

# PREA Facility Audit Report: Final

**Name of Facility:** STAR Community Justice Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 07/13/2023

**Date Final Report Submitted:** 08/16/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 08/16/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	06/12/2023
<b>End Date of On-Site Audit:</b>	06/14/2023

FACILITY INFORMATION	
<b>Facility name:</b>	STAR Community Justice Center
<b>Facility physical address:</b>	4696 Gallia Pike, Franklin Furnace, Ohio - 45629
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Redgie Arden
<b>Email Address:</b>	reggiearden@starcjc.com
<b>Telephone Number:</b>	740-354-9026 ext. 11

<b>Facility Director</b>	
<b>Name:</b>	Matt McClellan
<b>Email Address:</b>	mmcclellan@starcjc.com
<b>Telephone Number:</b>	740-354-9026 ext. 11

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

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	James Meyers
<b>Email Address:</b>	jmyers@starcjc.com
<b>Telephone Number:</b>	740-354-9026 ext. 11

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	384
<b>Current population of facility:</b>	330
<b>Average daily population for the past 12 months:</b>	329
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes

<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18 - 60+
<b>Facility security levels/resident custody levels:</b>	minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	158
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	22

### AGENCY INFORMATION

<b>Name of agency:</b>	STAR Community Justice Center Governing Board
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4696 Gallia Pike, Franklin Furnace, Ohio - 45629
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

### Agency Chief Executive Officer Information:

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Redgie Arden	<b>Email Address:</b>	reggiearden@starcjc.com
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0
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#### Number of standards met:

41
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#### Number of standards not met:

0
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-12
2. End date of the onsite portion of the audit:	2023-06-14

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Southern Ohio Medical Center- SANE services free of charge Shawnee Family Health Center- Mental Health and Victim Advocate services paid through STAR CJC

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	384
15. Average daily population for the past 12 months:	329
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	305
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The auditor requested a list from the facility of the identified special groups. Also discussed with staff if anyone in the special category was currently residing in the facility currently.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>158</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>20</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	5
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
<b>If "Other," describe:</b>	ORAS risk classification
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Ensured that residents were from different housing units, and dorms.



<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The number of random interviews was increased based upon the limited number of targeted interviews.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that were deaf/hard of hearing. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that is deaf/hard of hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that are Limited English Proficient. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that is Limited English Proficient.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that reported sexual abuse. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that reported sexual abuse.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor went on a tour during the onsite visit. The tour included areas of the facility that housed segregation cells. There were no residents in those cells.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The auditor addresses staff's experience with working with each targeted category. This allows the auditor to understand the facility's process for managing residents in these categories to assess the staff's training in ensuring all residents receive the benefits of the agency's policies, procedures, and practices in preventing, detecting, responding, and reporting sexual abuse and sexual harassment. During this process, the auditor will question if the facility has a resident currently in the building that is in the targeted group.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>The auditor ensured the staff interviewed also came from a variety of races, ages, and ethnicity when possible.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No



<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was able to view all areas of the facility. Every door was opened for the auditor to view, including maintenance areas and storage rooms. The auditor was also able to view the perimeter areas of the facility and out buildings.</p> <p>The auditor was able to view pat searches; processing residents in and out of the facility; informal interactions between staff and residents; formal interactions between staff and residents; monitoring stations; staff accessing different areas of the facility; electronic documentation process; count; posters; and tested reporting options.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The auditor was able to review additional documentation, including electronic documentation, during the onsite visit.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	2	1	2	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	2	0	2	1

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	3	0	3	0
<b>Total</b>	4	0	4	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	1	1

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	1	2	0
<b>Total</b>	0	1	3	0

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

**Sexual Abuse Investigation Files Selected for Review**

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

2

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The auditor reviewed all investigations for the past twelve months. 1 allegation was referred for a criminal investigation but was not referred for prosecution.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No



## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>STAR policy 6A-05 states that the facility has a zero tolerance standard for sexual harassment or sexual abuse toward residents. The facility informs all employees, residents, contractors, volunteers, and visitors that residents are not to be subject to sexual abuse and sexual harassment. The policy provides definitions of sexual abuse and sexual harassment.</p> <p>The policy describes ways residents and staff can report allegations of sexual abuse and sexual harassment. All allegations will be treated seriously and investigated thoroughly in a professional, confidential, and expeditious manner.</p> <p>The policy also prohibits retaliation against any individual who brings allegations of or who assist with the investigation of allegations of sexual abuse and sexual harassment.</p> <p>The facility will discipline staff and residents found to have violated agency policy on prohibiting sexual abuse and sexual harassment. Disciplinary action can include termination from employment (staff) or the program (residents).</p>

Policy 6A-05 requires the facility to have a PREA Coordinator who will assist the facility in putting procedures into place to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility's PREA Coordinator has been identified as the Compliance Manager. He is required to ensure the facility is complying with the PREA standards at both the Scioto and Athens campus. The facility provided the auditor with the job description for the Compliance Manager. His responsibilities include:

- Collaboration with managerial personnel in the development and implementation of standards, policies, and procedures
- Audit preparation and compliance
- Oversee preservice and in-service training to ensure all staff meet required training
- Collaborate with managerial personnel to ensure standards, policies, and procedures are up-to-date and effective
- Collaborate with managerial personnel to ensure effective implementation of general investigation protocols
- Provide guidance and direction on policy and procedure related to the standards
- Maintain incident report documentation
- Attend and participate in manager meetings
- Schedule and coordinate SART meetings
- Prepare reports to Director teams

According to the Table of Organization, the PREA Coordinator reports to the Community Justice Director. The auditor interviewed the Community Justice Director during the onsite visit. The Community Justice Director reports that the PREA Coordinator is new to the position but not to the facility, and he relies heavily on the guidance of the PREA Coordinator to ensure that both campuses are in compliance with the PREA standards.

The auditor also interviewed the agency's Executive Director. The Executive Director reports that the PREA Coordinator's main job duties include enforcement of the PREA policies and compliance with the standards; identifying deficiencies and making recommendations for improvement; and working with the PREA Compliance Manager at the Athens campus to ensure that the facility is also in compliance with the standards. The Executive Director states that while the PREA Coordinator reports to the Community Justice Director (who reports to the Executive Director), the Coordinator has the ability to come directly to him for any issue or concern.

The PREA Coordinator reports that he has sufficient time and authority to ensure that the facility is complying with the standards. He states that his responsibilities include updating policy and procedure; creating SOP's for each standard; conducting administrative investigations; and assisting the PREA Compliance Manager at the Athens location. His main responsibilities are ensuring compliance with PREA, ACA, and BCS standards.

	<p>The facility has an appropriate zero tolerance policy and a high level staff member acting as PREA Coordinator. The Coordinator has been given enough time and authority to ensure the facility is in compliance with the standards.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Table of Organization</p> <p>Job description</p> <p>Interview with PREA Coordinator</p> <p>Interview with Community Justice Director</p> <p>Interview with Executive Director</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility houses residents for the Ohio Department of Rehabilitation and Correction. The agency does not contract with other agencies/facilities to house residents.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents from sexual abuse. The plan is required to be reviewed at least annually and updated as necessary. In calculating adequate staffing levels and determine the need for video monitoring, the plan will take into consideration:</p> <ul style="list-style-type: none"> <li>• The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities;</li> <li>• The composition of the resident population</li> <li>• The prevalence of substantiated and unsubstantiated incidents of sexual abuse;</li> </ul>

- Any other relevant factors

The plan is developed and reviewed by the Director Team. The team meets quarterly to discuss the overall strength of operations, programming, and other support. The plan is updated as needs arise.

The team will review:

- The prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels

The auditor received a copy of the facility's staffing plan and annual review. The plan includes:

### **Layout of the facility**

The complex is made up of five buildings that site on 26 acres, surrounded by a 12-foot fence. The Administrative Building holds the administrative area, central control, intake, visitation, and medical. There are two buildings that hold resident housing units. Each building has three housing units (four male units and two female units), staff offices, and an indoor recreation/group room. Each housing unit has 24-2 bed rooms, 1 intake dorm (the intake dorm has a camera), bathrooms, laundry room, holding cell, staff offices, and a dayroom area. The complex has an education and vocation building, and a cafeteria. In addition to these buildings, the complex has a building that is empty that is being renovated. Once the renovation is complete, the female residents will be moved to this building and the current female housing units will be filled with males. Outbuildings on the complex include a maintenance and storage.

### **Composition of residents**

The facility serves adult male and female offenders. The facility has a rated capacity of 384 residents. The average daily population for the past twelve months is 329 residents- 220 males and 109 females. The average length of stay is 144 days. The current staffing level is adequate to secure the facility.

### **Incidents of sexual abuse**

During calendar year 2022, the facility had zero (0) substantiated allegations of sexual abuse and four (4) unsubstantiated allegations of sexual abuse.

Other relevant factors

The facility is still operating on limited COVID-19 protocols and has not opened up to in person visits.

**Deviations from the staffing plan**

In circumstances where the facility's staffing plan is not complied with, the PREA Coordinator or designee will complete and attach an addendum to the staffing plan that justifies the deviation. The PREA Coordinator reports that the facility has not deviated from the staffing plan.

**Prevailing staffing pattern**

The facility is staffed on average:

1st Shift begins at 0600; 2nd Shift begins at 1800

**Weekdays - 1st Shift:**

- Residential-12 Residential Security (1 Director, 2 Resident Managers, 2 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 2 Resident Specialist 'floaters')
- Programming - 35 Programming (1 Director, 3 Program Managers, 1 Clinical Coordinator, 1 ORAS Manager, 25 Program Specialist, 4 ORAS Specialists)
- Community Justice -12 Community Justice (1 Director, 1 Compliance Manager, 2 Community Justice Managers, 1 Intake Manager, 1 Compliance Specialist, 1 Community Justice Specialist, 6 Transportation Specialists)
- Reentry-18 Reentry (1 Director, 1 Vocation Manager, 1 Behavior Manager, 1 Reentry Manager, 1 Adult Diploma Instructor, 6 Behavioral Specialists, 7 Reentry Specialists)
- Administration - 9 Administration (1 Executive Director, 1 HR/Fiscal Director, 1 HR Manager, 1 Fiscal Manager, 1 Admin/HR Specialist, 2 Fiscal Specialists, 1 Resident Account Specialist, 1 Facility Specialist)
- Facility-19 Facility (1 Director, 1 Nurse Manger, 1 Maintenance Manager, 1 Kitchen Manager, 1 IT Coordinator, 1 Maintenance Coordinator, 1 Kitchen Coordinator, 2 Nurses, 3 Facility Specialists, 2 Maintenance Specialists, 1 Vocational Specialist, 4 Kitchen Specialists)

**Weekdays - 2nd Shift**

- Residential - 10 Residential Security (2 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 2 Resident Specialist 'floaters')
- All other departments - 0 after 1800 -unless working modified or irregular schedules

**Weekends - 1st Shift**

- Residential -10 Residential/Security (2 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 2 Resident Specialist 'floaters')

	<ul style="list-style-type: none"> <li>• Programming -1 Programming (1 Clinical Coordinator)</li> <li>• Reentry- 1 Reentry (1 Behavioral Specialist)</li> <li>• Facility- 2 Facility (1 Kitchen Coordinator, 1 Kitchen Specialist)</li> </ul> <p><b>Weekends - 2nd Shift</b></p> <ul style="list-style-type: none"> <li>• Residential - 10 Residential/Security (2 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 2 Resident Specialist 'floaters')</li> </ul> <p>The facility has a total of 170 cameras located throughout the facility. Security staff members who work central control are responsible for monitoring the cameras throughout the interior and perimeter of the complex. The Ohio Department of Rehabilitation and Correction is in the process of completing a camera network replacement project. In addition to camera surveillance, security staff are required to conduct security rounds in various intervals.</p> <p>At least annually, the Executive Director and PREA Coordinator will assess:</p> <ul style="list-style-type: none"> <li>• The staffing plan and make necessary changes</li> <li>• Prevailing staffing patterns</li> <li>• Facility’s deployment of video monitoring systems and other monitoring technologies</li> <li>• The resources available to commit to ensure adequate staffing levels as well as adhere to the staffing plan</li> </ul> <p>The facility provided the auditor with the staffing plan for the past three calendar years, facility floor plan, camera schematics, and staff schedule.</p> <p>Review:</p> <p>Staffing plan 2020, 2021, and 2022</p> <p>Floor plan</p> <p>Staff schedule</p> <p>Camera placement</p> <p>Tour of facility</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

The facility has a policy (2C-04-06) that states that all strip searches must be conducted by staff members of the same gender. The policy states that inspections of body cavities can only be conducted in private by a healthcare professional. The search will only be conducted when there is a reason to do so and when authorized by the facility administrator or designee. The facility prohibits cross-gender pat searches unless under exigent circumstances or when performed by qualified medical personnel. All cross-gender searches are to be documented.

The facility has Standard Operating Procedures (SOP) for a clothed (pat) and unclothed (strip) searches. Pat searches will be conducted within view of security cameras, and opposite gender staff do not search residents. The procedure for the pat search includes:

- Request all items be removed from pockets and if possible turn pockets inside out
- Check the contents of the resident's pockets for contraband
- Place open hands on the resident's shoulders and travel down both sides of the resident's arms and legs carefully checking for contraband
- Move hands around the resident's waistband and inspect any belt for hidden objects
- Searches also include the resident's shoes and socks

Strip searches are only conduct by staff members of the same gender of the resident and in a discrete area. The procedure for the strip search includes:

- Residents will empty their pockets and all items will be thoroughly inspected
- Residents will remove their clothing and each piece will be thoroughly inspected
- Resident will run fingers through their hair
- Staff will inspect behind the ears, nostrils, and mouth
- Staff will request the resident to raise their hands and turn around slowly
- Staff will visually inspect the groin area
- The bottoms of the foot will be checked
- The resident will be instructed to squat and cough

The auditor was given the facility's training curriculum and sign-in sheets for searches, including cross-gender searches and transgender/intersex searches. The training is provided annually to security staff. The training adequately prepares staff to conduct professional and respectful searches using trauma informed language and in the least intrusive manner possible. The facility prohibits searches of transgender and intersex residents for the sole purpose of determining genitalia.

The auditor interviewed twenty-six male and female residents during the onsite visit. The residents report receiving a strip search upon arrival to the facility be a staff member of the same gender. The residents state that while the strip search



was uncomfortable, the search was completed as expected and no staff member acted or said anything inappropriately during the search. The residents report that strip searches and urine drug screens are the only time a staff member has seen them in a state of undress.

The residents report that pat searches are also only conducted by staff members of the same gender. All residents report pat searches as being professional and respectful.

The facility had one transgender resident during the onsite visit. The resident reports receiving a strip search upon arrival, but no pat searches (the resident has been housed at the facility for approximately 15 days). The resident reports that the strip search was conducted by male security staff, and that the search was completed respectfully and professionally. The resident did not have any unaddressed concerns about the gender of staff that would be conducting the search or any future searches.

Residents are allowed appropriate levels of privacy while showering, changing clothes, or performing bodily functions. Staff of the opposite gender are required to announce their presence when entering areas where residents are likely to be showering, changing clothing, or performing bodily functions.

The facility has three male housing units and two female units. The units are contained within a male building and a female building. The buildings and the housing units are mirrors of each other. Each housing unit within the building can house 60 residents. The units have one intake dorm where residents are placed until all assessments are completed, and the facility can house them appropriately. The intake dorm has a camera and is set up dormitory style. The beds are around the perimeter of the room for clear line of site views into the room. The camera is monitored by the staff member assigned to the Control Center. The rest of the dorm rooms are situated around the perimeter of the dayroom. These are two-person rooms with a window in the door. Residents are instructed to complete all changing in the bathroom.

The housing units each have six bathrooms. The bathroom is single use and the residents are assigned a specific bathroom to use based on the location of their dorm room. The bathroom has a door with a window at the entrance. To the back of the bathroom is the shower that has block glass as a covering. There is also a sink, toilet, and urinal within the room. Residents are required to ask permission before using the bathroom. The auditor ensured that you cannot see into areas where residents may be using the toilet, showering or changing from the window.

The configuration of all the bathrooms allows for residents to shower, change clothing, and perform bodily functions with as much privacy as possible without comprising the safety of the facility.

The residents interviewed stated that during staff walk-throughs, opposite gender staff would ring the door-bell at the entrance door to the housing unit and then announce their presence before entering into the room. The residents reported that

the same gender staff always searched the bathroom area. No resident reported any incident of incidental viewing from a member of the opposite sex when questioned by the auditor. The auditor was able to witness the use of the doorbell as the cross-gender announcement during the onsite visit.

When questioned about the level of privacy in the bathroom due to the window in the door, all residents report that they are not allowed to walk near the bathroom.

They state that they must request permission from staff to use the restroom and must put their identification card on the outside of the door so that others know the bathroom is occupied. They report feeling comfortable using the bathroom and have never had an incident where another resident or a staff member has peeked in on them. The residents state that during intake, they are given a tour of their housing unit upon intake and are informed of the facility's policy of changing only in the bathroom.

During security staff interviews, staff indicated that they received annual training on how to conduct proper pat searches and strip searches. When discussing policies and procedures for pat searches, all interviewed stated that it is the practice of the facility to have at least one same gender staff working at all times in each housing unit and to allow the same gender staff conduct the search. The interviewed staff state that they do not conduct same gender searches. All male staff reported that at no time will they ever use their hands to pat search a female resident. All staff interviewed felt like the training was sufficient enough that they could conduct pat searches appropriately, including pat searches on transgender/intersex residents.

The facility is in the process of purchasing a body scanner. The scanner will allow the staff to conduct searches on residents that will limit the number of hand on pat searches and strip searches. The use of a body scanner will reduce the number of possible PREA allegations based on pat and strip searches.

All staff interviewed report being trained on the facility's policy on cross-gender announcements. The reporting ringing the doorbell that is located on the outside door to the entrance of each housing units before entering an opposite gender house. Staff who work in opposite gender housing units report that the bathrooms are single use, and they do not enter or look through the window when the residents place their ID badge on the outside of the door.

The facility houses transgender residents. The PREA Coordinator reports that when the facility gets information that a transgender or intersex residents will be arriving at the facility, the facility will begin to review all collateral information to start the process of developing a safety plan that will include where to house the resident and which gender staff should conduct searches. The facility will document any concerns the resident may have during the initial risk screening.

The current transgender resident has a private dorm within a male housing unit. All showers within the unit are single use. The resident did not report any issues or concerns with the dorm or bathroom during the interview.

Review:

	<p>Policy and procedures</p> <p>SOP's</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Transgender resident plan</p> <p>Facility tour</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1434 requires resident orientation to include education on the prohibition against sexual misconduct and provide information on how to identify and report such misconduct in the resident handbook. Residents will be given a pamphlet on sexual assault awareness and will sign an acknowledgement during the intake process. The PREA Coordinator will make proper provisions for residents not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information. The PREA Coordinator will ensure that all residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual misconduct. A resident interpreter, resident reader, or other resident assistant will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.</p> <p>The intake department is responsible for providing residents with initial PREA information. The Intake Manager reports that should a resident be limited English proficient, they would contact an appropriate translator using the list of approved translators from the Ohio Supreme Court. The facility provided the auditor with documentation of obtaining an Ohio Supreme Court interpreter to provide services for a resident that only spoke Spanish.</p> <p>She states that her or a staff member in the intake department will read and explain the resident's rights under PREA and all the ways to report to any resident that has</p>

a literacy or cognitive disability. The facility will ensure residents that are blind, deaf, or hard of hearing have the necessary auxiliary aids.

The residents participate in orientation group. During orientation group, the residents will review the resident handbook and watch the PREA education video produced by the Ohio Department of Rehabilitation and Correction (the auditor has reviewed the video). Afterward, the residents will be give facility specific information. The handbook is reviewed orally, page by page. The auditor interviewed several staff members responsible for resident orientation group. The staff members report that residents that have difficulties understanding any information presented during orientation and other educational or group programming, will receive individual instruction as needed. Any written material is reviewed orally with every resident, and written material can be translated in any language.

All residents are assigned a "Big" once assigned to a housing unit. The "Big" is responsible for providing guidance to the newly arrived residence. This includes educating the resident on where, how, and who to report PREA allegations, locations of reporting posters, using the kiosk to send private messages/file a grievance, and answer any questions on the daily running of the facility. This process provides another way for residents to receive PREA education, and be able to tap this resource at any time during their stay. Resident "Big" are not used to assist with any part of the investigation process.

The auditor interviewed residents that were identified as limited English proficient, deaf/hard of hearing, blind/low vision, cognitive disability, physical disability, and a mental disability. The residents report having the appropriate information to participate in or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The residents report having all information read to them at intake and again during orientation. No resident at the facility was identified as needing auxiliary or translation assistance on understanding the information due to being limited English proficient; deaf, hard of hearing, or blind; or having a cognitive disability.

The auditor was provided a resident handbook, pamphlets, and posters available to the residents which included options for those who are limited English proficient. The facility also ensures all information is read and explained to the residents at intake and orientation.

Review:

Policy and procedure

Ohio Supreme Court interpreter list

Interpreter request email

Interpreter services invoice

	<p>Resident handbook</p> <p>PREA posters and pamphlets</p> <p>PREA education video</p> <p>Interview with Intake Manager</p> <p>Interview with Intake staff member</p> <p>Interview with residents</p> <p>Interview with Resident Supervisors</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>STAR’s SOP-A013 focuses on the facility’s hiring guidelines. The SOP states that the facility does not hire or promote anyone who has engaged in sexual abuse in an institutional setting or who has engaged in sexual activity in the community facilitated by force, the threat of force, or coercion.</p> <p>The facility requires all applicants that are interviewed for positions that have contact with the residents to self-report whether they have:</p> <ul style="list-style-type: none"> <li>• Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution</li> <li>• Been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse</li> <li>• Been civilly or administratively adjudicated to have engaged in the previously described activities</li> </ul> <p>Employees annually affirm that they have not engaged in any of the above statements nor had any other contact with law enforcement. This is done in conjunction with annual performance appraisals.</p> <p>To ensure that the facility does not hire a prohibited applicant, the Human Resource department will screen all internal and external applicants and contract workers to ensure they meet the requirements and that any reported background issues do not disqualify them. All applicants and contractors must pass a criminal background check before being allowed to work with the residents. The criminal background checks will be completed by the Federal Bureau of Investigations and the Ohio Bureau of Criminal Investigations.</p>

The SOP states that all STAR employees are subject to updated background checks every five (5) years during their employment. The HR Manager runs a “date of hire” report annually and will create a list of employees who will receive an updated background check.

All applicants are asked during the interview to verify that they have not engaged in sexual abuse in an institutional setting or engaged in sexual activity in the community facilitated by force, the threat of force, or coercion. Applicants are informed during the interview that any material omissions regarding sexual misconduct, or the provision of material false information, would be grounds for termination. This information is also printed on employment applications.

The human resource department is responsible for contacting previous institutional employers and asking them to provide verification that the applicant was not the subject of a substantiated sexual abuse allegation or if the applicant quit during an investigation into allegations of sexual abuse. Documentation of the reference check is placed in the employee's file.

The Executive Director reports that all job openings will be offered to current employees through the facility’s email system. Emailed employment vacancies were provided to the auditor. Employees who wish to apply for the job will respond to the email with their letter of interest. Any employee that applies will have their personnel file reviewed for any past disciplinary actions and of their performance appraisals. Internal applicants will be interviewed, and all applicable information, including previous disciplinary actions, will be taken into consideration before a person is promoted.

The auditor reviewed twelve employee files during the onsite audit. The auditor reviewed the files for self-reporting information, reference checks from previous institutional employers, initial and updated background checks, promotions, disciplinary actions, annual performance appraisals, and zero tolerance acknowledgements. All files reviewed had the appropriate documentation.

All request for employment verification for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will 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.

Review:

Policy and procedure

Employee files

Background checks

Reference checks

Performance appraisals

	<p>Disciplinary action</p> <p>Job vacancy emails</p> <p>Interview questionnaire</p> <p>Interview with Executive Director</p> <p>Interview with Human Resource Department representative</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility is in the midst of modification of an existing facility. The facility is not currently being used by the facility, but will house female offenders once the modification is complete. The auditor was able to tour the facility during the onsite visit. The PREA Coordinator and Executive Director explained the plans for the facility and how the PREA Coordinator is directly involved in ensuring that any changes do not negatively impact the agency's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. There is not a projected date of completion at this point in the project.</p> <p>The facility has increased the number of cameras, and has had the camera system updated since the last PREA audit of the facility. The increase in cameras has limited the number of blind spot areas, while the update to the camera system has allowed the facility to review camera footage for longer playback periods of time.</p> <p>Review:</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy 6A-05 states that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated thoroughly in a professional, confidential, and expeditious manner by an administrative and/or criminal investigator. The facility is prohibited from conducting criminal investigations. The</p>

facility has a MOU with the Ohio Highway Patrol to conduct criminal investigations. The MOU states:

- All PREA incidents investigations will follow a uniform evidence protocol adapted from the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011.
- Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving suspected perpetrators.
- Investigators will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution
- Credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. Inmates who allege abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation
- Investigation will be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence with attached copies of all documentary evidence where feasible
- Substantiated allegations of conduct that appears to be criminal will be referred for prosecution
- The departure of the alleged victim or abuser from employment or control of the facility will not provide a basis for termination of an investigation

All allegations will be administratively investigated by a trained investigator. The facility has trained investigators. The training was provided by the Moss Group and/or ODRC. The facility provided the auditor a copy of the training certificates.

The PREA Coordinator reports that any resident who is a victim of sexual assault/abuse will be transported to Southern Ohio Medical Center (SOMC) for a forensic medical examination. The facility has a MOU with the hospital that states:

- SOMC will provide a trained Sexual Assault Nurse Examiner to any resident victim of sexual assault/abuse
- Hospital social workers will be provided to resident victims to assist with community referrals for aftercare services

Trained SANE's are able to perform forensic exams, offer specialized care and support, courtroom testimony, and aftercare services.

The facility has a MOU with Shawnee Family Health Center to provide services to residents who report being sexually assaulted/abused. The services include:



- Accompanying and supporting the victim through the forensic examination process
- Accompany and support the victim through investigatory interviews at the hospital, the facility, and police station
- Provide emotional support
- Provide crisis intervention
- Provide follow-up services

The agreement states that the facility will cover all financial cost as well as provide all transportation to and from Shawnee Family Health Center until necessary services conclude, or when the resident is no longer in the custody of the facility.

The facility provided the auditor with documentation of a resident requesting services after a strip search reminded the resident of past domestic violence experience.

The facility has several trained staff members that can act as victim support staff at the request of a resident. The facility offers these services to every resident victim. The training was provided by the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions.

The facility has provided the auditor with documentation of administrative investigator training and victim support training. The facility provided the auditor with MOU's for services with the Ohio Highway Patrol, Southern Ohio Medical Center, and Shawnee Family Health Center.

Review:

Policy and Procedure

MOU with OHP

MOU with Shawnee Family Health Center

MOU with Southern Ohio Medical Center

Email requesting victim support services

Training certificates

Interview with PREA Coordinator

Interview with Clinical Coordinator

Interview with victim support staff

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Facility policy 6A-05 states that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated thoroughly in a professional, confidential, and expeditious manner by an administrative and/or criminal investigator. The facility is prohibited from conducting criminal investigations. The PREA Coordinator reports that the Ohio Highway Patrol has the legal authority to conduct criminal investigations.

The agency post its investigatory policy on its website, <http://www.starjc.com/images/pdfs/ResidentPREAHandout.pdf>. The facility has had six allegations of sexual abuse or sexual harassment during the audit cycle.

Investigation #1: The facility received an allegation by a resident that a staff member made inappropriate sexual remarks to him. The allegations were administratively investigated and determined that the resident was working with others to damage the staff member's reputation. The allegation was determined to be unfounded, and the resident was disciplined for the patently false allegation.

Investigation #2: The facility received a resident third-party report that a staff member was making inappropriate comments towards a resident that appeared to him to be sexual harassment. During the administrative investigation, other residents reported the staff member often made inappropriate comments, but none of them were sexual in nature, only about the staff member's personal life. The allegation was determined to be unsubstantiated; however, the resident was offered victim support services, which the resident declined. The resident also declined to move to the Athens's campus. The staff member was terminated for violations of agency policy unrelated to the agency's PREA policies.

Investigation #3: A staff member overheard a conversation about a resident and an inappropriate sexual incident with another resident. The administrative investigator interviewed the alleged abuser, who admitted to the allegation. The abuser was placed in segregation until he was removed from the program. The allegation was not referred for a criminal investigation due to no criminal behavior being found.

Investigation #4: A resident made a verbal report to staff that his roommate sexually assaulted him. The alleged abuser was placed in segregation during the administrative investigation. The victim was taken to Southern Ohio Medical Center for a forensic medical examination by a SANE, and the Ohio Highway Patrol was called in to complete a criminal investigation. The residents in the allegation have conflicting statements about consent to the activity, and witnesses corroborated the abusers assertion that the activity was consensual. The allegation was determined to be unsubstantiated. The alleged abuser was removed from the facility and the alleged victim was offered victim services and transferred to the Athens's campus.

Investigation #5: The facility received a verbal report from a resident that another resident exposed himself in the dorm room. The administrative investigator

	<p>interview the alleged victim, witnesses, and the alleged abuser, as well as reviewed camera footage. The investigation was determined to be unsubstantiated. The alleged abuser was moved to another housing unit to ensure there would be no retaliation.</p> <p>Investigation #6: The facility received two allegations through the grievance system that a staff member watched them urinate. The administrative investigation interviewed the alleged victims, witnesses, and the alleged abuser. The investigation did not turn up any corroborating evidence, and the allegation was determined to be unsubstantiated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Agency website</p> <p>Interview with PREA administrative investigators</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policy 1433 states that the facility must ensure all staff members that have positions that have contact with residents will receive pre-service and in-service that addresses the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating facility policy and procedures.</p> <p>Staff complete training annually during STAR Academy and also through an online line training system (Relias). The facilitated training reviews the following training topics:</p> <ul style="list-style-type: none"> <li>• Agency zero tolerance policy</li> <li>• PREA Definitions</li> <li>• Purpose of PREA and national standards</li> <li>• Resident's rights to be free from sexual abuse and sexual harassment</li> <li>• Reporting, staff duties, and retaliation <ul style="list-style-type: none"> <li>◦ Methods of reporting</li> <li>◦ Dynamics of sexual abuse and sexual harassment in confinement</li> <li>◦ Staff responsibilities to detect, prevent, respond, and report</li> <li>◦ Staff duties post-report</li> <li>◦ Retaliation monitoring</li> </ul> </li> <li>• Unauthorized relationships (STARCJC policy 1428)</li> </ul>

- Policy/purpose
- Definitions
- Procedure
- Reporting/investigating
- Culture of safety
  - Meaning
  - How does STARCJC accomplish this culture
  - Ways to improve

The auditor received a copy of the PowerPoint used for the training.

The training received through the online Learning Management System, Relias, includes the following topics:

- PREA and how it defines sexual abuse and sexual harassment
- Liabilities, policies, and requirements
- PREA Coordinated Response plan
- Working with women offenders in correctional institutions
- Communication with LGBTI populations

In addition to ensuring the training provided to staff meets the standard, the agency also provides employees with training that improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. The additional training topics include:

- Confidentiality/informed consent/mandated reporting
- Behavioral Health Services
- Maintaining professional boundaries
- Monitoring resident movement
- Ohio Ethic's Law
- Preventing and responding to emergencies
- Professional ethics in corrections
- Resident handbook
- Suspicious activity
- Verbal communication skills
- Use of segregation cells

Onboarding training for new employees include the following training topics:

- STAR core competencies and community culture
- Code of ethics policy
- Confidentiality
- Forbidden transactions
- Communication -vs- Over familiarity
- Unauthorized relationships
- Resident's rights

- Count procedures
- Camera review
- Security rounds
- Levels of intervention
- Segregation procedures

The auditor review twelve agency employee files during the onsite visit. During the file review, the auditor was able to verify staff received all required training and additional training related to complying with the PREA standards. The agency provides this training annually.

The auditor interviewed staff from operations, programming, and administration on the PREA training provided by the agency. All staff members were able to discuss the training provided at varying levels. With some prompting, the staff were able to identify details of their training that includes first responder duties, pat searches, reporting options for residents and requirements for staff, retaliation monitoring, and providing support. Staff that had specific responsibilities, such as conducting assessments, were trained to conduct the instrument properly.

Because the facility houses both male and female residents, the staff are trained on detecting and responding to abuse with both populations.

Review:

Policy and procedure

Training records

Training curriculum

Training report

Training sign-in sheets

Acknowledgements

Training PowerPoint

Employee files

Interview with PREA Coordinator

Interview with staff

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policy 1433 requires contactors and volunteers to also receive training appropriate enough to address the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating the facility's policies and procedures. The training includes:

- Agency zero tolerance policy
- Adhering to the policy by ensuring that their conduct does not constitute or promote sexual abuse not in any other way violate the provisions of these procedures
- Immediately reporting any known or suspected act, or allegation, or sexual abuse or retaliation to the Corrections Administrator through the appropriate chain of command

Contractors, volunteers, and interns are provided with training and must complete a training checklist. The training on the checklist includes:

- Cross gender supervision
- Communication -vs- Over familiarity
- Unauthorized relationships
- Dealing with sexual harassment
- PREA

After completion of training, contractors, volunteers, and interns are required to sign an acknowledgement of receiving training and adhering to the agency's zero tolerance policy.

The facility did not have a contractor, volunteer, or intern at the facility during the onsite visit.

In addition to providing appropriate training for volunteers, contractors, and interns, the facility requires everyone who enters the facility to read the agency's zero tolerance policy and sign an acknowledgement of having read the policy. The auditor signed this acknowledgement each day, entering the facility.

The agency provided the auditor with the contractor, volunteer, and intern training checklist, as well as signed acknowledgement of receiving training.

Review:

Policy and procedure

Training checklist

Zero tolerance acknowledgement

Interview with PREA Coordinator

<b>115.233</b>	<b>Resident education</b>
	<p data-bbox="280 188 981 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1437 456">Policy 1433 requires oral and written information to be given to all residents upon their arrival to the center which explains the facility's zero tolerance policy regarding sexual misconduct and includes:</p> <ul data-bbox="352 528 754 685" style="list-style-type: none"> <li>• Prevention</li> <li>• Self-protection</li> <li>• Reporting</li> <li>• Treatment and counseling</li> </ul> <p data-bbox="280 725 1481 969">Upon arrival at the facility, residents are provided with the agency's zero tolerance policy and must sign an acknowledgement. They are also provided a PREA brochure produced by the Ohio Department of Rehabilitation and Corrections. The brochure provides the residents with information on normal thoughts, feelings, and behaviors of sexual assault victims, and the possible disciplinary and health consequences of engaging in prohibited behavior.</p> <p data-bbox="280 1010 1437 1081">All residents are provided a Resident Handbook at intake. The handbook contains PREA Guidelines for residents. The guidelines include:</p> <ul data-bbox="352 1153 1437 1771" style="list-style-type: none"> <li>• Zero tolerance statement</li> <li>• Right to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse and sexual harassment</li> <li>• Reporting options <ul style="list-style-type: none"> <li>◦ verbal</li> <li>◦ in writing</li> <li>◦ outside agency hotline</li> <li>◦ internal hotline</li> <li>◦ emailing the PREA Coordinator</li> <li>◦ anonymous reporting</li> <li>◦ third-party (friends and family)</li> </ul> </li> <li>• Prevention and detection methods</li> <li>• Treatment options available free of charge</li> <li>• Investigation information</li> <li>• Retaliation monitoring</li> </ul> <p data-bbox="280 1812 1318 1883">The handbook also provides information and instructions on the agency's disciplinary procedures and grievance process.</p> <p data-bbox="280 1924 1469 2083">Policy 1434 states that within 30 calendar days of arrival, all residents will be provided with comprehensive education either in person or through video regarding their rights to be free from sexual misconduct, from retaliation for reporting sexual misconduct. All new residents will participate in a five-day orientation class.</p>

- Day two - qualified rights, mail, and telephone procedures.
- Day three - program expectations, levels of intervention (sanctions), and disciplinary procedures
- Day four - grievance procedure, rules, expectations, and guidelines
- Day five- PREA (handbook information and video)

Residents are required to sign a “resident orientation and decision point tracking sheet” after each orientation class, and must pass an orientation test which includes questions related to the PREA standards.

The PREA Coordinator will ensure that all residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual misconduct. A resident interpreter, resident reader, or other resident assistant will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.

During orientation group, the residents will review the resident handbook and watch the PREA education video produced by the Ohio Department of Rehabilitation and Correction (the auditor has reviewed the video). Afterward, the residents will be give facility specific information. The handbook is reviewed orally, page by page.

The auditor interviewed several staff members responsible for resident orientation group. The staff members report that residents that have difficulties understanding any information presented during orientation and other educational or group programming, will receive individual instruction as needed. Any written material is reviewed orally with every resident, and written material can be translated in any language.

All residents are assigned a “Big” once assigned to a housing unit. The “Big” is responsible for providing guidance to the newly arrived residence. This includes educating the resident on where, how, and who to report PREA allegations, locations of reporting posters, using the kiosk to send private messages/file a grievance, and answer any questions on the daily running of the facility. This process provides another way for residents to receive PREA education, and be able to tap this resource at any time during their stay.

The auditor interviewed targeted residents from standard 115.216 and non-targeted residents. All residents interviewed reported receiving information concerning PREA at intake, and that staff reviewed this information with them verbally. The residents also confirm receiving formal PREA education during orientation group. The residents were able to discuss their rights, how to report, the ways available to report, and the free services offered. Most of the resident report being familiar with PREA from their stay in a state correctional facility, but understood the facility's responsibility in ensuring they had appropriate PREA education specific to this facility.

Residents that are or have been “Big” peers, report what information they are



	<p>responsible for ensuring the “Little” peer assigned to them. These residents report that they review the resident handbook, use of facility phones and kiosks, and location of PREA posters and grievance box. All residents report receiving a “Big” peer upon intake.</p> <p>The auditor was provided a resident handbook, pamphlets, and posters available to the residents which included options for those who are limited English proficient.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>PREA posters and pamphlets</p> <p>Resident files</p> <p>PREA education video</p> <p>Interview with residents</p> <p>Interview with PREA educators</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Agency policy 1434 requires all administrative investigators to receive specialized PREA investigation training prior to conducting an investigation. The training curriculum must include:</p> <ul style="list-style-type: none"> <li>• Techniques for interviewing sex abuse victims</li> <li>• Proper use of Miranda and Garity warnings</li> <li>• Sexual abuse evidence collection in confinement settings</li> <li>• Criteria and evidence required to substantiate a case for administrative action or prosecution referral</li> </ul> <p>The auditor reviewed the training curriculum which was provided by the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions. The training is appropriate for this standard.</p> <p>The auditor interviewed several administrative investigators. The investigators report the training they received included techniques such as trauma informed care, evidence collection (except in case of sexual assault), proper documentation, and identifying the proper outcome determination. The investigators understand the</p>

	<p>Garity process; however, the PREA Coordinator (an administrative investigator) reports that the facility would not interview staff if the allegation appears to be criminal in nature.</p> <p>The PREA Coordinator reports that any allegation that look like it involves criminal behavior will be referred to the Ohio Highway Patrol for a criminal investigation before an administrative investigation will be completed. The facility has a MOU with this agency.</p> <p>Review:</p> <p>Administrative investigator training curriculum</p> <p>Administrative investigator training certificates</p> <p>MOU with Ohio Highway Patrol</p> <p>Interview with administrative investigators</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility requires its medical and mental health staff to complete the required PREA employee training (see standard 115.231) as well as specialized training that includes:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual abuse and sexual harassment</li> <li>• How to preserve physical evidence of sexual abuse</li> <li>• How to respond effectively and professionally to victims of sexual abuse and sexual harassment</li> <li>• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment</li> </ul> <p>The facility does not allow the medical staff to conduct forensic medical examinations. Any resident who is sexually abused or assaulted while at the facility will be taken to Southern Ohio Medical Center for that type of examination.</p> <p>The auditor interviewed a nurse and Clinical Coordinator during the onsite visit. Both staff members reporting receiving both employee PREA training during STAR academy and receiving specialized training from the NIC training website. The training includes:</p>

	<ul style="list-style-type: none"> <li>• PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>• PREA 201 for Medical and Mental Health Practitioners</li> </ul> <p>Both practitioners state understanding the signs of sexual abuse and their mandatory reporting obligations.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training curriculum</p> <p>Training certificates</p> <p>Interview with nurse</p> <p>Interview with Clinical Coordinator</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1434 required all residents to receive a screening to appraise a resident’s potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The assessment is required to be completed within the first 72-hours of intake, upon transfer from another facility, 30-days after arrival, and as needed based on new information or a substantiated allegation. The facility collects the following information:</p> <ul style="list-style-type: none"> <li>• Whether the resident has a mental, physical, or developmental disability</li> <li>• The age of the resident</li> <li>• The physical build of the resident</li> <li>• Whether the resident has previously been incarcerated</li> <li>• Whether the resident’s criminal history is exclusively nonviolent</li> <li>• Whether the resident has prior convictions for sex offenses against an adult or child</li> <li>• Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming</li> <li>• Whether the resident has previously experienced sexual victimization</li> <li>• The resident’s own perception of vulnerability</li> <li>• Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse</li> </ul>

The policy does not allow the facility to discipline residents who refuse to answer or do not disclose information regarding a physical, mental, or developmental disability; LGBTI identity; past victimization, or own perception of vulnerability.

SOP- C002 states that:

- The PREA screening should model a conversation between staff member and resident, with the staff member asking the resident each question and noting any pertinent information obtained through follow-up questions. Staff are not to give the resident the assessment to be completed on their own
- For any question answered “yes” by the resident, additional details are to be noted in the notes section of the assessment, using additional sheets if necessary
- Upon completion of the assessment, the resident is to sign and date the assessment, followed by the staff member conducting the assessment
- Based on all information obtained and criteria met, staff will then classify the resident as either *Possible Victim*, *Possible Predator*, or *None*.

The facility provided the auditor with initial and 30-day assessments through the OAS. The assessments have all the required questions per this standard. The assessment, however, does not have a scoring system that would allow the instrument to be considered objective. During the interview of the ORAS Manager, she reports that she trains all staff that conduct the risk assessment on how to review the form with residents and assess the resident for proper classification. Classification categories include:

- possible victim
- possible predator
- no classification

The ORAS manager states that when conducting risk assessments, she tries to cultivate a judgement free zone and let the residents know she is only concerned about their safety. She tries to complete the form within the first 24-hours, but before the 72-hours. The initial assessment form is given to the reentry specialist, who then conducts the 30-day reassessment.

SOP- C002 states that:

- The staff member conducting the reassessment will ask the resident each question once again to see if there is any additional information reported or changes to previous answers provided by the resident
- For any questions answered “yes” by the resident or new information provided, details are to be noted in the notes section of the assessment, using additional sheets, if necessary
- Based on all the information obtained, and additional criteria met, staff will then, if necessary, reclassify the resident as either a *Possible Victim*,

*Possible Predator, or None.*

- Completed reassessments will be scanned and uploaded into the resident's Correct Tech file by the designated staff member

The reentry specialist reports that she received training on how to complete the assessment from the ORAS Coordinator. She states that the training included the Coordinator shadowing her when conducting screenings and reviewing afterward. She states that she reviews the initial assessment and any additional information since the resident arrived, before sitting down with the resident. She states that if a resident reports previous abuse, she will identify the resident as a potential victim, and report to her supervisor the classification.

The auditor reviewed resident electronic files during the onsite visit. The files had uploaded initial and 30 day reassessments. The assessments were completed within the appropriate time requirements, and had a documented QA review. Classification was noted on the form.

The PREA Coordinator reports that as part of his quality assurance duties, he completes a tracking spreadsheet that captures the resident's intake date and completion dates of the assessments to ensure assessments are completed within the required period of time. The facility provided a copy of the tracking database to the auditor.

The auditor interviewed residents during the onsite visit. The residents have had an initial assessment, and some interviewed had both an initial and a reassessment. All residents report having the questions read to them and that they understood the purpose of the assessment. No resident reporting feeling uncomfortable with the questions or refusing to answer. Residents report having to sign and date after completing the assessment, and receiving feedback from the staff member on the classification results. Residents that had a special classification were able to discuss the reason for the classification and the safety precautions.

SOP - C002 requires the information collected to remain confidential and only be shared with personnel who have a professional justification to receive it. This information will be used to inform housing, bed, work, education, and program assignments with the goal of separating those residents at high risk for abusiveness from those at high risk for victimization. The forms are scanned and stored electronically in the facility's resident database system. Access to the information on the form is limited to treatment providers.

**CORRECTIVE ACTION:**

Provision (C) of the standard requires the facility use an objective screening instrument. The instrument used by the facility does not have a scoring system and depends upon the judgement of the staff member to classify the resident as a possible victim, possible, predator, or no classification. The facility will need to modify their current instrument to include an appropriate scoring system to ensure residents are classified in a uniform manner and the correct classification can be

	<p>applied.</p> <p><b>FACILITY RESPONSE:</b></p> <p>The facility has updated their screening tool. The tool now has objective guidelines and language for staff to use in order to classify a resident as potential victim or potential abuser. The tool also has a section where staff are to document accommodation strategies and recommendations for any resident that has been classified as a potential victim or potential abuser. The facility provided the auditor with updated screens for the months of June-July.</p> <p><b>Review:</b></p> <p>Policy and procedure</p> <p>Initial risk assessments</p> <p>30-day risk assessments</p> <p>Quality assurance tracker</p> <p>Correct Tech resident database</p> <p>Interview with ORAS Manager</p> <p>Interview with Resident Specialist</p> <p>Interview with PREA Coordinator</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1434 states that the information from the risk screening will be used to ensure the safety of each resident and inform housing, bed, work, education, and program assignments. Residents that have been identified as vulnerable to sexual victimization or sexually predatory behavior will be reported to the Operations Director. The Operations Director will inform staff who will assist in ensuring residents who are at risk of victimization are kept separate from those at risk for sexually abusive behavior.</p> <p>The facility has the capabilities of separating based on housing unit and dorm room. The selected dorm room will be in proximity to the staff desk for easy observation. The facility can also make their two bed dorms be a single use dorm if necessary. In addition to the housing precautions, the facility has multiple programming</p>

options so as not to assign those with opposing risk classification to the same schedule. Residents attend groups and classes based upon their housing unit. The facility would keep separate the risk classifications based on housing unit, which would automatically keep the classifications separate for work, programming, and education assignments.

The residents that were identified as at increased risk for victimization were in dorm rooms that were easily visible to staff. Residents that are in the intake dorm, are in beds that are easily visible on camera.

The Operations Director reports to the auditor that residents will be moved to a bed that is near the post desk or in direct site of a camera at any time during the resident's stay if that resident needs to be monitored more closely by staff.

Residents that have been identified as at high risk, will meet with the facility's Clinical Coordinator. The Clinical Coordinator will conduct an interview with the resident and may offer individual or group therapy. Treatment groups offered include seeking safety, anger management, and PTSD. The Coordinator reports to the auditor that she will meet with residents who are identified as high risk during the assessment and discuss any concerns. She reports that either through the facility or community referral, the resident can deal with any underlying issues. All treatment related to sexual abuse or sexual harassment will be at the discretion of the resident.

SOP-A020 is the facility's LGBTI Safety Plan. The facility does not have a dedicated facility, unit, or wing that solely houses residents that identify as lesbian, gay, bisexual, transgender, or intersex. The facility recognizes that residents that do identify as LGBTI or gender non-conforming are at higher risk for victimization and has developed a plan to ensure the resident's safety.

Any resident that has been identified as transgender or intersex will have a safety plan developed. The resident would be allowed to express their preferred pronoun. The facility has single use showers and the capabilities of single occupancy dorm rooms. The PREA Coordinator reports that during the initial evaluation process, the resident would be assessed to determine if they are appropriate for placement in the facility. During these assessments, facility administrators would determine if placement would present management or security problems, especially when determining whether to assign a transgender or intersex resident to a male or female housing unit.

The facility is currently housing a transgender resident. The auditor interviewed the resident during the onsite visit. The resident stated that she was asked which pronouns were preferred when she completed her initial risk assessment. She reports that she was not necessarily asked her concerns with respect to her own safety while being housed in the facility. She reports that she is in "general population" with everyone, but has her own dorm room. She reports that she would like a roommate, but is ok with her accommodations as is. The resident reports that she has not had any safety concerns, and no one (staff or residents) have harassed her in any way. She feels comfortable in the facility and would report any sexual

abuse or sexual harassment to staff or through anonymous reporting.

The auditor interviewed any resident that identified as LGBTI during the onsite visit. The residents were questioned on any incidents of bullying, harassment, or discrimination. The residents report that at no time did they feel bullied, harassed, or discriminated against. All residents were complimentary of the staff and the efforts to provide a safe and secure environment. No resident reported being housed in a dorm or housing unit based on their gender identity or sexual preference.

The auditor completed a web search to ensure the facility was not under consent decree, legal settlement, or legal judgment. The auditor did not find any such reports.

**CORRECTIVE ACTION:**

The facility is required to take under consideration the resident's own views with respect to his or her own safety. Facility will need to document the concerns voiced by the resident and what accommodations can be made based on those considerations. Considerations must be within the safety, security, and manageability of the facility.

**FACILITY RESPONSE:**

The facility has updated their screening tool to include a section where the screener is to document a transgender or intersex resident's concerns and preferences. The tool also has a section where the facility will document accommodation strategies and recommendations. The facility provided the auditor with screens for the months of June-July using the updated tool.

**Review:**

Policy and procedure

Initial and 30 day risk assessments

Email for transgender housing

Email for transgender pronouns

Interview with Clinical Coordinator

Interview with Operations Director

Interview with PREA Coordinator

Interview with transgender residents

Interview with lesbian, gay, and bisexual identified residents



<b>115.251</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1452 542">Policy 1434 requires the facility to provide residents with multiple ways, internally and externally, to privately report allegations of sexual abuse and sexual harassment. During intake, residents are given a pamphlet on sexual assault awareness and a resident handbook. The pamphlet provides the following options for residents to report sexual abuse or sexual harassment:</p> <ul data-bbox="354 609 1142 936" style="list-style-type: none"> <li>• Verbally to any staff member</li> <li>• In writing to any staff member</li> <li>• Internal reporting line - 740-354-9026 x1160 or 1105</li> <li>• External hotline number - 614-728-3155</li> <li>• Email- rarden@starcjc.com</li> <li>• Resident kiosk system</li> <li>• Resident grievance system</li> <li>• Friends and family can report on your behalf</li> </ul> <p data-bbox="280 976 1468 1012">*there is no cost to call the internal or external reporting lines from resident phones</p> <p data-bbox="280 1048 1481 1164">The facility has privacy screens in front of the video phone system to allow residents to speak privately for reporting allegations or speaking to emotional support services.</p> <p data-bbox="280 1200 1069 1236">The handbook contains the same reporting information.</p> <p data-bbox="280 1272 1455 1473">The auditor verified that the methods available to residents were posted in various areas throughout the facility and listed in the resident handbook. The facility has posted PREA reporting posters in English and Spanish that provide residents information on reporting numbers and email address to internal and external entities.</p> <p data-bbox="280 1509 1452 1836">The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions Assistant Chief. He verified receiving the auditor’s call and ensuring all calls are taken seriously. He states that the hotline number has not received a call from this facility during the past twelve months.</p> <p data-bbox="280 1872 1378 1998">The auditor has also tested the internal hotline number that is posted on the agency’s website as one of the third party reporting options, as well as to the residents on facility posters.</p> <p data-bbox="280 2033 1420 2069">The residents report that during intake, orientation, and their three-day resident</p>

	<p>peer partnership, they are given information on how to report allegations of sexual abuse, sexual harassment, and retaliation. The residents report that the “Big” peer is responsible for pointing out PREA posters and reviewing the reporting process. The residents state that they feel safe in the facility and that they have a staff member identified they would feel comfortable reporting an allegation. The residents state upon arrival they receive written documentation on reporting options and know that they can make an anonymous report. When questioned about anonymous reporting, the residents state they understand all ways of reporting, including anonymously, to any staff member, in writing, or through a third-party (family members).</p> <p>The facility had several allegations that were reported by residents. These allegations were reported verbally to staff members, and all received an administrative investigation.</p> <p>According to the employee handbook, staff, once aware of any behavior that is in violation of the agency's Zero Tolerance or Unauthorized Relationship policy, must immediately report such behavior to their immediate supervisor. Failure to report could implicate staff as complicit in the behavior and share in responsibility.</p> <p>All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. The staff stated they felt comfortable privately reporting to their supervisor or the PREA Coordinator.</p> <p>Review:</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a grievance policy and will accept allegations reported through that mechanism; however, the process for addressing resident grievances regarding sexual abuse is outlined in facility policy 1433 and 1434. The facility does not have an explicit administrative remedy policy.</p> <p>Review</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1458 624">The facility has a Memorandum of Understanding with the Shawnee Family Health Center to provide outside confidential emotional support services. The nature and scope of which will be determined by the practitioner's professional judgement. STARCJC will be responsible for covering all financial cost as well as transportation until necessary services conclude, or when the resident is no longer in the custody of STARCJC. The facility provides the telephone number and address of the agency and education on the limitation of confidential services provide by the agency.</p> <p data-bbox="280 667 1410 741">In addition to contact information to Shawnee Family Health Center, the agency provides the following emotional support and rape crisis information:</p> <ul data-bbox="352 808 1382 965" style="list-style-type: none"> <li>• Ohio Department of Rehabilitation &amp; Correction Sexual Assault Hotline</li> <li>• Ohio Division of Parole &amp; Community Services PREA Hotline</li> <li>• Ohio Alliance to End Sexual Violence</li> <li>• Sexual Assault Network of Central Ohio</li> </ul> <p data-bbox="280 1008 1477 1126">This information is listed in the information provided to the residents at intake, during orientation, inside the resident handbook, and on posters. The residents sign and date acknowledgement forms of receiving this information.</p> <p data-bbox="280 1169 1477 1451">The facility provided the auditor with brochures, posters, and handbook given to the residents during intake. The brochure provides the name, contact numbers, and mailing address of local, state, and national rape crisis organizations. The Behavior Specialist reports informing the residents that communication between these organizations will be provided in the most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters during orientation group.</p> <p data-bbox="280 1494 1458 1610">The auditor was able to see the posters throughout the facility and in each housing unit during the onsite visit. The auditor also reviewed resident files and verified residents received and acknowledged receipt of this information.</p> <p data-bbox="280 1653 1458 1767">The residents reported during interviews that the facility has provided them with supportive services information during orientation group and that services could be access free of charge.</p> <p data-bbox="280 1809 1445 1957">The facility provided the auditor with investigation reports that document services were offered to residents after an incident of sexual harassment or sexual abuse. Residents are also able to contact these resources without the assistance of STARCJC staff.</p> <p data-bbox="280 2000 389 2033">Review:</p>

<p>Policy and procedure</p> <p>MOU with Shawnee Family Health Center</p> <p>PREA Posters</p> <p>PREA brochure</p> <p>Resident handbook</p> <p>Investigation reports</p> <p>Interview with residents</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility is required to distribute information to the public on how to report incidents of sexual abuse and sexual harassment on behalf of a resident. When the facility receives an allegation through a third-party reporter, the information will be immediately reported to the PREA Coordinator.</p> <p>The auditor reviewed the facility's website, <a href="http://www.starjc.com/images/pdfs/ResidentPREAHandout.pdf">http://www.starjc.com/images/pdfs/ResidentPREAHandout.pdf</a>, and was able to see the posted information on how a third party can report an allegation. This information is also on posters located in conspicuous places throughout the facility, including the visitation room. The information on the website and posters includes:</p> <ul style="list-style-type: none"> <li>• Verbally to any staff member</li> <li>• In writing to any staff member</li> <li>• Internal reporting line - 740-354-9026 x1160 or 1105</li> <li>• External hotline number - 614-728-3155</li> <li>• Email- reggiearden@starjc.com</li> </ul> <p>The auditor was able to see various posters in the visiting area during the facility tour.</p> <p>The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and that all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions, Assistant Chief. He verified receiving the auditor's call and ensuring all calls are taken seriously.</p> <p>The facility received third party reports from other residents, but did not receive a</p>

	<p>third party report from an outside person or agency. The PREA Coordinator reports that any allegation, even from third parties, will be administratively and/or criminally investigated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Facility tour</p> <p>PREA Posters</p> <p>Outside reporting hotline</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
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115.261	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 1433 states that staff must report any knowledge of sexual abuse, sexual harassment, or retaliation or any suspicion of sexual abuse, sexual harassment, or retaliation. This includes reports made to a staff member by a third party. The policy states that staff will not reveal information related to the report/allegation except to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>The facility’s Unauthorized Relationship policy requires any employee who becomes aware or reasonable suspects that another employee is involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to the Executive Director. A failure to report such information may result in disciplinary action.</p> <p>The facility reviews PREA reporting policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. These policies are considered as mandatory “read and sign” document at the start of employment, and mandatory annual retraining thereafter.</p> <p>The auditor reviewed twelve employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgement.</p> <p>All staff interviewed during the onsite visit, including the Executive Director, state</p>

that the safety of the residents is their highest priority and reporting information, suspicions, and allegations from residents or third parties would be done immediately. Line staff state that they would report this information to their immediate supervisor or the manager on call. Treatment and administrative staff state they would report this information directly to the PREA Coordinator. The staff state that the facility trains staff on recognizing “red flag” behavior, and they feel comfortable reporting this behavior either directly to the staff member (depending upon the severity of the situation) or going to their supervisor. A few staff members were able to discuss their experience with reporting either allegations that were reported to them and/or suspicions they had about behavior they witnessed. The auditor was able to verify some of these reports with the administrative investigations reviewed.

The policy requires the facility to report all allegations involving a minor or vulnerable adult to the appropriate local or state service agency. The Nurse Manager and the Clinical Coordinator both report informing residents of their obligation to report allegations of sexual abuse and sexual harassment, and other limitations of confidentiality. The Behavior Specialist reports that during orientation group, she explains to the residents the terms of informed consent and the limitations of staff confidentiality.

No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult.

Review:

Policy and procedure

Employee files

Employee handbook

Administrative investigation reports

Interview with staff

Interview with Executive Director

Interview with Behavior Specialist

Interview with Clinical Coordinator

Interview with Nurse Manager

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Policy 1433 and 1434 require the facility to have procedures in place that protect at risk residents for imminent sexual abuse. The protection measures include, but are not limited to, separation contracts, dorm moves, housing assignment moves, administrative segregation, close observation, and facility transfer.</p> <p>The PREA Coordinator reports that should the facility receive a report from a resident that they feared risk of imminent sexual abuse, the facility would immediately act to protect that resident. The protection measures would depend upon the situation and the alleged abuser.</p> <p>The Executive Director and the PREA Coordinator both report that it is the practice of the agency to place staff on administrative leave during investigations into sexual abuse and sexual harassment. Should the alleged abuser be another resident, they report that the alleged abuser would be placed in administrative segregation during the investigation.</p> <p>The facility had one report of sexual abuse where the resident feared the risk of continued abuse. The staff who received the report, immediately transported the resident to the facility's medical department for an evaluation and security staff placed the alleged abuser in the housing unit's segregation cell.</p> <p>The PREA Coordinator reports, that in all instances of allegations of sexual abuse or sexual harassment, the facility acts to ensure the safety and security of residents. The facility has used protective measures that include moving residents to different housing units, enforcing separation contracts, and even transferring male residents to the Athens Campus when necessary.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Agency policy 1433 has a procedure for reporting to other confinement facilities.</p> <ul style="list-style-type: none"> <li>• Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director</li> </ul>

- The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred
- The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation
- The agency will document that it has provided such notification
- Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation

The ORAS Manager reports that staff in her department are responsible for conducting initial PREA assessments on all new intakes. She reports that should a resident report previous victimization at another institution, that information would immediately be reported to the PREA Coordinator. She states that as a part of training for new staff in the ORAS department, she ensures that staff know of this reporting obligation.

The PREA Coordinator reports that he, in conjunction with the Executive Director, will report to the head of another confinement facility any report of sexual abuse or sexual harassment that has been reported. He states that he has made three such notifications during the past twelve months.

The facility provided the auditor with emails of these notifications.

The PREA Coordinator reports that should another confinement facility provide STARCJC notification that a resident reported sexual abuse or sexual harassment while being housed at STARCJC, the facility will immediately initiate an administrative investigation. He reports that an investigation would take place in accordance with agency policy and would not be contingent upon if the alleged abuser was still at the facility. He reports that the facility has not received a report from another agency.

The facility provided the auditor with investigation reports for this audit cycle. No investigation stemmed from a report from another confinement facility.

Review:

Policy and procedure

Notification emails

Investigation reports

Interview with PREA Coordinator

Interview with Executive Director



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Facility policies 1433 and 1434 outlines the first responder duties for any allegation of sexual abuse. The first responder steps include:

- Separate the alleged abuse and victim
- Preserve and protect the crime scene
- Do not allow the alleged abuser to destroy any physical evidence that includes
  - Washing
  - Brushing teeth
  - Changing clothes
  - Urinating
  - Defecating
  - Smoking
  - Drinking
  - Eating
- May a request of the victim to not do anything that will destroy any physical evidence that includes
  - Washing
  - Brushing teeth
  - Changing clothes
  - Urinating
  - Defecating
  - Smoking
  - Drinking
  - Eating
- Document all actions taken

All staff are trained on first responder duties during pre-employment and thereafter annually during STAR academy. The auditor was given a copy of the training and sign-in sheets.

During interviews of targeted and random staff members, all staff were able to relay the first responder duties should there be an incident of sexual abuse. Staff report being trained on the coordinated response plan protocols annually. Program and security staff are trained on the same protocols.

The facility documents how the victim and alleged abuser were separated, if the scene was secure for law enforcement officers, if the victim was offered victim advocate/rape crisis services, and if a SANE/SAFE was contacted for medical attention.

The facility had one allegation of sexual abuse that was reported, where the first responder duties were enacted. Once staff was notified of the sexual abuse incident. The resident was immediately taken to the medical department where the

	<p>clothing was preserved for law enforcement and Southern Ohio Medical Center was notified that the facility would be transferring a resident in need of a “rape kit” performed by a SANE nurse. Security staff placed the alleged abuser in a segregation cell. All evidence was protected until the Ohio Highway Patrol arrive to collect this evidence.</p> <p>Staff involved in this situation were able to discuss their experience in being a first responder. They report that their PREA training prepared them for managing this situation and ensuring the safety of the resident.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Coordinated response plan</p> <p>Interview with staff</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility’s written coordinator response plan is documented in SOP-S042. The plan outlines the actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The facility posts its Coordinated Response Plan in conspicuous places throughout the facility where staff have access. The states that:</p> <ul style="list-style-type: none"> <li>• If the abuse/assault took place on the current shift or within the past 7 days, <i>request</i> that the alleged victim no take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, and/or eating.</li> <li>• If the abuse/assault took place on the current shift or within the past 7 days <i>ensure</i> that the alleged suspect not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, and/or eating</li> <li>• If resident report of sexual abuse/assault indicates the incident DID take place on your shift or within the past 7 days, staff will: <ul style="list-style-type: none"> <li>◦ Contact 911 if the alleged victim has injuries that need immediate medical attention</li> <li>◦ Separate the alleged victim from alleged suspect, escort alleged suspect to segregation, if applicable</li> <li>◦ Lock room/close off area where alleged abuse/assault took place</li> </ul> </li> </ul>

- Notify the PREA Coordinator or designee by most confidential and expeditious means
- Victim Support Person will be designated
- Protect and preserve any evidence related to the alleged victim and/or alleged suspect
- Have alleged victim write a statement of what happened
- Complete first responder checklist and submit to the PREA Coordinator before the end of shift
- Transport victim to SOMC for SANE evaluation
- PREA Coordinator or designee will contact law enforcement if preliminary investigation indicates that criminal charges may be warranted
- If the resident report of sexual abuse/assault indicates that the incident DID NOT take place on your shift or within 7 days, or the resident is reporting sexual harassment, staff will:
  - Separate alleged victim from alleged suspect
  - Notify the PREA Coordinator by most confidential and expeditious means
  - Victim Support Person will be assigned
  - Have victim write a statement
  - Complete first responder checklist and submit to PREA Coordinator by the end of your shift
  - PREA Coordinator will contact designated law enforcement if preliminary investigation indicates that criminal charges may be warranted
- PREA Coordinator will complete and submit a Special Incident Report to Bureau of Community Sanctions
- SART will complete a review of the incident within 30 days of the conclusion of the investigation

During staff interviews, they were able to list the locations of the posted coordinated response plan.

The facility provided the auditor with investigation reports that outlined the steps taken according to the posted plan.

Review:

Policy and procedure

Coordinated Response Plan

Investigation reports

Interviews with staff

	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A: The Executive Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. Staff members sign acknowledgement of "At Will" employment during onboarding.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1433 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees.</p> <p>The facility does this by:</p> <ul style="list-style-type: none"> <li>• Use multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional supportive services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations</li> <li>• For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff shall act promptly to remedy any such retaliation</li> </ul> <p>The facility has multiple ways to protecting staff and residents from retaliation that include a separation contract, dorm changes, housing unit changes, facility transfers (males only), placing staff on administrative leave, and changing staff post.</p> <p>Residents who are on 90-day retaliation watch will be monitored more closely, and an assigned staff member will check in with the resident to ensure the resident feels safe and does not have concerns of being retaliated against.</p> <p>The facility provided the auditor their retaliation monitoring report. The report list:</p> <ul style="list-style-type: none"> <li>• Date monitoring began</li> <li>• Type of person being monitored (resident or staff)</li> <li>• Monitoring considerations (as listed in the standard)</li> <li>• Notes from check in</li> </ul>

	<ul style="list-style-type: none"> <li>• Date of check in</li> <li>• Person responsible for monitoring</li> <li>• Need for continued monitoring</li> <li>• Reason for continued monitoring</li> <li>• Date monitoring ended</li> </ul> <p>The PREA Coordinator reports that he is responsible for conducting retaliation monitoring of staff and residents. He reports that if a resident is transferred to the Athens' campus, retaliation monitoring can be continued with him through phone interviews, or with the PREA Compliance Manager of the Athens facility. He reports that should the monitoring be for a resident, the monitoring would include:</p> <ul style="list-style-type: none"> <li>• Disciplinary reports</li> <li>• Housing or program changes</li> <li>• Negative performance reviews</li> <li>• Staff reassignments</li> </ul> <p>The PREA Coordinator is able to conduct status checks of disciplinary reports, housing or program changes, performance reviews, and staff reassignments through the agency's Correct Tech resident database system. Resident Specialist will be tasked with ensuring the resident's day to day safety.</p> <p>The facility's obligation to monitor for retaliation will end if the allegation is determined to be unfounded. The facility can elect to extend the 90-day period of monitoring if necessary.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Retaliation monitoring report</p> <p>Tour of facility</p> <p>Interview with PREA Coordinator</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 1433 and 1434 outlines the facility's guidelines on conducting an investigation into allegations of sexual abuse and sexual harassment. The policies require an administrative and/or criminal investigation be completed for all allegations of sexual assault, abuse, and harassment. The facility is required to:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report
- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The PREA Coordinator will be responsible for keeping records of these referrals and the outcomes of police investigations
- Provide the victim with the outcome of the administrative and/or criminal investigation

The auditor received a copy of the administrative investigation form. The form documents:

- Alleged abuser name
- Alleged victim name
- Location of incident
- Date and time of incident
- Date of investigation
- Type of allegation
- Status of abuser (staff/resident)
- How the allegation was reported
- Witnesses
- Description of incident
- Video evidence
- Statements
- Physical evidence
- Victim care - medical, mental health, emotional support, victim advocate
- Criminal referral
- Outcome determination
- Basis for determination
- Any identified staff actions or failures that contributed to the abuse
- Recommendations
- SART review required

The auditor reviewed the administrative investigation reports the facility received during the past audit cycle (see standard 115.222).

The facility has a MOU with the Ohio Highway Patrol to conduct criminal investigations and a MOU with the Scioto County Prosecuting Attorney who has the authority to prosecute any felony offense committed within Scioto County, Ohio, including the responsibility to prosecute any sexual assault offenses that would occur at STARCJC.

The auditor interviewed several administrative investigators during the onsite visit.

	<p>The investigators were questioned on their investigation techniques and how they make an outcome determination. They state that they conduct interviews of the victim, witnesses, and alleged abuser; review any video or physical evidence (the facility will not collect any evidence related to a criminal scene); and review additional information that may relate to credibility assessment or past incidents.</p> <p>The PREA Coordinator states that the facility does not use polygraph examination or other truth telling devices. Once an allegation has been turned over for a criminal investigation, the administrative investigation will resume afterward or in conjunction with permission from the legal authority. During criminal investigations, the PREA Coordinator reports remaining in contact with the Ohio Highway Patrol in order to be informed on the progress of the investigation.</p> <p>The facility provided the auditor with the records and retention schedule filed with the State of Ohio. The schedule states that administrative records will be retained according to document title or specification. This means administrative investigation records and information will be retained in accordance with standard 115.271, as long as the abuser is housed with or employed by the facility plus five years. The PREA Coordinator states that he is responsible for maintaining investigation documentation and reports, and that the facility has all investigation reports since 2014. He states that he will maintain the reports in accordance with the required retention schedule or longer.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with Ohio Highway Patrol</p> <p>MOU with Scioto County Prosecutor's Office</p> <p>Administrative Investigations</p> <p>Interview with administrative investigators</p> <p>Interview with PREA Coordinator</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy states that the facility will impose a standard of preponderance of evidence when determining whether an allegation of sexual abuse or sexual harassment can be substantiated.</p> <p>The auditor interviewed the administrative investigators, who report that the</p>

	<p>evidence is measured at 51% when determining if an allegation has been substantiated.</p> <p>The auditor reviewed the allegations from the past audit cycle to verify the standard of proof used.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative Investigation reports</p> <p>Interview with administrative investigators</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1433 requires the facility to inform residents of the outcome of the investigation. If there was a criminal investigation, the facility is required to request all relevant information from the criminal investigator so that the resident may be informed of the investigation outcome.</p> <p>The information required to be reported includes:</p> <ul style="list-style-type: none"> <li>• If the alleged staff member is no longer posted in the resident’s facility</li> <li>• If the alleged staff member is no longer employed with the agency</li> <li>• If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p>The facility provided the auditor with copies of notifications given to residents at the conclusion of an investigation into sexual abuse or sexual harassment. The notification includes:</p> <ul style="list-style-type: none"> <li>• Victim's name</li> <li>• Date of report</li> <li>• Description of allegation</li> </ul>



- Outcome of investigation
- Definition of disposition terms
- Appeal request
- Staff who review with victim initials
- Victim's initials
- Resident's signature and date
- Staff's signature and date

The PREA Coordinator reports that he would report the outcome of the investigation to the resident, and inform the victim of any outcome of a criminal investigation. The facility will terminate the requirement to notify if the resident is no longer housed at the facility.

**CORRECTIVE ACTION:**

The facility's notification form includes the determination of the allegation; however, the form does not include notification on:

- If the alleged staff member is no longer posted in the resident's facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility
- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The facility will need to update their form to include this information.

**FACILITY RESPONSE:**

The facility has updated the Investigation Outcome Notice form to include:

**\*NOTIFY IF SUBSTANTIATED - PLEASE BE INFORMED THE ALLEGED ABUSER HAS BEEN (CIRCLE ONE):**

- REMOVED FROM THE PROGRAM
- TRANSFERRED TO \_\_\_\_\_ HOUSE/DORM/FACILITY
- IS NO LONGER EMPLOYED WITH THE AGENCY
- INDICTED ON A CHARGE OF SEXUAL ABUSE WITHIN THE FACILITY
- CONVICTED ON A CHARGE OF SEXUAL ABUSE WITHIN THE FACILITY
- UNKNOWN

The update now makes the facility in compliance with the standard.

Review:

	<p>Policy and procedure</p> <p>Resident notification reports</p> <p>Interview with PREA Coordinator</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1434 states that any staff member that violates STAR’s policies regarding sexual abuse or sexual harassment will face sanction that may include termination. Staff members who have been found to have engaged in sexual abuse of a resident will be terminated from employment. Disciplinary sanctions, other than engaging in sexual abuse, will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed on other staff with similar histories. The facility is required to report incidents of sexual abuse or sexual harassment to the local legal authority for a criminal investigation, unless the behavior is clearly not criminal, and to any relevant licensing bodies.</p> <p>Staff members are informed of the facility’s disciplinary policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. The information presented to the staff includes notice that employees are held accountable for their behavior on the job and, in some instances, off the job. The staff are also informed that all serious violations, including violations of the facility’s zero tolerance policies, may be referred to the Scioto County Prosecutor’s Office or the Ohio Ethics Commission for civil or criminal prosecution.</p> <p>These policies are considered as mandatory “read and sign” document at the start of employment, and mandatory annual retraining thereafter.</p> <p>Employees also read and sign acknowledgement of the facility’s Unauthorized Relationship policy. The policy describes unauthorized relationships as a relationship with any individual on community control, adult probation or parole, and current or former residents of the facility which have not been approved by the Executive Director. Prohibited activities include but are not limited to:</p> <ul style="list-style-type: none"> <li>• The exchange of personal letters, pictures, phone calls, emails, social networking access or information</li> <li>• Engaging in any other unauthorized personal business relationships</li> <li>• Visiting</li> <li>• Resident with anyone who is on community control, adult probation or parole, current or former residents of the facility or friends or family of same</li> </ul>

- Committing any sexual act with any individual on community control, adult probation or parole, current or former resident of the facility
- Engaging in any other sexual conduct with any individual on community control, adult probation or parole, current or former resident of the facility
- Aiding and abetting any unauthorized relationship

The policy requires any employee who becomes aware or reasonable suspects that another employee is involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to the Executive Director. A failure to report such information may result in disciplinary action.

The Executive Director reports to the auditor that it is the practice of the facility to place staff members on administrative leave during investigations; however, depending upon the severity of the allegation, the facility can assign the staff member to another post in a different housing unit or at Central Control during investigations. He states that substantiated allegations of sexual abuse will result in termination.

The PREA Coordinator reports that any allegation that uncovers criminal behavior will be reported to the Ohio Highway Patrol for a criminal investigation, and any staff member with licensure will be reported to relevant licensing boards.

The auditor reviewed twelve employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgements.

The facility had a sexual harassment allegation against a staff member that was determined to be unsubstantiated; however, the staff member was terminated for boundary violations.

Review:

Policy and procedure

Employee handbook

Employee files

Administrative investigation reports

Interview with Executive Director

Interview with PREA Coordinator

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Policy 1433 states that all contract staff and volunteers in positions with access to residents will receive pre-service and in-service training on the facility's zero tolerance policies, and on the consequences for violating policies and procedures. The facility will not engage the services of any contractor or volunteer who commits sexual abuse and will report the behavior to the local legal authority, unless the activity is clearly not criminal, and to any relevant licensing bodies.</p> <p>The PREA Coordinator reports that the facility will not allow further contact with residents to any contractor or volunteer who violates the facility's zero tolerance policies.</p> <p>The facility has not had an allegation against a contractor or volunteer during the past audit cycle.</p> <p>Review:</p> <p>Policy and procedures</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy 1433 and 1434 prohibits all sexual activity between residents. Sexual misconduct among residents will be administratively and/or criminally investigated. The residents are informed of the facility's zero tolerance policies and disciplinary practices during intake and orientation group. The handbook outlines the facility's stance on sexual abuse and sexual harassment and the response toward those who commit such acts.</p> <p>The residents receive a disciplinary flow chart that outlines the possible sanctions that go along with violations of facility rules. Sexually acting out (sexual abuse or sexual harassment) is listed as a major rule violation at the highest level. The sanctions listed include possible termination. Residents that have been found to have violated the sexual abuse policy will be referred to the Ohio Highway Patrol for criminal charges.</p> <p>Facility SOP -S022 states that in the event a resident violates the Ohio Revised Code and criminal charges could be filed against the offending resident for the violation. The types of violations that could result in criminal charges include:</p> <ul style="list-style-type: none"> <li>• Retaliation</li> </ul>

- Aggravated menacing
- Sexual abuse

The facility has disciplinary procedures for unauthorized relationships with another resident. Residents will not be disciplined for sexual contact with staff unless the facility finds that the staff member did not consent to such contact. The facility will also not discipline a resident for making a sexual abuse allegation in good faith based on a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The PREA Coordinator reports that while they have not disciplined a resident for a false report, they would only do so in a case where it was obvious that the report has been made in bad faith.

The auditor interviewed residents during the onsite visit. The residents report receiving the handbook and the facility zero tolerance policy during intake. They state that the intake office reviewed the handbook with them, including the disciplinary and zero tolerance policies. The residents state that the handbook and PREA policies were also reviewed during orientation group. They understand that violations of the policies would result in termination from the program. Some residents reported receiving sanctions/interventions for behavior labeled "Sexually Acting Out." The residents described this behavior as dancing. The residents do not feel as if PREA is something that would be tolerated at this facility. Most all interviewed residents (formally and informally) report that the facility has lots of rules and that staff is very strict. The residents report receiving education on what constitutes a PREA allegation and what is considered a "false report."

The auditor interviewed a Behavior Specialist during the onsite visit. The Behavior Specialist is responsible for providing disciplinary sanctions to residents. The Behavior Specialist report that part of her job includes providing an Orientation Group to new residents, where she would review facility disciplinary procedures and sanction process with the residents.

In addition to providing orientation group to the residents, Behavior Specialist are responsible to reviewing resident behavior, and discussing behavior issues with residents. She reports that during an intervention, she would meet with the resident one-on-one and have the person explain the situation, and have the person identify ways of addressing the situation. When questioned about "Sexually Acting Out" behaviors, she reports that she would place the residents on a separation contract, and contact the PREA Coordinator. She would not investigate the violation until she received approval from the PREA Coordinator to move forward. If the behavior was determined by the PREA Coordinator to violate the agency's zero tolerance policy, an administrative investigator would address disciplinary sanctions.

The facility had one substantiated allegations of resident-to-resident sexual misconduct during this past audit cycle. One substantiated allegation of sexual misconduct resulted in the abuser being terminated from the program. No criminal

	<p>referral was necessary. The other allegation was an unsubstantiated allegation of sexual abuse. Because both parties admitted to sexual contact, the alleged abuser was terminated from the program for violations of the agency's resident sexual conduct policy. The resident victim was transferred to the Athens campus to prevent retaliation.</p> <p>The auditor reviewed ten resident files during the onsite visit. The files contained signed and dated acknowledgements of receiving the handbook, facility zero tolerance policy, PREA pamphlet, and orientation group.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Orientation material</p> <p>PREA Pamphlet</p> <p>Disciplinary flowchart</p> <p>Resident files</p> <p>Administrative investigation reports</p> <p>Interview with residents</p> <p>Interview with Behavior Specialist</p> <p>Interview with PREA Coordinator</p> <p>Interview with</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility SOP-M015 and policy 1433 requires staff to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the victims free of charge and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services provided include:</p> <ul style="list-style-type: none"> <li>• Medical and mental health evaluation and treatment</li> <li>• Evaluation, treatment and follow-up services</li> </ul>

- Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody
- Case and services consistent with the community level of care
- Test for sexually transmitted infectious disease
- Pregnancy testing and comprehensive access to pregnancy related medical services
- Information about and access to sexually transmitted infections prophylaxis and emergency contraception

During the onsite visit, the Nurse Manager reported to the auditor that the facility does not perform forensic medical exams, and that any resident needing medical services related to sexual abuse/sexual assault, would be immediately transported to Southern Ohio Medical Center (SOMC). The Nurse Manager spoke to the auditor about an allegation that was reported in CY 22 where a resident reported sexual abuse. She reports that the medical department contacted SOMC and informed the hospital that the facility would be transporting a resident that would need a "rape kit." The information in the report corresponds with the investigation information provided to the auditor.

The Nurse Manager reports that the facility's medical department can provide basic treatment, but any acute medical condition will be managed by SOMC. She reports that the medical department can provide pregnancy and STI/STD testing. The county health department would be responsible for conducting HIV testing, and would test onsite at the facility.

The Clinical Coordinator reports that the facility's clinical department would provide counseling services to any resident that has experienced sexual abuse at the facility or in the community. She reports that victim advocates from the rape crisis agency will be made offered to residents, and made available at their request. The Clinical Coordinator reports that she has not worked with a resident who requested services due to community sexual abuse or institutional sexual abuse. She reports she did provide services to one resident involved in a PREA allegation, but the referral was not based on an incident of sexual abuse. The facility provided the auditor with a copy of the investigation and request for services.

The Clinical Coordinator reports that residents who report a history of sexual abuse, at any time during their stay, will be offered behavior health services.

During the interview with the ORAS Manager, she reports that when conducting initial PREA risk assessments, any resident that reports a previous history of sexual abuse will be referred to the clinical department.

The PREA Coordinator reports that free medical and mental health services would be offered to any resident victim of sexual abuse. The services will be offered free of charge, and at the scope and duration of the medical professionals. The facility can provide residents support through in-house trained victim support staff or through community resources. He reports that the facility provides residents with contact information for rape crisis agencies should they want confidential emotional

	<p>support services. The support agencies include:</p> <ul style="list-style-type: none"> <li>• Ohio Department of Rehabilitation &amp; Correction Sexual Assault Hotline- 614-995-3584</li> <li>• Ohio Division of Parole &amp; Community Services PREA Hotline- 614-728-3399</li> <li>• Ohio Alliance to End Sexual Violence (SARNCO)- 844-644-6435/ www.ohiosexualviolencehelpline.com</li> <li>• Shawnee Family Health Center (Behavior Health Services)- 740-354-7702/ shawneemhc.org</li> </ul> <p>The facility provided the auditor with documentation of agreements with Southern Ohio Medical Center to provide SANE services, and with Shawnee Family Health Center to provide confidential supportive services related to sexual abuse without financial cost to the resident.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SOP- M015</p> <p>MOU with Southern Ohio Medical Center</p> <p>MOU with Shawnee Family Medical Center</p> <p>Victim Support Person training certificates</p> <p>Administrative investigation report</p> <p>Mental Health services request email</p> <p>PREA Coordinated Response Plan</p> <p>Confidential Support Services list</p> <p>Interview with PREA Coordinator</p> <p>Interview with Nurse Manager</p> <p>Interview with Clinical Coordinator</p> <p>Interview with Intake Coordinator</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Facility policy 1433 and SOP- M015 requires residents who have been sexually abused in a jail, lockup, or juvenile facility to be offered medical and mental health counseling services. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility.

The policy states that should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer pregnancy testing, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. All residents, male and female, will be offered test for sexually transmitted infections as medically appropriate.

Any known resident-to-resident abuser will receive an evaluation as soon as possible but within 60-days from the psychologist. Should treatment be recommended, the psychologist can either provide services or make a referral to a community provider.

The services are provided to the victims free of charge and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services provided include:

- Medical and mental health evaluation and treatment
- Evaluation, treatment and follow-up services
- Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody
- Case and services consistent with the community level of care
- Test for sexually transmitted infectious disease
- Pregnancy testing and comprehensive access to pregnancy related medical services
- Information about and access to sexually transmitted infections prophylaxis and emergency contraception

During the onsite visit, the Nurse Manager reported to the auditor that the facility does not perform forensic medical exams, and that any resident needing medical services related to sexual abuse/sexual assault, would be immediately transported to Southern Ohio Medical Center (SOMC). The Nurse Manager spoke to the auditor about an allegation that was reported in CY 22 where a resident reported sexual abuse. She reports that the medical department contacted SOMC and informed the hospital that the facility would be transporting a resident that would need a "rape kit." The information in the report corresponds with the investigation information provided to the auditor.

The Nurse Manager reports that the facility's medical department can provide basic treatment, but any acute medical condition will be managed by SOMC. She reports that the medical department can provide pregnancy and STI/STD testing. The county health department would be responsible for conducting HIV testing, and would test onsite at the facility. She reports pregnancy related services would be provided by Valley Grove medical center.

The Clinical Coordinator reports that the facility's clinical department would provide counseling services to any resident that has experienced sexual abuse at the facility or in the community. She reports that victim advocates from the rape crisis agency will be made offered to residents, and made available at their request. The Clinical Coordinator reports that she has not worked with a resident who requested services due to community sexual abuse or institutional sexual abuse. She reports she did provide services to one resident involved in a PREA allegation, but the referral was not based on an incident of sexual abuse. The facility provided the auditor with a copy of the investigation and request for services.

The Clinical Coordinator reports that residents who report a history of sexual abuse, at any time during their stay, will be offered behavior health services.

During the interview with the ORAS Manager, she reports that when conducting initial PREA risk assessments, any resident that reports a previous history of sexual abuse will be referred to the clinical department.

The PREA Coordinator reports that free medical and mental health services would be offered to any resident victim of sexual abuse. The services will be offered free of charge, and at the scope and duration of the medical professionals. The facility can provide residents support through in-house trained victim support staff or through community resources. He reports that the facility provides residents with contact information for rape crisis agencies should they want confidential emotional support services.

The PREA Coordinator and the Executive Director both report that known resident-to-resident abusers would not be housed at the facility. They report should a resident been found to have sexually abused another resident, the resident abuser would be terminated from the facility.

The facility has not housed a known resident-to-resident abuser.

Review:

Policy and procedure

SOP- M015

MOU with Southern Ohio Medical Center

MOU with Shawnee Family Health

Administrative investigation report

Request for behavior health services

Interview with Nurse Manager

Interview with Clinical Coordinator

Interview with ORAS Manager

	<p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1434 requires the facility to conduct an incident review after every sexual abuse investigation, unless the allegation is determined to be unfounded. The review must take place within 30-days of the conclusion of the investigation. The team will review:</p> <ul style="list-style-type: none"> <li>• Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse</li> <li>• Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility</li> <li>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse</li> <li>• Assess the adequacy of staffing levels in the area during different shifts</li> <li>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff</li> </ul> <p>The SART team is composed of the:</p> <ul style="list-style-type: none"> <li>• Executive Director</li> <li>• Operations Director</li> <li>• Nurse Manager</li> <li>• PREA Coordinator</li> <li>• PREA Investigator (x2)</li> <li>• Clinical Coordinator</li> <li>• Athens Campus Director</li> </ul> <p>The team follows a checklist to ensure to review all necessary criteria for each investigation to ensure proper recommendations can be made. The checklist includes:</p> <ul style="list-style-type: none"> <li>• Victim care review <ul style="list-style-type: none"> <li>◦ staff first responder information</li> <li>◦ medical care provided</li> <li>◦ mental health services</li> </ul> </li> </ul>

- Policies and procedures
  - victim informed of confidentiality and duty to report
  - identified abuser
  - status of abuser (staff or resident)
  - previous report
  - Response according to agency policy
  - Training needs/recommendations
- Reporting
  - Timely response to report
  - Victim's emergency contact notified
  - Law enforcement contacted
  - Evidence collection at the scene
  - Whereabouts of the victim
  - Whereabouts of the abuser
- Process review
  - Onsite review conducted
  - Physical vulnerabilities identified
  - Action steps and timeline for improvements
  - Media response
- Screening
  - Victim know/understand optional community based services
  - Documents completed accurately
  - Overlooked pertinent information
  - Victim screened correctly
- Recommended improvements
  - Policies revision
  - Security improvements in area of incident
  - Internal services not provided which may improve resident safety from sexual victimization
- Victim information
  - Sexual orientation
  - Race
  - Gender identity

The facility had two investigations that required an after incident review. The facility provided the auditor with the reports from both reviews. The auditor was able to interview several SART members during the onsite visit on the review process. The members that were on the team state that a comprehensive review of the situation took place and no recommendations were made beyond updating the camera system, which the facility is currently in the process of completing. The PREA Coordinator is responsible for ensuring all recommendations are implemented or documents the reasons the recommendations were not implemented.

The Executive Director is a part of the SART team. He states that during after incident reviews, he is focused on reviewing current policy and procedure, were the policies followed, is there any re-education or training needed. He will also conduct a follow-up review to be sure all recommendations were implemented.

	<p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>SART review</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with Operations Director</p> <p>Interview with Nurse Manager</p> <p>Interview with Clinical Coordinator</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator is required to collect and maintain accurate, uniform data for all allegations of sexual abuse and sexual harassment by using a standardized instrument and definitions.</p> <p>The facility provided the auditor with the data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes the following data:</p> <ul style="list-style-type: none"> <li>• Date of incident</li> <li>• Residents involved</li> <li>• Type of allegation</li> <li>• Investigator</li> <li>• Finding</li> <li>• Notification to victim</li> <li>• Reporting to ODRC</li> <li>• Reporting to outside agency</li> <li>• Total number of admissions</li> <li>• Average daily population</li> <li>• Definitions</li> <li>• Ongoing investigations</li> <li>• Aggregated data from both facilities</li> </ul> <p>The information collected is used to develop the agency's annual PREA report that is posted on the agency's website. The auditor reviewed the website and ensured the</p>

	<p>annual report is posted. The information in the report includes the aggregated sexual abuse and sexual harassment allegation data from 2022.</p> <p>The PREA Coordinator reports that the Department of Justice has not requested any data related to incidents of sexual abuse or sexual harassment from the Scioto or Athens campus.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA annual report</p> <p>PREA incident data collection tool</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility is required to use annual data collected and aggregated to assess and improve the effectiveness of the facility's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The review will have an assessment of the facility's policies, procedures, practices, and training to include:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Tacking action on an ongoing basis</li> <li>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole</li> </ul> <p>The auditor reviewed the facility's website to examine the PREA annual report. The report contains a comparison of the current year's data and corrective actions with those of previous years; and provides an assessment of the facility's ability to address of sexual abuse.</p> <p>The report identifies that the agency has had a slight increase in PREA related events in comparison of CY 2021 to CY 2022. In response to this increase, the facility maintains a physical presence in each resident living area and maintains a large video monitoring system. The video monitoring system is in the process of being upgraded, which will improved the facility's ability to protect, detect, and respond to incidents of sexual abuse and sexual harassment. In addition, the agency provides annual training to staff and has management accessible to assist in</p>

	<p>maintaining a safe and secure environment.</p> <p>The information in the report does not contain any information that would need to be redacted in order to protect the safety of residents, staff, or the facility.</p> <p>The information in the report has been reviewed and approved by the agency's Executive Director. The report is posted on the agency's website at <a href="http://www.starcjc.com/images/pdfs/PREAreport.pdf">http://www.starcjc.com/images/pdfs/PREAreport.pdf</a>.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA annual report 2021 &amp; 2022</p> <p>STARJC website</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1433 requires the PREA Coordinator to ensure that data collected in standard 115.287 be securely retained for at least ten years after the date of the initial collection.</p> <p>The PREA Coordinator reports that he collects and maintains control of the information required to be collected and uses the information to help develop the facility's annual report. The facility has two buildings; however, the information reported is for this campus. The other building has a separate report that focus on the information collected for that facility. The report is made available to the public through the agency's website.</p> <p>The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report. The report can be found at <a href="http://www.starcjc.com/images/pdfs/PREAreport.pdf">http://www.starcjc.com/images/pdfs/PREAreport.pdf</a>.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>2022 PREA annual report</p> <p>Interview with PREA Coordinator</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1469 584">The agency post all final audit reports of its facilities on the agency website, <a href="http://www.starjc.com/images/pdfs/STAR-CJC-Audit-Report-2017.pdf">http://www.starjc.com/images/pdfs/STAR-CJC-Audit-Report-2017.pdf</a>. While the report's web address states 2017, the report posted is from the agency's April 2020 audit. The auditor reviewed the agency's website to confirm that the final report from year one, cycle three have been posted. The facility has two buildings, and both audit reports are posted.</p> <p data-bbox="280 622 1469 987">The auditor was given full access to the facility during the onsite visit. The PREA Coordinator escorted the auditor around the facility's campus and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with facility documentation prior to the onsite visit through Drop Box. The auditor was also provided additional information as requested during the onsite visit.</p> <p data-bbox="280 1025 1469 1227">The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. Residents and facility staff were interviewed during the onsite visit. Agency staff interviewed answered interview questions for both Scioto and Athens campuses.</p> <p data-bbox="280 1265 1469 1384">The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor review ten resident files and twelve staff files for additional information and confirmation of reported information.</p> <p data-bbox="280 1422 1469 1624">Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit or during the onsite visit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 1906 564 1939"><b>Auditor Discussion</b></p> <p data-bbox="280 1984 1461 2063">The agency has published on its agency website, <a href="http://www.starjc.com/images/pdfs/STAR-CJC-Audit-Report-2017.pdf">http://www.starjc.com/images/pdfs/STAR-CJC-Audit-Report-2017.pdf</a>, the audit report from the agency's April 2020</p>



audit. The auditor reviewed the agency's website and verified that the final audit report was posted.

This is year one of the current audit cycle. The facility has two buildings and are having the audits in conjunction with one another. The PREA Coordinator reports that the facility will have the audit conducted every year one of each cycle. The audit reports will be posted within 30 days of receiving the report.

The PREA Coordinator states that he understands the audit requirements of posting all final audit reports on the agency's website. In the state of Ohio, all final audit reports are also posted on the Ohio Department of Rehabilitation and Corrections website, <https://www.drc.ohio.gov/prea>.

Review:

Agency website

Ohio Department of Rehabilitation and Correction website

Interview with PREA Coordinator

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the 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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	



<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes



	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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 is 70 days per 115.252(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.)	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.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na



	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.)	
	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.)	na
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	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.)	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.)	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.)	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.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	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 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	



<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are 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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	



<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes