administrator understood the notification process, and that such notification shall ensure that an investigation was initiated in accordance with the standard. The staff interviews and a review of the relevant policy confirm ACJC met the requirements for compliance with Standard 115.363.

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Reporting to Another confinement facility, Number 115.364, page 1, addresses the requirements of Standard 115.364. All random (11) and specialized (13) staff interviewed were knowledgeable concerning their duties as first responder and the actions necessary when learning of an allegation of sexual abuse/harassment. All staff (random and specialized) persons interviewed during the on-site audit review period, indicated as first responders, they would separate the residents, secure the area as a crime scene, not allow either (victim/accused) resident to destroy any physical evidence and notify the Shift Supervisor, the facility Director of Detention, PREA Coordinator, Director of Training and Security. In the past 12 months, the number of allegations received by ACJC that a resident was sexually abused was zero. Within the last year, there were zero (0) incidents requiring staff to act as a first responder to an allegation of sexual abuse/harassment (security or non-security staff). Interviews with staff (random and specialized) and an examination of documentation confirm compliance with Standard 115.364.

### Standard 115.365: Coordinated response

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

**115.365 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Coordinated Response to Reported Sexual Abuse, Number 115.365, page 1-2, addresses the requirements of Standard 115.365. The auditor verified that ACJC has an institutional coordinated response plan to act in response to a report of sexual abuse. The auditor interviewed (2) first responder during the onsite audit. The first responders, Shift Supervisors explained how they would coordinate actions in response to a reported incident of sexual abuse with medical, diagnostic staff, the investigator (DCS, Fort Wayne Police Department, Allen County Police Department), ACJC management and parents, guardian or legal representative. Staff (specialized and random) and service provider's interviewed confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. An examination of documentation also confirms compliance with requirements outlines in Standard 115.365.

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

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

**115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Preservation of Ability to Protect Residents from Contact with the Abuser, Number 115.366, addresses the requirements of Standard 115.366. The facility does not participate in collective bargaining. The facility director by way of memorandum indicated that the facility would not enter into an agreement that would limit the Allen County Juvenile Center's ability to remove alleged staff sexual abuser from contact with residents pending the outcome of a DCS or Columbus Police Department investigation or of a determination of whether and to what extent disciplinary actions are required or warranted.

### Standard 115.367: Agency protection against retaliation

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

### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Agency Protection Against Retaliation, Number 115.367, addresses the requirements of Standard 115.367. ACJC policy confirms the facility's intent to protect a resident or staff person from retaliation, the facility prohibits any type of retaliation against any staff or resident who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The PREA Coordinator is the designated retaliation monitor for the facility. During the onsite audit the PREA Coordinator confirmed that he would document and follow up on all potential cases of retaliation for up to 90 or beyond to ensure policy enforcement if the initial monitoring dictates the need for further monitoring. In addition, the PREA Coordinator (retaliation monitor) confirmed that he would conduct frequent periodic status checks on the resident or staff member, monitor incident reports, housing reassignments and negative performance reviews/staff job reassignments for up to 90 days or longer if further enforcement is needed. If there was a concern that there was a potential for possible retaliation, the PREA Coordinator indicated he would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the last 12 months. Facility compliance with Standard 115.367 was determined by a review of policy, staff interviews (random and specialized) to include the PREA Coordinator.

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Post-allegation Protective Custody, 115.368, page 1, addresses the requirements of Standard 115.368. This policy addresses the requirement of Standard 115.368 but is subject to the requirements outlined in Standard 115.342. The facility policy indicates that use of segregation for protecting a resident who alleged sexual abuse shall be accompanied by the resident having all rights, opportunities, and services offered to all residents unless except in exigent circumstances. Exigent circumstance that modify the resident rights while in segregation will documented in detail and approved by the facility Director of Detention and the PREA Coordinator. There were zero residents placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy during the onsite review period, random and specialized staff interviews couple with a memorandum from the Director of Detention validating involuntary segregation was not utilized to separate a resident victim from an abuser during this audit review period.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

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

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

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

#### 115.371 (d)

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

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

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

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  Yes  No

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Criminal and administrative agency investigations, 115.371, pages 1-3, addresses the requirements of Standard 115.371. The Fort Wayne Police Department conducts administrative and criminal investigations including third party reports and anonymous reports, that are reported by ACJC. During the audit review period there were no criminal prosecutions. Per the Director of Detention and ACJC, the facility cooperates fully with any entity with the legal authority to investigate abuse. The facility would begin the initial report as the first responder, protect the victim and secure the crime scene. The facility does not require any resident who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. To the extent of the facility's involvement in the investigative process the credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff person. There were zero (0) allegations of criminal/administrative sexual abuse reports made during the 12 months of this review period. This information was confirmed by interview with the PREA Coordinator and facility Director Detention Director during the onsite audit. Compliance with Standard 115.371 was determined by a review of the criminal and administrative investigations policy, staff interviews with the facility Director and the PREA Coordinator.

### Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Evidentiary Standard for Administrative Investigations, Number 115.372, pages 1, addresses the requirements of Standard 115.372. ACJC employs the evidentiary measure for this standard is the "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA Coordinator was aware of the evidentiary standard of measure requirement in determining whether allegations of sexual abuse/sexual harassment are substantiated.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Evidentiary Standard for Administrative Investigations, Number 115.373, pages 1, addresses the requirements of Standard 115.373. Allen County Juvenile Center refers all reports of sexual abuse criminal/administrative to Fort Wayne Police Department. There were zero (0) number of investigations of alleged resident sexual abuse in the facility

that were completed by an outside agency in the past 12 months therefore zero (0) residents were notified in the facility. The PREA Coordinator confirmed that policy requires staff to notify residents as to whether any allegations was determined to be substantiated, unsubstantiated, or unfounded. When the allegation involves staff, the resident would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted or convicted on a charge related to sexual abuse within the facility. The PREA Coordinator confirmed his understanding that all notifications or attempts to notify a resident shall be documented. ACJC compliance with Standard 115.373 was determined by a review of policy and staff interview.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Disciplinary Sanctions for Staff, Number 115.376, pages 1, addresses the requirements of Standard 115.376. All employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. In the past 12 months there has been zero (0) staff from ACJC were terminated or resigned in lieu of termination for violating the facility sexual abuse/harassment policies. Facility compliance with this standard was determined by a review of policy and interviews with the PREA Coordinator and Human Resource Manager. ACJC confirmed zero disciplinary sanction by way of memorandum.

**Standard 115.377: Corrective action for contractors and volunteers**

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

**115.377 (a)**

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

**115.377 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Corrective Action for Contractors and Volunteers, Number 115.377, pages 1, addresses the requirements of Standard 115.377. The Director of Detention memorandum confirmed no reports of alleged sexual abuse by volunteer of contractor, address the requirements of Standard 115.377. Any contractor or volunteer who engages in sexual abuse/harassment would be prohibited from contact with residents and would be reported law enforcement unless the behavior was not criminal. A report would also be given to any relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, ACJC would take appropriate remedial measures and consider whether to prohibit further contact with resident in the facility. During the previous 12-month review period there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at ACJC. Compliance with Standard 115.377 was determined by a review of the facility policy and the Director’s memorandum.

**Standard 115.378: Interventions and disciplinary sanctions for residents**

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

**115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  Yes  No

**115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Intervention and Disciplinary Sanctions for Residents, Number 115.378, pages 1, addresses the requirements of Standard 115.378. The Resident Handbook confirmed the facility policies address Standard 115.378. By way of memorandum, the facility Director of Detention confirmed that in the past 12 months, the number of residents placed in isolation for resident-on-resident sexual abuse was zero (0). The Resident Handbook outlines prohibited behaviors such as sexual relationships with another resident or staff person, and consensual sexual relation (staff or resident) are also prohibited acts. The facility affirms disciplining a resident for sexual contact with a staff member when the staff member did not consent to such contact. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between residents does not constitute sexual abuse. Coerced sexual activity does not constitute a disciplinary sanction for the behavior. Sanctions are 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. Residents are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Resident Detention Manual. Allen County Juvenile Center does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to the sexual misbehavior of the resident when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Facility compliance with this standard was determined by a review of the facility policies, documentation, staff (PREA Coordinator and Specialized Staff) and resident random interviews.

**MEDICAL AND MENTAL CARE**

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

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

**115.381 (a)**

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Medical and Mental Care, Number 115.381, pages 1, addresses the requirements of Standard 115.381. To measure compliance the auditor reviewed ten (10) risk screening instruments, conducted eight (10) resident interviews, interviewed Diagnostic Staff and the Nurse. A review of the facility's "Risk of Sexual Victimization" and "Risk

of Sexual Abusiveness” forms confirmed that residents who disclosed prior victimization during screening were offered a follow up screening with the medical or mental health practitioner within seven (7) days of arrival but always within fourteen (14) days of the intake screening. In the past 12 months, the percentage of resident disclosing victimization during screening who were offered a follow-up meeting with medical or mental health practitioners was 100 percent. Treatment services are offered without financial cost to the resident. As confirmed by observation and a review of intake screening documents, screening for prior sexual victimization was conducted by diagnostic staff as a part of the in-processing procedures. The facility in-processing procedure also screened for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, residents are offered a follow-up meeting with a mental health practitioner within seven days (7) but always with fourteen (14) days of the intake screening as outlined in Standard 115.381. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from a resident before reporting prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of eighteen (18). Facility compliance with standard was determined by a review of policy, review of documentation and staff and resident interviews.

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

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

#### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### **115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### **115.382 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Allen Superior Court-Family Relations Division, Allen County Juvenile Court Policy, Access to Emergency Medical and Mental Health Services, Number 115.382, pages 1, addresses the requirements of Standard 115.382. By policy, ACJC provides a resident of sexual abuse timely unimpeded access to emergency medical treatment, mental health treatment, crisis intervention and if needed transportation to a hospital in the community when health care needs exceed the level of care available within the facility. Victim advocacy is offered through community providers or trained staff members. There is no financial cost to the resident for any sexual abuse/harassment related incident such as medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. ACJC residents who are victim of sexual abuse is offered timely information about to on sexually transmitted infection and prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. There was zero (0) allegation of sexual abuse that required referral for forensic evidence collection by a SANE in the last twelve (12) months. ACJC compliance with this standard was determined by a review of policy documentation and a telephonic interview with a Sexual Assault Nurse Examiner, a community victim advocate and specialized medical and mental health practitioners.

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

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

#### 115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.383 (c)

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

#### 115.383 (d)

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

#### 115.383 (e)

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

#### 115.383 (f)

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

#### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Allen County Juvenile Center Policy, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Number 115.383, page 1-2, addresses the requirement of Standard 115.383. As confirmed by a review of the policy, the facility offers medical and mental health evaluation and as appropriate, follow-up services, and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The evaluation and treatment of such victims includes treatment planning and continued care and follow-up services if the resident is transferred to another facility or release from custody. The facilities have fully staffed medical and mental health departments and offer sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community. Resident victims, while detained, would be offered testing for sexually transmitted infections as medically appropriate. Treatment services are 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. Mental health evaluations are conducted on all known resident-on-resident abusers at least within 60 days of learning of such abuse history, but usually immediately when staff become aware of this information and offer appropriate treatment to the resident. Facility compliance with this standard was determined by a review of policy, review of documentation and interviews with specialized staff (medical and mental health).

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

##### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

##### 115.386 (b)

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

##### 115.386 (c)

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

##### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.386 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Allen County Juvenile Center Policy, Sexual Abuse Incident Reviews, 115.386, page 1-2, addresses the requirement of Standard 115.386. ACJC has a policy that mandates an incident review at the end of substantiated and unsubstantiated sexual abuse investigations but within 30 days of the conclusion of the investigation. Administrative and/or criminal investigations are completed on all allegations of

sexual abuse/sexual harassment by the Fort Wayne Police Department. Criminal investigations are referred to the Indiana State Police Department. ACJC incident review team includes members of upper management to include the facility Superintendent, Director of Detention, Director of Training and Security, PREA Coordinator, Shift Supervisor, medical and mental health practitioners and the investigator. The incident review team also allows input from ACJC line-supervisors. Interviews with the Nurse, Counselor and PREA Coordinator confirmed each team member could explain what considerations would indicate a need for a policy changes or change in a facility practice that would prevent, detect or improve the facility's response to sexual abuse. Answers for the team member included motivating factors such as gang activity, gender identification phobias, group dynamics. The team also decides as to whether additional monitoring technology or staffing should be added to enhance resident supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. In the past twelve (12) months, the number of criminal/administrative investigations of alleged sexual abuse completed at the facility excluding (1) unfounded investigations was zero (0). All required reviews by the team were completed within 30 days of the conclusion of all investigations. Compliance with this standard was determined by a review of policy, documentation, interviews with members of the incident review team such as the PREA Coordinator, and specialized interviews.

## Standard 115.387: Data collection

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

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

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

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Allen County Juvenile Center Policy, Data Collection, 115.387, page 1, addresses the requirement of Standard 115.387. As confirmed by a review of documents, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument with a defined set of definitions. Allen County Juvenile Center tracks information concerning sexual abuse using data from the facilities sexual abuse investigations. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. Allen County Juvenile Center aggregates and reviews all data annually. Upon request, Allen County Juvenile Center would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Facility compliance with standard was also determined by a review of policy, and a review of tracking documentation.

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

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

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Allen County Juvenile Center Policy, Data Collection, Number 115.388, page 1, addresses the requirement of Standard 115.388. Allen County Juvenile Center reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed.

ACJC uses the Department of Justice’s Survey of Sexual Violence (SSV) tool. The SSV in entirety is not posted on ACJC’s facility website however the entire is available upon request to the PREA Coordinator. The PREA Coordinator prepares and forwards a report to the ACJC Chief of Probation, Director of Detention, Director of Training and Security. The facility superintendent approves the report and makes the report available to the public through the facility’s website. The Annual Report was reviewed by the auditor. Facility compliance with this Standard 115.388 was determined by a review of policy, a review of data and interviews with the PREA Coordinator and the facility Director.

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

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

#### 115.389 (a)

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

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

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

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s*

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

Allen County Juvenile Center Policy, Data Collection, Number 115.389, page 1, addresses the requirement of Standard 115.389. By interview with the PREA Coordinator confirmed that all personal identifiers are removed from aggregated sexual abuse data before it is made available to the public. A review of the data on the website confirmed that personal identifiers were removed before the data was made available to the public. Facility data is maintained in locked files or on computer data bases with limited authorized access only and password protected. The required reports cover all data required in this standard and is retained in a secure file. Compliance with this standard was determined by a review of policy, documentation and staff interviews with the PREA Coordinator.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This is the first PREA audit for Allen County Juvenile Center, Fort Wayne, Indiana. ACJC allowed the auditor to conduct private interviews with both resident and staff during the onsite audit.

### Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

This is the first PREA audit for the facility therefore no final audit reports were issued in the last three years.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Sonya Love

05/04/2018

**Auditor Signature**

**Date**

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

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