# PREA Facility Audit Report: Final

**Name of Facility:** STAR Community Justice Center
**Facility Type:** Community Confinement
**Date Interim Report Submitted:** NA
**Date Final Report Submitted:** 07/22/2026

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | ☑ |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | ☑ |
| 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. | ☑ |
| **Auditor Full Name as Signed:** Kayleen Murray | **Date of Signature:** 07/22/2026 |

| AUDITOR INFORMATION | |
|---|---|
| **Auditor name:** | Murray, Kayleen |
| **Email:** | kmurray.prea@yahoo.com |
| **Start Date of On-Site Audit:** | 06/08/2026 |
| **End Date of On-Site Audit:** | 06/10/2026 |

| FACILITY INFORMATION | |
|---|---|
| **Facility name:** | STAR Community Justice Center |
| **Facility physical address:** | 4696 Gallia Pike, Franklin Furnace, Ohio - 45629 |
| **Facility mailing address:** | |

## Primary Contact

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|---|---|
| **Name:** | Redgie Arden |
| **Email Address:** | reggiearden@starcjc.com |
| **Telephone Number:** | 740-354-9026 ext. 11 |

| **Facility Director** | |
|---|---|
| **Name:** | Matt McClellan |
| **Email Address:** | mmcclellan@starcjc.com |
| **Telephone Number:** | 740-354-9026 1136 |

| **Facility PREA Compliance Manager** | |
|---|---|
| **Name:** | |
| **Email Address:** | |
| **Telephone Number:** | |

| **Facility Health Service Administrator On-Site** | |
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| **Name:** | Cinnamon Fletcher |
| **Email Address:** | cfletcher@starcjc.com |
| **Telephone Number:** | 740-354-9026 1219 |

| **Facility Characteristics** | |
|---|---|
| **Designed facility capacity:** | 360 |
| **Current population of facility:** | 267 |
| **Average daily population for the past 12 months:** | 296 |
| **Has the facility been over capacity at any point in the past 12 months?** | No |
| **What is the facility's population designation?** | Both women/girls and men/boys |

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| **Age range of population:** | 18 - 60+ |
| **Facility security levels/resident custody levels:** | Minimum |
| **Number of staff currently employed at the facility who may have contact with residents:** | 132 |
| **Number of individual contractors who have contact with residents, currently authorized to enter the facility:** | 10 |
| **Number of volunteers who have contact with residents, currently authorized to enter the facility:** | 51 |

| **AGENCY INFORMATION** | |
|---|---|
| **Name of agency:** | STAR Community Justice Center Governing Board |
| **Governing authority or parent agency (if applicable):** | |
| **Physical Address:** | 4696 Gallia Pike, Franklin Furnace, Ohio - 45629 |
| **Mailing Address:** | |
| **Telephone number:** | |

| **Agency Chief Executive Officer Information:** | |
|---|---|
| **Name:** | |
| **Email Address:** | |
| **Telephone Number:** | |

| **Agency-Wide PREA Coordinator Information** | | | |
|---|---|---|---|
| **Name:** | Reggie Arden | **Email Address:** | reggiearden@starcjc.com |

# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

| **Number of standards exceeded:** | |
|---|---|
| 0 | |
| **Number of standards met:** | |
| 41 | |
| **Number of standards not met:** | |
| 0 | |

## POST-AUDIT REPORTING INFORMATION

**Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.**

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

| | |
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| **1. Start date of the onsite portion of the audit:** | 2026-06-08 |
| **2. End date of the onsite portion of the audit:** | 2026-06-10 |

### Outreach

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| **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?** | (●) Yes<br>( ) No |
| **a. Identify the community-based organization(s) or victim advocates with whom you communicated:** | Shawnee Family Health Center (rape crisis)<br>Southern Ohio Medical Center (SANE)<br>ODRC Bureau of Community Sanctions (outside reporting agency) |

## AUDITED FACILITY INFORMATION

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| **14. Designated facility capacity:** | 360 |
| **15. Average daily population for the past 12 months:** | 278 |
| **16. Number of inmate/resident/detainee housing units:** | 10 |
| **17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?** | ( ) Yes<br>( ) No<br>(●) 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** | |
| **23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:** | 278 |
| **25. 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:** | 5 |
| **26. 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:** | 6 |
| **27. 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:** | 1 |
| **28. 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:** | 1 |
| **29. 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:** | 2 |
| **30. 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:** | 4 |

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| **31. 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:** | 1 |
| **32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **33. 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:** | 7 |
| **34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **35. 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):** | The auditor requested a list from the facility of the identified special groups. Also discussed with staff whether anyone in the special category was currently residing in the facility. |
| **Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit** | |
| **36. 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:** | 132 |
| **37. 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:** | 51 |

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| **38. 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:** | 10 |
| **39. 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:** | No text provided. |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

| | |
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| **40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:** | 17 |
| **41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)** | ☑ Age<br>☑ Race<br>☑ Ethnicity (e.g., Hispanic, Non-Hispanic)<br>☑ Length of time in the facility<br>☑ Housing assignment<br>☑ Gender<br>☐ Other<br>☐ None |
| **42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?** | Ensured that residents were from different housing units and dorms. |
| **43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?** | ◉ Yes<br>○ No |

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| **44. 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):** | The number of random interviews was increased based on the limited number of targeted interviews. |
| **Targeted Inmate/Resident/Detainee Interviews** | |
| **45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:** | 9 |
| 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". | |
| **47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:** | 3 |
| **48. 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:** | 3 |
| **49. 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:** | 1 |

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| **50. 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:** | 1 |
| **51. 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:** | 2 |
| **52. 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:** | 3 |
| **53. 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:** | 1 |
| **54. 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:** | 1 |
| **55. 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:** | 3 |

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| **56. 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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **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).** | The facility did not have anyone housed in the on-unit isolation cells. The auditor was able to verify during the tour portion of the onsite visit. |
| **57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):** | 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 who is in the targeted group.<br><br>The identified blind resident has low vision. The identified deaf resident is hard of hearing. The identified transgender resident reports that the claim was made only to receive perceived needed additional protection and accommodations. |

| Staff, Volunteer, and Contractor Interviews | |
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| **Random Staff Interviews** | |
| **58. Enter the total number of RANDOM STAFF who were interviewed:** | 12 |
| **59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)** | ☑ Length of tenure in the facility<br>☑ Shift assignment<br>☑ Work assignment<br>☐ Rank (or equivalent)<br>☑ Other (e.g., gender, race, ethnicity, languages spoken)<br>☐ None |
| **If "Other," describe:** | The auditor ensured the staff interviewed also came from a variety of races, ages, and ethnicities when possible. |
| **60. Were you able to conduct the minimum number of RANDOM STAFF interviews?** | ◉ Yes<br>○ No |
| **61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):** | No text provided. |
| **Specialized Staff, Volunteers, and Contractor Interviews** | |
| 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. | |
| **62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):** | 7 |

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| **63. Were you able to interview the Agency Head?** | (●) Yes<br>( ) No |
| **64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?** | (●) Yes<br>( ) No |
| **65. Were you able to interview the PREA Coordinator?** | (●) Yes<br>( ) No |
| **66. Were you able to interview the PREA Compliance Manager?** | ( ) Yes<br>( ) No<br>(●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| **67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Agency contract administrator<br><br>☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment<br><br>☐ Line staff who supervise youthful inmates (if applicable)<br><br>☐ Education and program staff who work with youthful inmates (if applicable)<br><br>☑ Medical staff<br><br>☑ Mental health staff<br><br>☐ Non-medical staff involved in cross-gender strip or visual searches<br><br>☑ Administrative (human resources) staff<br><br>☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff<br><br>☑ Investigative staff responsible for conducting administrative investigations<br><br>☐ Investigative staff responsible for conducting criminal investigations<br><br>☑ Staff who perform screening for risk of victimization and abusiveness<br><br>☑ Staff who supervise inmates in segregated housing/residents in isolation<br><br>☑ Staff on the sexual abuse incident review team<br><br>☑ Designated staff member charged with monitoring retaliation<br><br>☑ First responders, both security and non-security staff<br><br>☑ Intake staff |

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| | ☐ Other |
| **68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **70. Provide any additional comments regarding selecting or interviewing specialized staff.** | No text provided. |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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| **71. Did you have access to all areas of the facility?** | ◉ Yes<br>○ No |
| **Was the site review an active, inquiring process that included the following:** | |
| **72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?** | ◉ Yes<br>○ No |

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| **73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?** | (●) Yes<br>( ) No |
| **74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **75. Informal conversations with staff during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).** | 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 outbuildings.<br>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. |

## Documentation Sampling

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

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| **77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?** | (●) Yes<br>( ) No |

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| **78. 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.

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 1 | 0 | 1 | 0 |
| **Staff-on-inmate sexual abuse** | 0 | 0 | 0 | 0 |
| **Total** | 1 | 0 | 1 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|---|---|---|
| **Inmate-on-inmate sexual harassment** | 1 | 0 | 1 | 0 |
| **Staff-on-inmate sexual harassment** | 1 | 0 | 1 | 0 |
| **Total** | 2 | 0 | 2 | 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.

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 0 | 0 | 1 | 0 |
| **Staff-on-inmate sexual abuse** | 0 | 0 | 0 | 0 |
| **Total** | 0 | 0 | 1 | 0 |

**Sexual Harassment Investigation Outcomes**

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual harassment** | 0 | 0 | 0 | 1 |
| **Staff-on-inmate sexual harassment** | 0 | 0 | 0 | 1 |
| **Total** | 0 | 0 | 0 | 2 |

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

### Sexual Abuse Investigation Files Selected for Review

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|---|---|
| **85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:** | 1 |

| | |
|---|---|
| **86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any sexual abuse investigation files) |
| **Inmate-on-inmate sexual abuse investigation files** | |
| **87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 1 |
| **88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **Staff-on-inmate sexual abuse investigation files** | |
| **90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 0 |
| **91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ( ) Yes<br>( ) No<br>(●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

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| **92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | ○ Yes<br>○ No<br>◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| **Sexual Harassment Investigation Files Selected for Review** | |
| **93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:** | 2 |
| **94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | ◉ Yes<br>○ No<br>○ NA (NA if you were unable to review any sexual harassment investigation files) |
| **Inmate-on-inmate sexual harassment investigation files** | |
| **95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 1 |
| **96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| **97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ◉ Yes<br>○ No<br>○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

| Staff-on-inmate sexual harassment investigation files | |
|---|---|
| **98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 1 |
| **99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ◉ Yes<br>○ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.** | The auditor reviewed all investigations for the past twelve months. |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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| **102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ○ Yes<br>◉ No |

| Non-certified Support Staff | |
|---|---|
| **103. 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<br>◉ No |

| AUDITING ARRANGEMENTS AND COMPENSATION | |
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| **108. Who paid you to conduct this audit?** | ◉ The audited facility or its parent agency<br>○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br>○ A third-party auditing entity (e.g., accreditation body, consulting firm)<br>○ Other |

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| **Auditor Overall Determination Definitions** |
| • Exceeds Standard<br>(Substantially exceeds requirement of standard)<br><br>• Meets Standard<br>(substantial compliance; complies in all material ways with the stand for the relevant review period)<br><br>• Does Not Meet Standard<br>(requires corrective actions) |
| **Auditor Discussion Instructions** |
| Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The agency's zero tolerance policy strictly prohibits sexual harassment, sexual abuse, and sexual assault involving residents, staff, contractors, interns, vendors, volunteers, or visitors. The agency's policy outlines its approach to preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The key elements include:<br><br>• **Training and education:** Staff, contractors, volunteers, interns, medical personnel, investigators, and residents receive PREA-related training or education appropriate to their roles<br>• **Resident access to reporting and support:** Residents may report verbally, in writing, internally, externally, anonymously, or through third parties. They are also provided access to outside victim-advocacy and emotional-support services.<br>• **No punishment for good-faith reports:** A resident cannot be disciplined merely because an allegation is not substantiated, provided the report was |

made in good faith.

- **Risk screening and housing decisions:** Residents are screened for risk of victimization or abusiveness within 72 hours of arrival and reassessed within 30 days. Results are used to guide housing, room assignments, and programming.
- **Immediate reporting and investigation:** All allegations must be reported promptly to the PREA Coordinator or designee and investigated thoroughly and objectively. Criminal matters are referred to law enforcement.
- **Immediate protection:** Staff must separate the alleged victim and alleged abuser, protect evidence, and act without delay when a resident may face an imminent risk of sexual abuse.
- **Accountability:** Residents who violate the policy may face discipline, removal from the program, and possible criminal charges. Staff and other affiliated persons may be terminated or barred from returning and reported to law enforcement or licensing bodies when applicable.
- **Protection from retaliation:** Good-faith reporters and alleged victims are protected from retaliation. The facility monitors relevant treatment, housing, program changes, discipline, and staff actions for at least 90 days.
- **Incident review:** Substantiated and unsubstantiated incidents are reviewed to identify needed changes in policy, staffing, supervision, monitoring technology, or facility conditions.

Policy A009 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:

- Receive reports of alleged sexual misconduct and ensure the allegations are investigated promptly and thoroughly
- Facilitate retaliation protection
- Coordinate the response of the investigator, medical, mental health, and advocate services
- Participate in incident reviews and follow-ups

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 the 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

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| | • Provide guidance and direction on policy and procedure related to the standards<br>• Maintain incident report documentation<br>• Attend and participate in manager meetings<br>• Schedule and coordinate SART meetings<br>• Prepare reports for the Director teams<br><br>According to the Table of Organization, the PREA Coordinator reports directly to the Human Resource Director, who reports to the Executive Director. During the onsite visit, the auditor interviewed the Executive Director. The Executive Director reports that the PREA Coordinator has meaningful independence and is not expected to stay within a narrow job lane. He states that management relies on him to identify compliance concerns, recommend corrective actions, and say what he believes is necessary. The ED provided an example of the PREA Coordinator recommending the recent policy revision that was needed to ensure the facility was operating appropriately. He emphasized that the PREA Coordinator does not propose changes arbitrarily; he raises issues because he believes they are necessary for compliance.<br><br>The Executive Director portrays Reggie as empowered, knowledgeable, credible, and influential in facility policy and compliance decisions.<br><br>Review:<br><br>Policy and procedure<br><br>Table of organization<br><br>Job description<br><br>Interview with PREA Coordinator<br><br>Interview with Executive Director |

| **115.212** | **Contracting with other entities for the confinement of residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The facility houses residents for the Ohio Department of Rehabilitation and Correction. The agency does not contract with other agencies/facilities to house residents. |

| **115.213** | **Supervision and monitoring** |
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 determining the need for video monitoring, the plan will take into consideration:

- The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities;
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- 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 for 2024, 2025, and 2026. The 2026 plan includes:

**Physical layout**

The complex is made up of five buildings that sit on 26 acres, surrounded by a 12-foot fence. The Administrative Building holds the administrative area, central control, intake, visitation, and medical. Three buildings hold resident housing units. The male resident buildings have male housing units, staff offices, and an indoor recreation/group room. Each housing unit has 24-2 bedrooms, 1 intake dorm (the intake dorm has a camera), bathrooms, laundry room, holding cell, staff offices, and a dayroom area. The agency has completed a female building renovation project. The female building has an administrative office area, two housing units with a lobby area between the units, classrooms, staff offices, house bathroom, shower rooms, a laundry room, a segregation cell, and an indoor recreation area. Each housing unit has 2-4 person dorm rooms that have a toilet/sink combo in the room. The building has an empty housing unit that is being used as a storage area. The complex has an education and vocational building and a cafeteria. Outbuildings on the complex include maintenance and storage.

**Composition of residents**

The facility houses both male and female felony offenders. The staffing plan was based on the facility housing 384 residents. The average population for the past twelve months was 296 residents, 197 males and 99 females. The current staffing level is adequate to secure the facility.

**Incidents of sexual abuse**

During calendar year 2025, the facility had zero (0) substantiated allegations of sexual abuse and zero (0) unsubstantiated allegations of sexual abuse.

**Other relevant factors**

None

**Prevailing staffing pattern**

The agency has 134 staff members and operates on two twelve-hour shifts. 1st Shift begins at 0600; 2nd Shift begins at 1800.

Weekdays – 1st Shift:

- Residential- 15 Residential/Security (1 Director, 2 Resident Managers, 3 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 2 Resident Specialist 'floaters')
- Programming/Behavior - 29 Program/Behavior (1 Director, 3 Program Managers, 1 Behavior Manager, 19 Program Specialists, 5 Behavioral Specialists)
- Reentry/Medical -13 Reentry/Medical (1 Director, 1 Vocation Manager, 1 Nurse Manager, 1 Reentry Manager, 6 Reentry Specialists, 3 Nurses)
- Community Justice-14 Community Justice (1 Director, 1 Community Justice Manager, 1 Transportation Manager, 5 Transportation Specialists, 4 ORAS Specialists, 2 Court Services Specialists)
- Clinical -3 Clinical (1 Director, 2 Social Workers)
- Administration -5 Administration (1 Executive Director, 1 HR/Fiscal Director, 1 HR Manager, 1 Training Manager, 1 Compliance Manager)
- Facility/Maintenance/Fiscal/Kitchen/I.T. -20 Facility (1 Director, 1 Maintenance Manager, 1 Fiscal Manager, 1 Kitchen Manager, 1 IT Manager, 2 Maintenance Coordinators, 2 Facility Specialists, 3 Maintenance Specialists, 1 Vocational Specialist, 2 Fiscal Specialists, 1 Resident Account Specialist, 4 Kitchen Specialists)

Weekdays- 2nd Shift:

- Residential -11 Residential/Security (1 Resident Manager, 2 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 1 Resident Specialist 'floater')

- All other departments - 0 after 1800 *unless working modified or irregular schedules. Vocational Contracted Service Providers are on-site until approximately 2130.

Weekends - 1 Shift:

- Residential -11 Residential/Security (2 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 2 Resident Specialist 'floaters')
- Program-1 Program (1 Behavioral Specialist)
- Facility -2 Facility (2 Kitchen Specialists)

Weekends - 2nd Shift:

- Residential- 10 Residential/Security (2 Resident Coordinators, 6 Resident Specialists, 1 Control Center Operator, 1 Resident Specialist 'floater')
- All other departments - 0 on weekends *unless working modified or irregular schedules

**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.

**Video and other monitoring technology**

There are 133 cameras located throughout the facility. The Control Center has constant surveillance of the facility.  Security rounds are conducted once each shift at various intervals. Resident counts are done several times throughout the day to maintain accountability. The Residential Department maintains a daily schedule posted in the supervisor's office area that is, at a minimum, 1 week in advance.

**Annual review**

At least annually, the Executive Director and PREA Coordinator will assess:

- The staffing plan and make the necessary changes
- Prevailing staffing patterns
- Facility's deployment of video monitoring systems and other monitoring technologies
- The resources available to commit to ensure adequate staffing levels, as well as adhere to the staffing plan

The facility provided the auditor with meeting minutes of the staffing plan review, staffing plans for the past three years, the facility floor plan, camera schematics, and the staff schedule.

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| | Review:<br><br>Staffing plan 2024, 2025, 2026<br><br>Floor plan<br><br>Staff schedule<br><br>Camera schematics<br><br>Tour of the facility<br><br>Interview with Resident Specialist<br><br>Interview with PREA Coordinator<br><br>Interview with Executive Director |

| 115.215 | Limits to cross-gender viewing and searches |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Facility policy requires strip searches to be performed by staff of the same gender as the resident. Body-cavity inspections may be conducted only in private by a qualified healthcare professional, based on a specific justification and with authorization from the facility administrator or designee. Cross-gender pat-down searches are prohibited except under exigent circumstances or when performed by qualified medical personnel, and every cross-gender search must be documented. The facility has Standard Operating Procedures (SOPs) for clothed (pat) and unclothed (strip) searches.<br><br>**Clothed or pat-down searches**<br><br>Pat-down searches must ordinarily be conducted by staff of the same sex as the resident. Cross-gender pat-down searches are prohibited except in exigent circumstances or when performed by qualified medical personnel, and any such search must be documented. Staff must use gloves, trauma-informed language, and professional, respectful techniques.<br><br>The procedure includes searching outer clothing and possessions, emptying pockets, inspecting the hair, ears, nose, and mouth, and systematically using an open-hand technique over clothing. When a cross-gender search is necessary, staff must use the back of the hand around the chest, buttocks, inner thighs, and groin and conduct the search in the least intrusive manner possible. Searches after visitation and random searches may also include removing and inspecting shoes and inserts. |

**Unclothed or strip searches**

Strip searches are visual inspections for contraband and must be conducted privately, professionally, and by same-sex staff. Cross-gender strip searches are strictly prohibited except during an exigency or when performed by qualified medical personnel, and they must be documented.

Staff may inspect the resident's clothing, undergarments, hair, mouth, body, genital area, feet, and buttocks, and may direct the resident to squat and cough. Staff are not permitted to touch the resident during the visual strip-search procedure. Manual or instrumental body-cavity inspections may only be performed by qualified medical personnel when probable cause exists and the Executive Director authorizes the examination.

The auditor reviewed the facility's search-training curriculum and attendance records, including materials addressing cross-gender searches and searches involving transgender and intersex residents. Security staff receive this training annually. The curriculum adequately instructs staff to conduct searches professionally, respectfully, with trauma-informed language, and in the least intrusive manner possible. Facility policy also prohibits searching transgender or intersex residents solely to determine their genital status.

Staff reported that they receive search-related instruction during orientation, on-the-job training, and periodic refresher training. They described the training as covering pat-down procedures, PREA requirements, professional boundaries, cross-gender and transgender searches, appropriate hand techniques, and the need to explain each step of a search to the resident.

One staff member said they had extensive prior experience conducting searches in male and female facilities and understood that, during a cross-gender pat-down, the back of the hand should be used around sensitive areas and the resident should be told what will occur step by step. The staff member had not personally conducted a cross-gender search at STAR.

Residents generally reported that searches were conducted by staff of the same gender and in an appropriate, professional manner. Several residents said they had only been searched during intake, while others reported having pat-down searches during their stay. One male resident specifically confirmed that he had always been searched by male staff and understood that female staff were not supposed to pat down male residents.

Most residents did not identify concerns with the manner in which pat-down searches were conducted.  One resident did express significant discomfort with the intake strip-search process. Although he acknowledged that staff had a security responsibility, he objected to having to expose his genital area and squat and cough in front of another man. He suggested that the use of the body scanner would be less intrusive and stated that the strip search was the only interaction with staff that had made him feel truly uncomfortable.

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| | The Resident Handbook states that residents may be subject to pat-down, strip, and shakedown searches at any time, have no expectation of privacy in personal effects, and may undergo a body-cavity search only by medical staff when probable cause exists.<br><br>A transgender or intersex resident may not be searched or physically examined solely to determine genital status. When genital status is unknown, it should be established through conversation, medical records, or, if necessary, as part of a broader private examination by a medical practitioner. Staff received focused training on cross-gender and transgender searches, including applicable rules, verbal instructions, and hand techniques around the chest and groin.<br><br>The auditor interviewed a resident who had initially identified as nonbinary and reported that pat searches were conducted by male staff and described the search as normal, without identifying any inappropriate conduct. During the interview, the resident clarified that he was a straight male and had considered using a nonbinary designation because he believed it might provide additional protection from bullying, name-calling, or mistreatment—not because he personally identified as transgender or nonbinary.<br><br>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. Residents may be instructed to remove towels or other objects that obstruct staff's view. Incidental viewing of breasts, buttocks, or genitalia during a legitimate security check is not treated as sexual abuse; however, prolonged viewing or requiring exposure unrelated to official duties may constitute sexual abuse and should be reported.<br><br>The interviews indicate that STAR uses a doorbell as its cross-gender announcement when a female staff member or visitor enters a male housing unit. Staff reported that the bell should be rung whenever a female enters the house, even when she is entering an office or other area within the housing unit. Staff are trained during onboarding about the announcement procedures. Staff are required to make a verbal announcement if the doorbell to the unit is not functioning.<br><br>The residents report that staff ring the doorbell prior to entering the housing unit, and some mentioned that in addition to ringing the doorbell, they make a verbal announcement once inside the unit.<br><br>During the onsite visit, the auditor witnessed the practice of the residents announcing a cross gender staff member by saying "female on the unit" or "male on the floor" after the doorbell was rung. This practice is to ensure all residents are aware that a staff member of the opposite gender is on the unit.<br><br>The facility houses transgender residents and begins individualized planning when notified that a transgender or intersex resident will be admitted. According to the PREA Coordinator, staff review available collateral information before arrival and develop a safety plan addressing appropriate housing, room placement, supervision, |

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| | and the gender of staff who should conduct searches. The resident's own concerns and preferences are discussed and documented during the initial PREA risk screening, and the plan may be adjusted as additional information becomes available. Interviewed staff further reported that requested accommodations, including preferred forms of address and search preferences, are communicated to the appropriate personnel, and that residents may be moved or separated when necessary to address safety concerns.<br><br>Facility search procedures also prohibit examining or searching a transgender or intersex resident solely to determine genital status. When genital status is unknown, it may be established through discussion with the resident, review of medical records, or, when necessary, as part of a broader private medical examination.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Training curriculum<br><br>Training sign-in sheets<br><br>Facility tour<br><br>Security round expectation posting<br><br>Resident handbook<br><br>Interview with residents<br><br>Interview with Resident Specialist<br><br>Interview with PREA Coordinator |

| **115.216** | **Residents with disabilities and residents who are limited English proficient** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | STAR's policy requires reasonable accommodations so residents with known physical, mental, cognitive, sensory, communication, or language-related disabilities can safely access housing, services, programs, and activities on an equal basis. Accommodations are identified during intake and medical assessments, but they may also be added or revised later if new information, injuries, or concerns arise. |

Residents may request an accommodation at any time.  Depending on the resident's needs, accommodations may include:

- Accessible housing, entrances, rooms, showers, restrooms, safety rails, or modified equipment.
- Medical or physical variances.
- Simplified instructions, adjusted programming, additional assistance, or one-to-one support for cognitive or comprehension limitations.
- Interpreters, translated materials, alternative communication methods, captioning, screen-reading technology, speech-to-text tools, or digital translation devices.
- Auxiliary aids for residents who are deaf, hard of hearing, blind, or visually impaired.
- Delivery of services at an alternate accessible location when necessary.

For mental, cognitive, sensory, communication, and language accommodations, residential, behavioral-health, programming, and reentry staff are expected to collaborate and notify personnel who interact with the resident. Once notified, staff must consistently implement the approved accommodation. Active accommodations are recorded on facility logs and updated when they expire or are no longer needed.

The policy prohibits using other residents as interpreters, readers, or assistants. A resident may be used only in a limited emergency when waiting for a qualified interpreter would compromise safety, an immediate response, or an investigation.

Staff reported that they would assist residents with disabilities by identifying individual needs and adjusting services, materials, housing, or instruction accordingly.

Interviewed staff described the following practices:

- Residents with limited reading, writing, or cognitive abilities may receive additional explanation, simplified instruction, individual meetings, or extra time reviewing class material. Programming staff said they use afternoon hours to meet one-on-one with residents and "meet them where they're at."
- Staff may arrange for specialized educational support. One administrator identified a staff member who works with residents who have significant literacy or cognitive limitations.
- Residents with hearing or visual limitations may be seated closer to the instructor so they can better see or hear classroom material.
- Written materials can be modified into accessible formats. The facility produced a resident handbook in 22-point font for a resident with a visual impairment.
- For residents with limited English proficiency, staff reported translating the handbook and programming materials and using electronic translation equipment capable of real-time communication.
- Staff stated that residents are encouraged to communicate their needs, ask

questions, and advocate for themselves so personnel can provide the appropriate support.

The auditor interviewed residents who were identified as limited English proficient, deaf/hard of hearing, blind/low vision, cognitive disability, physical disability, and mental disability. Residents described receiving assistance through peer mentors during intake and orientation. Peer mentors helped explain rules, organize property, complete required routines, and adjust to the program. Although residents did not always describe this as a disability accommodation, the support was reported as useful for understanding and navigating facility expectations. One resident reported receiving a handbook in large font along with a magnifying glass to use for written material. Another resident stated that the staff was aware of his hearing limitations and made sure he understood any instructions, conversations, and expectations.

The auditor was provided with a resident handbook (English, Spanish, and Russian), 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

SOPs

Resident handbooks (large print)

Accommodation email

PREA posters (English and Spanish)

PREA pamphlets

Ohio Supreme Court interpreter list

Interview with Resident Specialist

Interview with Intake Manager

PREA education video (closed caption, Spanish)

Interview with targeted residents

Interview with Case Managers

Interview with PREA Coordinator

| 115.217 | Hiring and promotion decisions |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | STAR’s PREA hiring policy applies to employees who may have contact with residents, as well as contractors, volunteers, interns, and other service providers.<br><br>The facility prohibits hiring, promoting, or using the services of anyone who:<br><br>• Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution<br>• Been convicted for 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<br>• Been civilly or administratively adjudicated to have engaged in the previously described activities<br><br>Sexual-harassment incidents must also be considered when deciding whether to hire or promote an employee or engage a service provider.<br><br>Before hiring or approving someone who may have resident contact, STAR must conduct BCI and FBI criminal-background checks. The facility must also make reasonable efforts to contact prior institutional employers regarding substantiated sexual-misconduct allegations or resignations occurring during a pending sexual-misconduct investigation. When warranted, other prior employers are contacted to determine whether the applicant was terminated following a sexual-misconduct inquiry or investigation.<br><br>Background checks must be repeated at least every five years for current employees and applicable contractors, volunteers, and interns, unless the facility uses another system that continuously captures relevant criminal-history information. Applicants and current personnel must also be questioned directly about prior misconduct and law-enforcement contacts, including citations, detentions, or charges. Material omissions or knowingly false information may result in termination of employment or the service agreement.<br><br>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.<br><br>The HR Director reported that applicants first apply through the facility’s website. If a department manager wants to proceed, HR conducts an initial telephone screening using a standardized questionnaire. The screening includes basic qualifications, such as possession of a driver’s license and a diploma or GED, as well |

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| | as questions about criminal history and whether the applicant has ever been terminated or asked to leave employment because of sexual misconduct or sexual-harassment allegations.<br><br>For applicants with prior experience in correctional, treatment, or similar institutional settings, HR contacts former employers to determine whether the applicant is eligible for rehire and whether the person was involved in sexual harassment or other PREA-related incidents. Applicants who do not pass the screening are removed from consideration; those who pass are referred to department management for an interview.<br><br>On the first day of employment, new hires complete paperwork and drug testing and are sent to the county sheriff's office for their background check. STAR pays the cost. While results are pending, the employee remains in orientation or supervised on-the-job training and does not work independently with residents. Any concerning background information is reviewed case by case by HR and the Executive Director. Updated background checks are also conducted periodically, with HR tracking when renewals are due.<br><br>For internal promotions, positions are circulated according to their level, applicants submit letters of interest, supervisors and personnel records are consulted, and an HR representative participates in interviews when possible. Final promotion decisions receive director-level review and approval.<br><br>The HR Director also stated that the facility maintains employment records in its HR software showing the reasons former employees were terminated. This allows STAR to respond to inquiries from other institutions and to identify individuals who should not be rehired. Employees terminated for sexual harassment would not be eligible to return.<br><br>The auditor reviewed 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.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Employee files<br><br>Background checks<br><br>Reference checks<br><br>Interview questionnaire<br><br>Performance appraisals |

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| | Disciplinary action<br><br>Interview with Human Resources Director |

| 115.218 | Upgrades to facilities and technology |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The agency has completed a remodel of an existing building that is now used to house the female residents. The PREA Coordinator and Executive Director explained how the PREA Coordinator was directly involved in ensuring that the final decisions for the project do not negatively impact the agency's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.<br><br>Interviewed administrators described several facility and technology improvements:<br><br>• Computer replacement: The facility planned to replace outdated staff computers over approximately six months to one year because the existing equipment was approaching the end of vendor support.<br>• Wi-Fi expansion: The new IT employee was evaluating upgrades to wireless equipment and expanding coverage, particularly along the facility’s main corridor and other routinely used campus areas.<br>• Camera improvements: The IT employee could repair and reconfigure the facility’s IP cameras, including exterior cameras that had experienced outages. Administrators said camera coverage is reviewed following incidents to determine whether additional cameras are needed in a particular area.<br>• Body-worn cameras: Line staff were expected to begin wearing body cameras. The cameras would generally remain inactive during routine operations and be activated when an incident occurred. Management described this as an added layer of oversight rather than a response to a specific major incident.<br>• Visitor-management system: Staff identified the visitor check-in system as a relatively recent technological upgrade.<br>• Transportation and screening technology: Intake staff reported that transport vehicles are camera-equipped.<br>• Body Scanner: The facility also uses body scanners for new admissions and residents returning from work service, with additional searches conducted when a scan identifies an abnormality or other concern.<br>• Accessibility and translation technology: Administrators reported purchasing tablet-based translation equipment with microphones and earpieces that could translate instruction in real time. The facility had also translated handbooks and programming materials for a resident who spoke Russian. |

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| | Review:<br><br>Facility tour<br><br>Interview with PREA Coordinator<br><br>Interview with Executive Director |

| 115.221 | Evidence protocol and forensic medical examinations |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | STAR's investigation policy requires every report of sexual misconduct, sexual harassment, or retaliation to be investigated and documented in writing. Investigations may be administrative or criminal, depending on the facts, and allegations that appear criminal are referred to the Ohio State Highway Patrol or another appropriate law-enforcement agency. The facility has an MOU with the Ohio Highway Patrol to conduct criminal investigations. The MOU states:<br><br>• All PREA incident 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 a similarly comprehensive and authoritative protocol developed after 2011.<br>• 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.<br>• Investigators will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution<br>• 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 an 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<br>• 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<br>• Substantiated allegations of conduct that appears to be criminal will be referred for prosecution<br>• 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 |

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| | 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 with a copy of the training certificates.<br><br>The alleged victim may be transported for emergency treatment and a SANE examination. Medical and mental-health services are provided at no cost, including follow-up treatment, STI testing and prophylaxis, and pregnancy testing when appropriate.<br><br>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 an MOU with the hospital that states:<br><br>• SOMC will provide a trained Sexual Assault Nurse Examiner to any resident victim of sexual assault/abuse<br>• Hospital social workers will be provided to resident victims to assist with community referrals for aftercare services<br><br>A victim advocate or qualified victim-support person is made available when requested. The facility has an MOU with Shawnee Family Health Center to provide Victim Advocate services to residents who report being sexually assaulted/abused. The services include:<br><br>• Accompanying and supporting the victim through the forensic examination process<br>• Accompany and support the victim through investigatory interviews at the hospital, the facility, and the police station<br>• Provide emotional support<br>• Provide crisis intervention<br>• Provide follow-up services<br><br>The agreement states that the facility will cover all financial costs as well as provide all transportation to and from Shawnee Family Health Center until necessary services conclude or until the resident is no longer in the custody of the facility.<br><br>The facility has trained staff that serves as Victim Support Persons, including night-shift management, so a qualified support person is available when incidents occur outside normal business hours. The victim support person reported that their role is to provide immediate emotional support to the resident and remain available throughout the response process. Their duties include accompanying and transporting the resident for outside medical or SANE services, staying with the resident during the hospital visit, helping the resident understand what is happening, and communicating relevant updates to the PREA Coordinator.<br><br>The facility provided the auditor with MOU's for services with the Ohio Highway Patrol, Southern Ohio Medical Center, and Shawnee Family Health Center. The facility has provided the auditor with documentation of administrative investigator training and victim support training. |

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| | Review:<br><br>Policy and procedure<br><br>SOPs<br><br>MOU with Ohio Highway Patrol<br><br>MOU with Shawnee Family Health Center<br><br>MOU with Southern Ohio Medical Center<br><br>Training certificates<br><br>Interview with PREA Coordinator<br><br>Interview with Clinical Director<br><br>Interview with Victim Support Staff |

| **115.222** | **Policies to ensure referrals of allegations for investigations** |
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| | **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.<br><br>The agency posts its investigatory policy on its website, http://www.starcjc.com/images/pdfs/ResidentPREAHandout.pdf. The facility has had three investigations into sexual abuse or sexual harassment during the past twelve months.<br><br>Investigation #1: The facility received a report from a resident who states that his roommate was making verbal and physical sexual advances towards him, including slapping him on the buttocks. An administrative investigator was assigned and did not find any evidence to corroborate the allegation. The allegation was determined to be unsubstantiated.<br><br>Investigation #2: The facility received an allegation from a resident who states that another resident has been making sexually suggestive statements/gestures towards him. An administrative investigator was assigned and found evidence to corroborate the allegation. The allegation of sexual harassment was determined to be substantiated. No referral for a criminal investigation was necessary. |

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| | Investigation #3: The facility received multiple complaints from female residents that a contract staff member discussed sexually inappropriate topics in class and showed a sexually inappropriate video. An administrative investigator was assigned and found evidence to corroborate the allegation. The allegation of sexual harassment was determined to be substantiated. No referral for a criminal investigation was necessary.<br><br>Review:<br><br>Policy and procedure<br><br>Investigation reports<br><br>Agency website<br><br>Interview with PREA Coordinator<br><br>Interview with agency administrative investigators |

| **115.231** | **Employee training** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Policy states that the facility must ensure all staff members who have positions that have contact with residents will receive pre-service and in-service training that addresses the prohibition, identification, reporting, and prevention of sexual misconduct, as well as the consequences for violating facility policy and procedures.<br><br>New employees receive PREA instruction before beginning independent work with residents. The orientation timeline places PREA-related training on Day 3 and includes the agency's PREA policy, sexual abuse and harassment, professional boundaries, unauthorized relationships, clothed and unclothed searches, cross-gender search instruction, and first-response responsibilities.<br><br>The agency's PREA curriculum covers:<br><br>• PREA's purpose, applicability, and zero-tolerance requirements.<br>• Definitions of resident-on-resident and staff-on-resident sexual abuse, sexual harassment, and voyeurism.<br>• The dynamics of sexual abuse in confinement, common victim reactions, vulnerable populations, and communication with LGBTQI residents.<br>• Internal and external reporting options.<br>• Staff duties after receiving a report include separation, evidence preservation, and notification. |

- Retaliation monitoring.
- Professional boundaries, unauthorized relationships, forbidden transactions, and the duty to report suspected staff misconduct.

Ongoing staff training includes formal PREA sessions through STAR Academy and agency-wide read-and-review assignments. The 2026 STAR Academy schedule included a dedicated PREA and professional-boundaries session. Records for the 2025 PREA review show that all 101 assigned employees completed the review, although 18 completed it after the due date, resulting in 100% completion and 81% timely compliance.

In addition to in-person training, the facility provides required PREA training through its online Learning Management System, Relias. The Relias training topics include:

- The purpose of PREA
- Definitions of sexual abuse and sexual harassment
- Standardized definitions of prohibited behaviors
- Consequences and liabilities for non-compliance with PREA standards
- Dynamics of sexual abuse and sexual harassment in confinement facilities
- Common reactions of victims
- How to detect and respond to signs of sexual abuse
- How to communicate with residents, including those who identify as lesbian, gay, bisexual, transgender, intersex, and gender non-conforming
- Providing residents with education and information on their rights to be free from sexual abuse, sexual harassment, and retaliation due to reporting sexual abuse and sexual harassment
- Multiple methods of reporting allegations

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 to, 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 includes 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

Staff generally reported that PREA training is provided during new-hire orientation and reinforced through STAR Academy, Relias courses, policy reviews, posted materials, and periodic refresher instruction.

Staff described the training as covering the history and purpose of PREA, applicable terminology, the facility's zero-tolerance policy, signs of possible sexual abuse or harassment, reporting procedures, professional boundaries, and the responsibilities of staff after receiving an allegation. One employee specifically said the training reviews "things to look for," the reporting process, and how to contact or work through the PREA Coordinator. That employee kept the training materials at their desk so the information could be quickly referenced during an incident.  Another staff member reported receiving PREA information through Relias and mandatory STAR Academy training. The employee also noted that PREA information and reporting instructions are posted throughout the facility and available to staff and residents.

The PREA Coordinator explained that new employees receive blended classroom and web-based PREA training at the beginning of orientation. Full training is alternated with off-year policy reviews or refresher information distributed through Relias. Refresher instruction may focus on lessons from actual incidents, including breakdowns involving boundaries, staff perceptions, manipulation, or other identified concerns.

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

Training completion is tracked through orientation checklists, signed acknowledgments, attendance sheets, read-and-review reports, and individual Relias transcripts.

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

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| | Review:<br><br>Policy and procedure<br><br>Training records<br><br>Training curriculum report<br><br>Training sign-in sheets<br><br>Acknowledgements<br><br>Training PowerPoint<br><br>Employee file review<br><br>Interview with PREA Coordinator<br><br>Interview with staff |

| **115.232** | **Volunteer and contractor training** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | STAR requires contractors, volunteers, interns, clergy, vendors, and similar service providers to receive PREA-related orientation before interacting with residents. The training process includes completion of an application, background check and fingerprinting, required forms, a facility tour, and review of key policies. PREA-related instruction covers the agency's zero-tolerance policy, sexual abuse and sexual harassment, cross-gender supervision, professional communication and boundaries, unauthorized relationships, and how to respond to sexual harassment. Completion is documented on a training checklist with staff initials, dates, and the participant's signature.<br><br>Participants must also review and sign the PREA Notice, which explains:<br><br>• STAR's zero-tolerance policy.<br>• Definitions and examples of sexual abuse, sexual harassment, and voyeurism.<br>• The duty to immediately report any allegation verbally or in writing to any staff member or to the Compliance Manager.<br>• The facility's authority to deny access or terminate a contract or volunteer arrangement for policy violations.<br>• That substantiated allegations may be referred for prosecution.<br><br>By signing the notice, the contractor or volunteer acknowledges receiving the |

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| | information and agrees to follow the requirements.<br><br>The facility plans to offer group training approximately quarterly, with mandatory annual refresher training for active contractors and volunteers. Individuals who remain inactive for six months may be moved from the active list and would need to satisfy current training requirements before resuming services.<br><br>In addition to providing appropriate PREA training to volunteers, contractors, and interns, the facility requires every person entering the facility to review the agency's zero-tolerance policy and acknowledge that review. This process is now completed through the facility's digital visitor sign-in system, which presents the PREA notice electronically and records the individual's acknowledgment as part of the entry process. During the onsite review, the auditor completed the digital sign-in and PREA acknowledgment each day upon entering the facility.<br><br>The facility did not have a contractor, volunteer, or intern at the facility during the onsite visit.<br><br>Review:<br><br>Policy and procedure<br><br>Training checklist<br><br>Zero tolerance acknowledgement<br><br>Interview with PREA Coordinator<br><br>Interview with contractor/volunteer trainer |

| **115.233** | **Resident education** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Policy 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:<br><br>• Prevention<br>• Self-protection<br>• Reporting<br>• Treatment and counseling<br><br>STAR educates residents about PREA beginning at intake. Residents receive the Resident Handbook and acknowledge electronically that they received it, are responsible for reviewing it, and may ask staff questions when clarification is |

needed.

The handbook and resident PREA handout explain:

- The agency’s zero-tolerance policy and the resident’s right to be free from sexual abuse, sexual harassment, and retaliation.
- How to report verbally or in writing to any staff member, through the facility’s compliance contact, or through an outside hotline.
- The option to make an anonymous external report and to have family or friends report on the resident’s behalf.
- Prevention and self-protection information, the facility’s response to allegations, available medical and mental-health treatment, victim-advocacy services, retaliation protections, and how investigation outcomes are communicated.

Within 14 days of admission or transfer, residents are shown an ODRC PREA education video addressing zero tolerance for sexual misconduct. The video includes a deaf interpreter, closed captioning, and a Spanish-language outline. Residents who need additional help understanding the video or handbook are directed to facility staff.

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

The facility reinforces this education through PREA posters placed throughout intake, housing units, vocational areas, hallways, the kitchen, and other resident-accessible locations. The posters provide reporting methods, internal and external contact information, residents’ reporting rights, and victim-support resources. The March 2026 inventory documented 22 PREA posters, including Spanish-language materials, and tracked their condition and replacement needs.

Staff who provide resident education reported that PREA information is introduced immediately during intake. Intake personnel review the facility’s zero-tolerance and sexual-assault awareness forms with each resident, confirm that the resident understands the information, and obtain the resident’s signature and date. This generally occurs on the day of arrival, often within the first hour after the resident completes the initial intake process.  Staff said the information is presented through several methods rather than relying on a single document. Residents receive PREA information in the handbook, discuss it directly with intake staff, watch the resident-education video during orientation, and have access to posters displaying the PREA hotline and reporting options. Intake staff reported that they discuss PREA with every incoming resident and make sure residents understand the material rather than simply handing them forms to sign.

An orientation instructor explained that PREA is addressed during orientation but is not repeatedly presented in a way that overwhelms residents. Instead, the facility makes the information continuously available through posters and signs identifying

reporting methods and contact numbers. The instructor believed this approach helps residents remain aware of the information without becoming desensitized to it through excessive repetition.

Residents reported that they received PREA information during intake and orientation. They recalled receiving or reviewing the Resident Handbook, signing acknowledgment forms, and watching a PREA education video. Residents also said PREA reporting information was displayed on posters throughout the facility. Most interviewed residents demonstrated a basic understanding of the facility's zero-tolerance policy and knew they could report sexual abuse or harassment to staff. Several were also aware that written, hotline, or outside reporting options were available, although residents varied in how clearly they could describe every method.

Upon assignment to a housing unit, each new resident is paired with a peer mentor, commonly called a "Big," who helps the resident adjust to the facility and understand its rules and procedures. The Big reviews the Resident Handbook, explains where and how to report PREA allegations, identifies the locations of PREA reporting posters, and assists the resident with using the kiosk to send private messages, submit requests, or file grievances. The Big also answers questions about schedules, property, daily routines, and other aspects of facility life. The Resident Handbook states that peer mentors help new residents integrate into the community by explaining facility expectations, procedures, schedules, rules, and the handbook, while also assisting with basic needs.

Residents reported that their Big went through at least part of the handbook with them, answered questions, helped them become familiar with the kiosk and other facility resources, and generally kept them from becoming confused or getting into trouble during their first days in the housing unit. One resident described the peer mentor as taking the new arrival "under your wing" for the first three days, while another peer mentor said the role includes explaining how the program operates and encouraging residents to bring concerns to staff for assistance.

STAR's policy requires reasonable accommodations for residents with known physical, mental, cognitive, sensory, communication, or language-related disabilities, so that these residents can benefit from the agency's efforts to protect, detect, report, and respond to incidents of sexual abuse and sexual harassment. This includes PREA education. Residents identified in these categories may receive accommodations that include:

- Simplified instructions, adjusted programming, additional assistance, or one-to-one support for cognitive or comprehension limitations.
- Interpreters, translated materials, alternative communication methods, captioning, screen-reading technology, speech-to-text tools, or digital translation devices.
- Auxiliary aids for residents who are deaf, hard of hearing, blind, or visually impaired.

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| | • Delivery of services at an alternate accessible location when necessary.<br><br>The auditor was provided with a resident handbook, pamphlets, and posters available to the residents, which included options for those who are limited English proficient.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Resident handbook (English, Russian, Spanish)<br><br>PREA posters (English and Spanish)<br><br>PREA pamphlets<br><br>PREA education video<br><br>Interview with resident<br><br>Interview with Intake staff<br><br>Interview with Behavior Specialist<br><br>Interview with PREA Coordinator |

| **115.234** | **Specialized training: Investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The agency requires staff who conduct administrative sexual-abuse investigations to receive specialized PREA investigator training in addition to the general PREA training required for all employees. The training must be documented and cover interviewing sexual-abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the evidentiary requirements for substantiating an allegation for administrative action or referral for criminal prosecution.<br><br>The specialized curriculum addresses the following areas:<br><br>• **Administrative investigative standards:** Investigations must be prompt, thorough, fair, and objective. Administrative findings are based on a preponderance of the evidence. Investigators are taught to apply consistent disciplinary standards, document the investigation fully, and ensure any |

recommended penalty is proportionate to the proven conduct.

- **Planning and evidence collection:** Investigators must identify the purpose and possible criminal elements of the case, preserve crime scenes, gather direct and circumstantial evidence, review video, records, communications, prior complaints, and relevant histories, and maintain proper evidence security and chain of custody. Administrative and criminal investigations both require interviews, evidence collection, and written reports.
- **Victim interviewing:** Training emphasizes private, neutral, and trauma-informed interviews using open-ended, nonjudgmental questions. Investigators should allow victims to describe their experiences in their own manner, avoid blaming "why" questions, account for fragmented or delayed trauma memories, provide interpreters when needed, and permit a victim advocate to provide emotional support when requested.
- **Credibility determinations:** Credibility must be evaluated individually and may include camera footage, prior allegations, vulnerability history, requests for housing changes, relationships between the parties, recent discipline, witness accounts, and other corroborating evidence. A resident's or employee's status alone cannot determine credibility.
- **Staff-misconduct investigations:** Investigators are trained to distinguish conduct that violates policy from conduct that may also be criminal. The materials stress that relationships between staff and residents are inherently unequal and that resident consent is not a defense to staff sexual misconduct. Investigators must also consider Garrity protections when employee statements could affect a criminal case.
- **Legal and liability issues:** The curriculum addresses Ohio criminal law, agency and individual liability, deliberate indifference, failure to train or supervise, retaliation, and the importance of consistently applying policy. It emphasizes that having a written policy is insufficient unless staff are trained, complaints are investigated, and appropriate corrective action is taken.
- **Prosecutorial collaboration:** Investigators are instructed to prepare complete, accurate, unbiased reports; preserve and photograph evidence; maintain witness availability; respond to subpoenas; and coordinate with law enforcement and prosecutors so cases that appear criminal can be effectively reviewed and prosecuted.
- **Agency culture and retaliation:** Training also addresses professional boundaries, codes of silence, inconsistent discipline, sexualized work environments, and other cultural conditions that can discourage reporting or undermine investigations. Staff and residents who report or cooperate must be protected from retaliation.

The auditor interviewed several administrative investigators, who reported receiving specialized training in trauma-informed practices, evidence collection—excluding forensic evidence collection in sexual-assault cases—proper investigative documentation, and determining whether allegations are substantiated,

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| | unsubstantiated, or unfounded. The investigators also demonstrated an understanding of the Garrity process. However, the PREA Coordinator, who also serves as an administrative investigator, stated that facility investigators would not interview an employee when an allegation appears to involve criminal conduct.<br><br>According to the PREA Coordinator, allegations suggesting possible criminal behavior are first referred to the Ohio State Highway Patrol for criminal investigation. The facility will defer the administrative investigation until the criminal process permits it to proceed. STAR maintains a memorandum of understanding with the Ohio State Highway Patrol governing the investigation of PREA-related incidents.<br><br>Review:<br><br>Administrative investigator training curriculum<br><br>Administrative investigator training certificates<br><br>MOU with Ohio Highway Patrol<br><br>Interview with administrative investigators<br><br>Interview with PREA Coordinator |

| **115.235** | **Specialized training: Medical and mental health care** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The policy requires all full-time and part-time medical and mental-health practitioners to receive specialized PREA training in addition to the general training provided to other employees. The specialized instruction must address:<br><br>• Recognizing signs of sexual abuse and sexual harassment.<br>• Preserving physical evidence.<br>• Responding effectively and professionally to alleged victims.<br>• Reporting suspected sexual abuse or harassment.<br>• Following the facility's response protocol when abuse or harassment is suspected.<br><br>STAR's medical and mental-health personnel complete this specialized PREA training online in addition to professional education required to maintain their licenses. The behavioral-health supervisor reported that licensed clinical staff complete continuing education every two years and also take the PREA course required specifically for clinicians and medical personnel. The nurse manager similarly reported completing additional Relias training and a specialized webinar. |

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| | The online training is from the NIC training website. The training includes:<br><br>• PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting<br>• PREA 201 for Medical and Mental Health Practitioners<br><br>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.<br><br>Review:<br><br>Policy and procedure<br><br>Training certificates<br><br>Training curriculum<br><br>Interview with Nursing Manager<br><br>Interview with Clinical Director |

| **115.241** | **Screening for risk of victimization and abusiveness** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | All residents must be screened for their risk of sexual victimization and sexual abusiveness within 72 hours of initial intake or transfer, including transfers between STAR campuses. The screening must be conducted as an interview using Form 0370; staff are required to ask the questions directly, document follow-up information, and may not give the form to the resident to complete independently.<br><br>The screening considers factors associated with possible victimization, including:<br><br>• Whether the resident has a mental, physical, or developmental disability<br>• The age of the resident<br>• The physical build of the resident<br>• Whether the resident has previously been incarcerated<br>• Whether the resident's criminal history is exclusively nonviolent<br>• Whether the resident has prior convictions for sex offenses against an adult or child<br>• Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming<br>• Whether the resident has previously experienced sexual victimization<br>• The resident's own perception of vulnerability |

- Prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse

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 their own perception of vulnerability.

Based on the screening, residents are classified as a known victim, potential victim, non-victim, known predator, potential predator, or non-predator. The classification form also permits professional discretion and includes recommendations for housing, education, programming, or other accommodations.

SOP- C002 states that:

- The PREA screening should model a conversation between a staff member and a 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.

Any identified concern must be promptly reported to the PREA Coordinator or designee and entered on the PREA housing-tracking log.

Residents must be reassessed no later than 30 days after arrival, and again whenever new information, a referral, a request, or an incident indicates that their risk may have changed.

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

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| | Staff reported that they conduct the PREA risk assessment as a private, conversational interview, rather than simply reading questions or giving the form to the resident. They try to establish rapport, use a trauma-informed approach, and ask sensitive questions in a respectful manner so residents feel comfortable disclosing prior victimization, fears, or sexually abusive behavior. Staff noted that some residents arrive frightened or already affected by trauma, so the interviewer must balance sensitivity with the need to collect enough information to keep the resident safe.<br><br>Staff also described the following practices:<br><br>• Reviewing collateral information, including presentence investigation reports, criminal history, prior sexual offenses, and available institutional information before or during the assessment.<br>• Asking follow-up questions and documenting detailed information, particularly the who, what, when, where, and how of any prior confinement-related allegation.<br>• Allowing residents to disclose only what they are comfortable discussing while still documenting that an incident or concern was identified.<br>• Using the screening form and professional judgment to classify residents as possible victims or possible aggressors and to identify housing or safety concerns.<br>• Flagging known or potential victims and aggressors so they are not housed together or in a manner that could trigger prior trauma.<br><br>Staff acknowledged that residents do not always disclose everything during the initial interview. Some may later provide information to a case manager or another staff member with whom they have developed greater trust. When new information is received, staff report that the assessment is revisited and updated.<br><br>The interviews also indicate that screening quality depends significantly on the interviewer's ability to engage residents in difficult conversations. The PREA Coordinator identified staff members who were particularly effective at obtaining meaningful information because they were genuine, patient, and skilled in trauma-informed interviewing.<br><br>The PREA Coordinator conducts quality assurance checks on the assessments to ensure they are screened appropriately and within time limits. Staff conducts quality assurance on PREA risk assessments through several levels of review and follow-up:<br><br>• After completing the initial assessment, the screener forwards it to a designated management staff member for review. Management may change the classification when the documented information supports reclassification.<br>• New information received after screening—such as a disclosure, referral, request, or incident—requires the assessment and classification to be |

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| | reconsidered.<br>• The PREA Coordinator reviews assessment documentation and provides feedback when forms, classifications, or procedures need to be corrected or refined.<br><br>Residents reported that staff asked them PREA-related screening questions during intake, including questions about prior sexual victimization, personal safety concerns, sexual orientation or gender identity, disabilities, and any history that might indicate sexually abusive behavior. Most residents appeared to understand that the questions were intended to identify safety concerns and guide housing or other placement decisions. No interviewed resident reported being punished for declining to answer a sensitive question or stated that the screening was conducted in an openly inappropriate manner.<br><br>Some residents remembered being asked similar questions again or discussing safety concerns later with staff, while others could not clearly distinguish the formal 30-day reassessment from other intake, case-management, or classification interviews.<br><br>Screening information is confidential and may be shared only with personnel who have a professional need to know. 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.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Initial risk assessments<br><br>30-day reassessments<br><br>Quality assurance tracker<br><br>Corect Tech resident database<br><br>Interview with assessment staff<br><br>Interview with Resident Specialist<br><br>Interview with PREA Coordinator |

| **115.242** | **Use of screening information** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

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| | Policy states that the information from the risk screening will be used to ensure the safety of each resident. Screening information is confidential and may be shared only with personnel who have a professional need to know. It is used to guide housing, bed, work, education, and program assignments and to separate residents at high risk of abusiveness from residents at high risk of victimization.<br><br>Any identified concern must be promptly reported to the PREA Coordinator or designee and entered on the PREA housing-tracking log. Staff must check this information before approving housing or room moves to avoid placing a possible victim with or directly adjacent to a possible predator. The facility uses strategic placement and increased staff visibility when concerns arise. In one documented case, the PREA Coordinator requested that a resident who reported feeling vulnerable and targeted be moved to a room directly in front of the staff desk or another location with high staff visibility.<br><br>The reviewed files show that identified predators are formally classified and communicated to the PREA Coordinator for tracking and placement decisions. For example, a resident with a prior sexually motivated conviction was classified as a known predator and referred to the PREA Coordinator for appropriate action.<br><br>Residents identified as being at high risk are referred to the facility's clinical staff for an individualized interview and review of any safety or treatment concerns. Based on the resident's needs, the staff may offer individual counseling or group services, including Seeking Safety, anger management, and PTSD-focused treatment. The Clinical Director reported that residents may receive services through the facility or be referred to community providers to address underlying issues. Participation in treatment related to sexual abuse or sexual harassment remains voluntary and is provided at the resident's discretion.<br><br>The facility recognizes that residents who identify as LGBTI or gender non-conforming are at higher risk for victimization and has developed a plan to ensure the residents' safety. The facility does not have a dedicated facility, unit, or wing that solely houses residents who identify as lesbian, gay, bisexual, transgender, or intersex.<br><br>A safety plan is developed for each resident identified as transgender or intersex. The planning process allows the resident to state their preferred pronouns and addresses individualized housing, supervision, and privacy needs. The facility has single-user showers and may assign a resident to a single-occupancy room when appropriate.<br><br>According to the PREA Coordinator, the initial assessment also evaluates whether the resident can be safely and appropriately placed at the facility. Administrators consider any potential management or security concerns, including the resident's own safety preferences and whether assignment to a male or female housing unit would create risks or operational concerns.<br><br>The resident reported that he initially felt fearful and vulnerable because of negative experiences in jail and concerns that others might target, ridicule, misunderstand, |

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| | or gang up on him because of his voice, mannerisms, and perceived differences. He explained that he had considered identifying as nonbinary as a way to obtain additional protection, but clarified that he considers himself a straight male. Regarding his current safety, he said his comfort level had improved as he became more familiar with the facility. He noted that the bathroom doors lock and described the resident population as non-violent.<br><br>During the onsite visit, the auditor interviewed all residents who identified as LGBTI and asked whether they had experienced bullying, harassment, or discrimination. None reported being subjected to such treatment. The residents spoke positively about staff and the facility's efforts to maintain a safe and secure environment. No resident indicated that housing or dorm assignments were made solely on the basis of gender identity or sexual orientation.<br><br>The auditor completed a web search to ensure the facility was not under a consent decree, a legal settlement, or a legal judgment. The auditor did not find any such reports.<br><br>Review:<br><br>Policy and procedure<br><br>Initial PREA risk assessment<br><br>30-day risk assessment<br><br>Email for alternate housing<br><br>Interview with Clinical Director<br><br>Interview with Operations Director<br><br>Interview with PREA Coordinator<br><br>Interview with targeted residents |

| **115.251** | **Resident reporting** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Residents may report allegations or suspicions of sexual abuse, sexual harassment, or retaliation at any time. Reports may be made verbally or in writing to any staff member, directly to the PREA Coordinator, or through the outside-agency hotline. Residents may also ask to remain anonymous when using the outside reporting option. Family members and friends may submit reports on a resident's behalf by telephone or email. The policy prohibits retaliation against residents who report allegations or cooperate with an investigation. |

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:

- Verbally to any staff member
- In writing to any staff member
- Internal reporting line – 740-354-9026 x1160 or 1105
- External hotline number – 614-728-3155
- Email- rarden@starcjc.com
- Resident kiosk system
- Resident grievance system
- Friends and family can report on your behalf

* There is no cost to call the internal or external reporting lines from resident phones. 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.

The handbook contains the same reporting information.

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 with information on reporting numbers and email addresses to internal and external entities.

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.

Residents generally reported that they know how to report bullying, harassment, or sexual abuse and would notify staff if a concern arose. They stated that PREA reporting procedures are reviewed during intake and orientation, including through the handbook and PREA video. One resident specifically noted that staff conducts a follow-up check approximately 30 days after intake to confirm that the resident remains safe and understands the process.

Most residents denied experiencing bullying or harassment and described ordinary disagreements or joking among residents as different from targeted harassment. Several stated that staff closely monitor resident behavior and do not tolerate bullying, inappropriate touching, lending and borrowing, or other conduct that could create safety concerns. One female resident identified another resident as displaying bullying behavior but reported that staff were aware of the issue, had intervened, and were attempting to address the behavior through structured programming or counseling. She stated that when concerns are reported to staff, staff respond promptly and take them seriously.

The facility had several allegations that were reported by residents. These

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| | allegations were reported verbally to staff members, and all received an administrative investigation.<br><br>Staff are required to immediately forward any knowledge, suspicion, or information concerning sexual abuse, sexual harassment, retaliation, or staff neglect that may have contributed to an incident. Information about the allegation must be shared only with those who need it for treatment, investigation, security, or management purposes.<br><br>Staff reported that they understand they have an affirmative duty to immediately report any knowledge, suspicion, or information involving sexual abuse, sexual harassment, retaliation, or staff neglect that may have contributed to an incident. They stated that reports may come directly from a resident, another staff member, a third party, or an anonymous source and must be taken seriously and can go directly to the PREA Coordinator.<br><br>Review:<br><br>Policy and procedure<br><br>Resident handbook<br><br>PREA pamphlet<br><br>Facility tour<br><br>Employee handbook<br><br>PREA posters<br><br>Investigation reports<br><br>Outside reporting test<br><br>Interview with residents<br><br>Interview with staff |

| **115.252** | **Exhaustion of administrative remedies** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | 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 A009. The facility does not have an explicit administrative remedy policy. |

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| | Review:<br><br>Policy and procedure<br><br>Interview with PREA Coordinator |

| 115.253 | Resident access to outside confidential support services |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | 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 judgment. STARCJC will be responsible for covering all financial costs 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 limitations of confidential services provided by the agency.<br><br>In addition to contact information for Shawnee Family Health Center, the agency provides the following emotional support and rape crisis information:<br><br>• Ohio Department of Rehabilitation & Correction Sexual Assault Hotline<br>• Ohio Alliance to End Sexual Violence<br>• Sexual Assault Network of Central Ohio<br><br>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 acknowledging receipt of receiving this information.<br><br>The facility provided the auditor with the brochures, posters, and Resident Handbook distributed during intake. The brochure identifies local, state, and national rape crisis organizations and includes their telephone numbers and mailing addresses. The Behavior Specialist reported that, during orientation, residents are advised that communications with these organizations will be handled as confidentially as possible, while also being informed of the limits of confidentiality that apply to mandated reporters.<br><br>During the onsite visit, the auditor observed PREA related posters displayed throughout the facility and in each housing unit. The auditor also reviewed resident files and verified that residents had received the information and signed acknowledgments documenting receipt. |

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| | Residents reported that they were informed about available emotional-support services during intake and orientation through the Resident Handbook, PREA handout, brochures, and posted materials. They were advised that staff would handle communications as confidentially as possible, while also explaining that some limits to confidentiality may apply, including mandatory reporting obligations and the fact that calls to outside support services may not be confidential.<br><br>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.<br><br>RECOMMENDATION:<br><br>Remove the ODRC reporting number from posters that contain information about emotional support services. This may confuse residents who may try to report allegations to emotional support agencies.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>MOU with Shawnee Family Health Center<br><br>Interview with residents |

| **115.254** | **Third party reporting** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The facility permits third parties, including family members and friends, to report allegations or suspicions of sexual abuse, sexual harassment, or retaliation on a resident's behalf. Third-party reports must be handled in the same manner as reports made directly by residents. Visitors, volunteers, vendors, contractors, and student interns are also instructed to immediately report any allegation of sexual abuse or sexual harassment. They may report verbally or in writing to any staff member or directly to the PREA Coordinator.<br><br>The auditor reviewed the facility's website, http://www.starcjc.com/images/pdfs/ResidentPREAHandout.pdf, 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: |

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| | • Verbally to any staff member<br>• In writing to any staff member<br>• Internal reporting line – 740-354-9026 x1160 or 1105<br>• External hotline number – 614-728-3155<br>• Email- reggiearden@starcjc.com<br><br>The auditor was able to see various posters in the visiting area during the facility tour.<br><br>The auditor contacted the outside hotline number to verify the process. The caller was instructed to leave a message with details of the allegation, that the caller can remain anonymous, and that all allegations will be investigated.<br><br>The facility did not receive a third party report from a resident or outside person/ agency on behalf of a resident. The PREA Coordinator reports that any allegation, even from third parties, will be administratively and/or criminally investigated.<br><br>Review:<br><br>Policy and procedure<br><br>Agency website<br><br>Facility tour<br><br>PREA posters<br><br>Outside report hotline test<br><br>Investigation repots<br><br>Interview with PREA Coordinator |

| **115.261** | **Staff and agency reporting duties** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The PREA Standards policy requires all staff to immediately report, according to established protocols, any knowledge, suspicion, or information concerning sexual abuse or sexual harassment. Staff must also promptly report retaliation against a resident or staff member who made a report, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.<br><br>The facility's Unauthorized Relationship policy establishes an affirmative duty for employees to immediately notify the Executive Director whenever they know or reasonably suspect that another employee is involved in an unauthorized |

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| | relationship. Failure to report such information may result in disciplinary action.<br><br>PREA reporting requirements are reviewed with employees during onboarding, included in the employee handbook, and reinforced through annual zero-tolerance training. At the beginning of employment, employees must review and acknowledge these policies as mandatory “read-and-sign” documents, followed by required annual refresher training.<br><br>The auditor reviewed employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgement.<br><br>Staff interviewed during the onsite visit reported that they are required to immediately report any allegation, suspicion, or indication of sexual abuse, sexual harassment, inappropriate boundaries, or retaliation. Staff stated that they would notify the PREA Coordinator, even when they were uncertain whether the reported conduct met the definition of a PREA violation. One supervisor explained that staff are trained to consult the PREA Coordinator whenever there is even a possibility that a resident may have been victimized.<br><br>Staff also reported that they would not hesitate to report a coworker who appeared to be crossing professional boundaries or becoming overly familiar with a resident. One staff member stated that reporting such conduct protects residents and may prevent the employee from engaging in behavior that could result in serious personal or legal consequences.<br><br>Staff further reported that PREA reporting duties, professional boundaries, and zero-tolerance requirements are reviewed during initial orientation, mandatory STAR Academy training, and periodic refresher training.<br><br>The policy requires the facility to report all allegations involving a minor or vulnerable adult to the appropriate local or state service agency. No allegations were made from, on behalf of, or against anyone who would be identified as a youthful offender or vulnerable adult.<br><br>Overall, the interviewed staff appeared aware that all allegations must be reported and addressed, regardless of their personal opinion about whether the allegation will ultimately be substantiated.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Training Curriculum<br><br>Employee handbook<br><br>Employee files |

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| | Investigation reports<br><br>Interview with staff<br><br>Interview with Clinical Director<br><br>Interview with PREA Coordinator |

| 115.262 | Agency protection duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Policy requires the facility to have procedures in place that protect at risk residents from 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.<br><br>Staff must take immediate action when they learn that a resident is at substantial risk of imminent sexual abuse. This can include separating involved residents, relocating one of them, increasing supervision, and notifying the PREA Coordinator. The facility maintains direct staff presence in housing areas and uses video monitoring to supplement supervision.<br><br>The Executive Director and PREA Coordinator reported that, as a matter of agency practice, staff members accused of sexual abuse or sexual harassment are placed on administrative leave while the allegation is investigated. When the alleged abuser is another resident, that resident is placed in administrative segregation for the duration of the investigation.<br><br>The PREA Coordinator reported that the facility takes immediate action in response to every allegation of sexual abuse or sexual harassment to protect resident safety and security. Protective measures have included relocating residents to different housing units and implementing separation contracts to prevent contact between the involved individuals.<br><br>Review:<br><br>Policy and procedure<br><br>Investigation reports<br><br>Interview with PREA Coordinator<br><br>Interview with Executive Director |

| 115.263 | Reporting to other confinement facilities |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Agency policy has a procedure for reporting to other confinement facilities.<br><br>• Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director<br>• The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred<br>• The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation<br>• The agency will document that it has provided such notification<br>• Should the facility receive an allegation from another confinement facility about a former resident, the facility will conduct an investigation into the allegation<br><br>Staff who conduct PREA risk assessments reported that when a resident discloses prior sexual victimization at another confinement facility, they document the details and immediately forward the information to the PREA Coordinator. The PREA Coordinator is then responsible for notifying the facility or agency where the alleged abuse occurred, with notification documented and made as soon as possible, but no later than 72 hours after the report is received.<br><br>The PREA Coordinator reported that when STAR receives information that a resident was allegedly sexually victimized at another confinement facility, the report is forwarded to him for review. He then contacts the appropriate official at the facility or agency where the alleged incident occurred, documents the notification, and ensures it is made as soon as possible, but no later than 72 hours after STAR receives the report.<br><br>When STAR receives an external report from another confinement facility alleging that sexual victimization occurred while the individual was in STAR custody, the PREA Coordinator ensures the allegation is promptly accepted and investigated under the facility's current PREA procedures. The facility also maintains an external PREA reporting form for staff to use when the PREA Coordinator is unavailable so that outside reports can still be documented and processed without delay. The PREA Coordinator reports that the facility has not received a report from another facility.<br><br>The facility provided the auditor with an incident tracking log that lists all initial reports and how they were reported.<br><br>Review:<br><br>Policy and procedure |

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| | SOPs<br><br>Incident tracking log<br><br>Investigation reports<br><br>Interview with PREA Coordinator |

| 115.264 | Staff first responder duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Staff first responders are required to act immediately when they receive a report of sexual abuse or sexual assault. Their primary duties are to protect the alleged victim, preserve evidence, and promptly notify the appropriate personnel.<br><br>When the alleged incident occurred during the current shift or within the previous 96 hours, staff must:<br><br>• Contact 911 when the alleged victim needs emergency medical attention.<br>• Separate the alleged victim from the alleged suspect and, when applicable, place the suspect in segregation.<br>• Secure the room or area where the alleged incident occurred.<br>• Notify the PREA Coordinator or designee by the most confidential and expeditious means.<br>• Instruct the alleged victim and suspect not to take actions that could destroy evidence, such as washing, brushing their teeth, changing clothes, eating, drinking, urinating, or defecating.<br>• Protect and preserve all available evidence.<br>• Obtain a written statement from the alleged victim.<br>• Complete the required PREA First Responder Checklist and submit it before the end of the shift.<br>• Assist with arranging medical or SANE services and the designation of a Victim Support Person when applicable.<br><br>For older incidents or reports of sexual harassment, staff must still separate the involved residents, notify the PREA Coordinator promptly and confidentially, obtain a written statement, and complete the required documentation. Evidence preservation and emergency medical steps are applied as appropriate to the circumstances.<br><br>During interviews, staff described the appropriate first-responder actions. They stated that they would immediately ensure the alleged victim’s safety, separate the alleged victim from the alleged abuser, and notify their supervisor and the PREA Coordinator or designee without delay. |

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| | The facility had one allegation of sexual abuse; however, no first responder steps beyond separating the residents were necessary.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Coordinated response plan<br><br>Interview with staff<br><br>Investigation reports |

| **115.265** | **Coordinated response** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | 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 has access. The states that:<br><br>• If the abuse/assault took place on the current shift or within the past 7 days, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, and/or eating.<br>• If the abuse/assault took place on the current shift or within the past 7 days, ensure that the alleged suspect does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, and/or eating<br>• If resident report of sexual abuse/assault indicates the incident DID take place on your shift or within the past 7 days, staff will:<br>◦ Contact 911 if the alleged victim has injuries that need immediate medical attention<br>◦ Separate the alleged victim from the alleged suspect, escort the alleged suspect to segregation, if applicable<br>◦ Lock room/close off area where alleged abuse/assault took place<br>◦ Notify the PREA Coordinator or designee by the most confidential and expeditious means<br>◦ Victim Support Person will be designated<br>◦ Protect and preserve any evidence related to the alleged victim and/or alleged suspect |

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| | ◦ Have alleged victim write a statement of what happened<br>◦ Complete first responder checklist and submit to the PREA Coordinator before the end of shift<br>◦ Transport victim to SOMC for SANE evaluation<br>◦ PREA Coordinator or designee will contact law enforcement if preliminary investigation indicates that criminal charges may be warranted<br>• 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:<br>◦ Separate alleged victim from alleged suspect<br>◦ Notify the PREA Coordinator by the most confidential and expeditious means<br>◦ Victim Support Person will be assigned<br>◦ Have victim write a statement<br>◦ Complete first responder checklist and submit to PREA Coordinator by the end of your shift<br>◦ PREA Coordinator will contact designated law enforcement if preliminary investigation indicates that criminal charges may be warranted<br>• PREA Coordinator will complete and submit a Special Incident Report to the Bureau of Community Sanctions<br>• SART will complete a review of the incident within 30 days of the conclusion of the investigation<br><br>The facility provided the auditor with investigation reports that outlined the steps taken according to the posted plan. The auditor was able to see the plan posted in several locations during the onsite visit.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Coordinated Response Plan<br><br>Investigation reports<br><br>Interviews with staff |

| 115.266 | **Preservation of ability to protect residents from contact with abusers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

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| | 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 an acknowledgement of “At Will” employment during onboarding.<br><br>Interview with Human Resources Director<br><br>Employee files |

| 115.267 | Agency protection against retaliation |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Policy 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.<br><br>The facility does this by:<br><br>• 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<br>• 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<br><br>The facility has multiple ways to protect 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. 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.<br><br>The facility provided the auditor with their retaliation monitoring report. The report lists:<br><br>• Date monitoring began<br>• Type of person being monitored (resident or staff)<br>• Monitoring considerations (as listed in the standard)<br>• Notes from check-in |

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| | • Date of check-in<br>• Person responsible for monitoring<br>• Need for continued monitoring<br>• Reason for continued monitoring<br>• Date monitoring ended<br><br>The PREA Coordinator reports that he is responsible for conducting retaliation monitoring of staff and residents. He reports that should the monitoring be for a resident, the monitoring would include:<br><br>• Disciplinary reports<br>• Housing or program changes<br>• Negative performance reviews<br>• Staff reassignments<br><br>The facility provided the auditor with retaliation monitoring that aligned with the incident tracking log for 2024 and 2025. All monitoring continued for at least 90 days unless the resident had been released from the facility prior to the 90 days.<br><br>When possible retaliation is identified, the facility is required to act promptly to stop and remedy it. Monitoring may continue beyond 90 days when circumstances show an ongoing need, but it may end if the allegation is determined to be unfounded.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Retaliation monitoring report<br><br>Incident tracking report<br><br>Tour of facility<br><br>Interview with PREA Coordinator |

| **115.271** | **Criminal and administrative agency investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | STAR’s investigation policy requires every report of sexual misconduct, sexual harassment, or retaliation to be investigated and documented in writing. Investigations may be administrative or criminal, depending on the facts, and allegations that appear criminal are referred to the Ohio State Highway Patrol or |

another appropriate law-enforcement agency.

Investigations must be prompt, thorough, fair, and objective. Investigators must identify the purpose and possible criminal elements of the case, preserve crime scenes, gather direct and circumstantial evidence, review video, records, communications, prior complaints, and relevant histories, and maintain proper evidence security and chain of custody. Administrative and criminal investigations both require interviews, evidence collection, and written reports.

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

- Alleged abuser's name
- Alleged victim's 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).

Investigators are trained to distinguish conduct that violates policy from conduct that may also be criminal. The facility has an MOU with the Ohio Highway Patrol to conduct criminal investigations. Investigators are instructed to prepare complete, accurate, unbiased reports; preserve and photograph evidence; maintain witness availability; respond to subpoenas; and coordinate with law enforcement and prosecutors so cases that appear criminal can be effectively reviewed and prosecuted.

Administrative investigators interviewed during the onsite visit report that during investigations, they will gather direct and circumstantial evidence, review video, records, communications, prior complaints, and relevant histories. During interviews, they will have private, neutral, and trauma-informed interviews using

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| | open-ended, nonjudgmental questions.  Credibility must be evaluated individually and not based on a resident's or employee's status.<br><br>The PREA Coordinator reported that the facility does not require residents to undergo polygraph examinations or any other truth-verification testing. When an allegation is referred for criminal investigation, the administrative investigation may proceed concurrently only with authorization from the investigating law-enforcement agency; otherwise, it resumes after the criminal investigation permits further administrative action. Throughout the criminal process, the PREA Coordinator maintains contact with the Ohio State Highway Patrol to monitor the investigation's status and progress.<br><br>The facility provided the auditor with its records-retention schedule filed with the State of Ohio. The schedule requires administrative records to be maintained according to the applicable document title or record specification. Accordingly, administrative investigation records and related information are retained in compliance with Standard 115.271 for as long as the alleged abuser remains housed at or employed by the facility, plus five additional years.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Investigation reports<br><br>Retention schedule<br><br>Administrative Investigator training certificates<br><br>MOU with Ohio Highway Patrol<br><br>Interview with administrative investigators<br><br>Interview with PREA Coordinator |

| **115.272** | **Evidentiary standard for administrative investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The agency may not apply an evidentiary standard higher than a preponderance of the evidence when determining whether an allegation of sexual abuse is substantiated. This means the available evidence must show that it is more likely than not that the alleged conduct occurred. |

- A substantiated allegation is one that was investigated and determined to have occurred
- An allegation is unsubstantiated when the investigation produces insufficient evidence to determine whether the incident occurred
- It is unfounded when the investigation determines that the incident did not occur

The auditor reviewed the allegations from the past audit cycle to verify the standard of proof used.

Review:

Policy and procedure

Administrative investigation reports

Interview with administrative investigators

| 115.273 | Reporting to residents |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

The allegation-notification policy requires the PREA Coordinator or designee to inform the reporting resident of the investigation's outcome immediately after the investigation is completed. The resident must be told whether the allegation was determined to be substantiated, unsubstantiated, or unfounded, and the notification is documented on the PREA Investigation Outcome Notice form.

The information required to be reported includes:

- 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 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:

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| | • Substantiated: The allegation was investigated and determined to have occurred.<br>• Unsubstantiated: The investigation produced insufficient evidence to determine whether the incident occurred.<br>• Unfounded: The allegation was investigated and determined not to have occurred.<br><br>For a substantiated allegation, the form also lists these possible outcomes concerning the alleged abuser:<br><br>• Removed from the program<br>• Transferred to another house, dorm, or facility<br>• No longer employed by the agency<br>• Indicted on a charge of sexual abuse within the facility<br>• Convicted on a charge of sexual abuse within the facility<br>• Outcome unknow<br><br>The notice explains the meaning of each investigative finding and records whether the resident requested an appeal. Staff and resident initials, signatures, and the notification date are used to document that the outcome was reviewed with the resident.<br><br>The PREA Coordinator reports that he will 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.<br><br>Review:<br><br>Policy and procedure<br><br>Investigation reports<br><br>Resident notification forms<br><br>Interview with PREA Coordinator |

| **115.276** | **Disciplinary sanctions for staff** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | STAR maintains a zero-tolerance policy for sexual abuse and sexual harassment. Staff who violate PREA requirements may be subject to discipline up to and including demotion, reassignment, or termination. Although the disciplinary policy |

identifies progressive steps such as coaching, a performance-improvement plan, a supervisory memorandum, and a supervisory conference, management may bypass progressive discipline depending on the seriousness of the violation. The severity of the conduct determines the action taken, and conduct involving violations of law may result in immediate 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.

Staff members are informed of the facility's disciplinary expectations during onboarding, through the employee handbook, and as part of annual PREA zero-tolerance training. Employees are advised that they may be held accountable for conduct occurring both on and, in certain circumstances, off duty. They are also notified that serious misconduct, 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 possible civil or criminal action.

These policies are considered mandatory "read and sign" documents at the start of employment and mandatory annual retraining thereafter.

Employees also read and sign an acknowledgement of the facility's Unauthorized Relationship policy. The policy describes unauthorized relationships as relationships with any individual on community control, adult probation or parole, and current or former residents of the facility who have not been approved by the Executive Director. Prohibited activities include, but are not limited to:

- The exchange of personal letters, pictures, phone calls, emails, social networking access, or information
- Engaging in any other unauthorized personal business relationships
- Visiting
- Resident with anyone who is on community control, adult probation, or parole, current or former residents of the facility, or friends or family of the same
- Committing any sexual act with any individual on community control, adult probation, or parole, or a current or former resident of the facility
- Engaging in any other sexual conduct with any individual on community control, adult probation, or parole, or a current or former resident of the facility
- Aiding and abetting any unauthorized relationship

The policy requires any employee who becomes aware of or reasonably suspects that another employee is involved in an unauthorized relationship to have an affirmative duty to immediately report any such knowledge or suspicion to the

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| | Executive Director. A failure to report such information may result in disciplinary action.<br><br>The auditor reviewed employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, ethics policy, unauthorized relationships, and policy and procedure manual acknowledgements.<br><br>The facility did not have an allegation against a staff member during the past twelve months.<br><br>Review:<br><br>Policy and procedure<br><br>Employee handbook<br><br>Employee files<br><br>Investigation reports<br><br>Interview with Executive Director<br><br>Interview with PREA Coordinator |

| **115.277** | **Corrective action for contractors and volunteers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Policy requires contractors and volunteers who have access to residents to receive pre-service and in-service training on the facility's zero-tolerance policies and the consequences of violating applicable requirements. The facility will not continue using any contractor or volunteer who engages in sexual abuse and will report the conduct to the appropriate law-enforcement authority, unless it is clearly noncriminal, and to any applicable licensing body.<br><br>The PREA Coordinator further reported that any contractor or volunteer who violates the facility's zero-tolerance policies will be prohibited from having further contact with residents.<br><br>Several female residents reported that a male vocational instructor discussed sexually inappropriate subjects and showed a video containing vulgar sexual content. The investigation determined that the allegation was substantiated. The instructor was permanently removed from the program and facility and was no longer employed or affiliated with the agency.<br><br>Review: |

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| | Policy and procedure<br><br>Investigation reports<br><br>PREA staff, volunteers, and interns notice<br><br>Interview with PREA Coordinator |

| 115.278 | Disciplinary sanctions for residents |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Facility policy 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 the intake and orientation group. The handbook outlines the facility's stance on sexual abuse and sexual harassment and the response to those who commit such acts.<br><br>Residents are informed of the facility's disciplinary process during orientation and through the Resident Handbook. Discipline is intended to address rule violations and antisocial behavior while helping residents make better choices. Possible sanctions include verbal warnings, concern slips, corrective actions, additional work assignments, loss or restriction of privileges, phase reduction, interventions, probation-officer contact, relating sessions, weekend programming, Major Rule Violation seminars, Intensive Supervision Programming, and removal from the program. Misconduct may also result in a probation or parole violation or an additional criminal charge.<br><br>Major Rule violations are treated more seriously because they involve conduct that may threaten facility safety or security. Depending on the facts and circumstances, a Major Rule violation may result in immediate discharge or criminal charges. Sexually acting out is specifically identified as a Major Rule violation.<br><br>The types of violations that could result in criminal charges include:<br><br>• Retaliation<br>• Aggravated menacing<br>• Sexual abuse<br><br>The handbook also states that residents may be disciplined for filing a grievance or allegation in bad faith, but only when an investigation establishes that the report was knowingly false, misleading, meritless, or an abuse of the grievance process. A good-faith PREA report is not subject to discipline merely because the allegation cannot be substantiated. |

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| | During the onsite visit, residents reported that they received the Resident Handbook and information regarding the facility's PREA zero-tolerance policy during intake. They stated that intake staff reviewed the handbook with them, including the disciplinary process and consequences for violating PREA-related rules, and that the information was reviewed again during orientation. Residents generally understood that serious violations could result in removal from the program. Several residents reported receiving sanctions or interventions for conduct classified as "Sexually Acting Out," which they described as dancing or other behavior staff considered sexually inappropriate. Most residents interviewed, both formally and informally, described the facility as highly structured, with numerous rules and strict staff enforcement. They also reported receiving education regarding conduct that may constitute a PREA allegation and the distinction between a good-faith report and a knowingly false allegation. Residents consistently indicated that sexual abuse and sexual harassment would not be tolerated at the facility.<br><br>The auditor also interviewed a Behavior Specialist who is responsible for addressing resident misconduct and issuing corrective actions. She reported that she facilitates orientation groups for newly admitted residents, during which she reviews facility rules, disciplinary procedures, available sanctions, and the intervention process. Her responsibilities also include reviewing behavioral incidents and meeting individually with residents to discuss the conduct, allowing the resident to explain the circumstances, and identifying alternative ways to respond to similar situations. This approach is consistent with the handbook's progressive levels of intervention, which include concern slips, individual interventions, corrective actions, probation-officer involvement, intensive supervision, phase reduction, and possible removal from the program.<br><br>Staff indicated that every allegation is taken seriously and investigated, while discipline for a false report would require evidence that the allegation was knowingly fabricated rather than merely unsubstantiated.<br><br>The facility had one unsubstantiated allegation. A resident alleged that his roommate made sexually inappropriate comments and slapped him on the buttocks. The investigation included interviews and a review of available evidence but found insufficient evidence to confirm that the incident occurred.<br><br>The facility had one substantiated allegation. A resident reported that another resident sexually harassed him in the housing unit. The investigation determined that the allegation was substantiated, and the alleged abuser was removed from the program.<br><br>The auditor reviewed resident files during the onsite visit. The files contained signed and dated acknowledgements of receiving the handbook, the facility's zero tolerance policy, the PREA pamphlet, and orientation group.<br><br>Review:<br><br>Policy and procedure |

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| | Resident handbook<br><br>Orientation material<br><br>PREA pamphlet<br><br>Disciplinary reports<br><br>Resident files<br><br>Investigation reports<br><br>Interview with residents<br><br>Interview with Behavior Specialist<br><br>Interview with PREA Coordinator |

| 115.282 | Access to emergency medical and mental health services |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The medical protocol requires STAR to provide prompt, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care to any resident who alleges sexual abuse or assault, at no cost to the resident.<br><br>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:<br><br>• Medical and mental health evaluation and treatment<br>• Evaluation, treatment, and follow-up services<br>• Treatment plans and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody<br>• Case and services consistent with the community level of care<br>• Test for sexually transmitted infectious diseases<br>• Pregnancy testing and comprehensive access to pregnancy-related medical services<br>• Information about and access to sexually transmitted infections prophylaxis and emergency contraception<br><br>During the onsite visit, the Nurse Manager reported that STAR does not conduct forensic medical examinations. A resident requiring medical attention following alleged sexual abuse or assault would be transported immediately to Southern Ohio Medical Center for emergency or acute care. After urgent needs are addressed, |

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| | STAR staff would transport the resident to Adena Pike Medical Center for an examination by a qualified Sexual Assault Nurse Examiner. A victim advocate would also be made available promptly upon request.<br><br>The Nurse Manager stated that the facility's medical department can provide basic treatment, including pregnancy and STI/STD testing, but acute medical conditions are referred to Southern Ohio Medical Center. HIV testing is conducted by the county health department, which can provide the testing onsite at the facility.<br><br>The Clinical Director reported that behavioral-health services include crisis stabilization, medication management, coordination with psychiatric nurse practitioners, telehealth support, and individual or group counseling. Residents are generally connected to the department through referrals, although concerns may also be identified before admission through court, probation, ORAS, or other collateral information. After receiving a referral, clinical staff conduct a brief consultation that includes the resident's mental health and medical history and an assessment of current needs.<br><br>For trauma related to sexual victimization, the Clinical Director stated that the facility may use an outside provider through an existing agreement, particularly when independent third-party involvement would be more appropriate. Onsite licensed clinicians and social workers can also provide support, and staff tries to connect residents with someone to talk to even when the resident does not require intensive clinical treatment.<br><br>The emotional-support personnel reported that trained victim advocates are available to support residents following an allegation. Social workers may also provide emotional assistance when needed. The support person's role is to remain with the resident, provide reassurance and emotional support, help the resident understand the medical or investigative process, and accompany the resident during outside medical or forensic services when requested. The advocate is not to coach the resident, answer questions for the resident, or influence the resident's account.<br><br>The PREA Coordinator reported that any resident who experiences sexual abuse will be offered medical and mental-health services at no cost. The scope and duration of those services will be determined by the treating medical or mental-health professionals based on the resident's individual needs. Residents may receive emotional support from trained victim-support personnel within the facility or through community-based providers. The facility also gives residents contact information for rape-crisis organizations so they may seek confidential emotional-support services independently. The support agencies include:<br><br>• Ohio Department of Rehabilitation & Correction Sexual Assault Hotline- 614-995-3584<br>• Ohio Division of Parole & Community Services PREA Hotline- 614-728-3399<br>• Ohio Alliance to End Sexual Violence (SARNCO)- 844-644-6435/ www.ohiosexualviolencehelpline.com |

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| | • Shawnee Family Health Center (Behavioral Health Services)- 740-354-7702/ shawneemhc.org<br><br>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.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>MOU with Southern Ohio Medical Center<br><br>MOU with Shawnee Family Medical Center<br><br>Victim Support Person training certificates<br><br>Administrative investigation reports<br><br>Mental health services request<br><br>Coordinator response plan<br><br>Confidential support services list<br><br>Interview with PREA Coordinator<br><br>Interview with Nurse Manager<br><br>Interview with Clinical Director<br><br>Interview with emotional support staff |

| **115.283** | **Ongoing medical and mental health care for sexual abuse victims and abusers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Agency policy 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.<br><br>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 tests 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 are consistent with the community level of care
- Test for sexually transmitted infectious diseases
- 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 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 Director reported that behavioral-health services include crisis stabilization, medication management, coordination with psychiatric nurse practitioners, telehealth support, and individual or group counseling. Residents are generally connected to the department through referrals, although concerns may also be identified before admission through court, probation, ORAS, or other collateral information. After receiving a referral, clinical staff conduct a brief consultation that includes the resident’s mental health and medical history and an assessment of current needs.

For trauma related to sexual victimization, the Clinical Director stated that the facility may use an outside provider through an existing agreement, particularly

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| | when independent third-party involvement would be more appropriate. Onsite licensed clinicians and social workers can also provide support, and staff tries to connect residents with someone to talk to even when the resident does not require intensive clinical treatment.<br><br>The PREA Coordinator and the Executive Director both report that known resident-to-resident abusers would not be housed at the facility. They report that should a resident be found to have sexually abused another resident, the resident abuser would be terminated from the facility.<br><br>The facility has not housed a known resident-to-resident abuser.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>MOU with Southern Ohio Medical Center<br><br>MOU with Shawnee Family Health<br><br>Investigation reports<br><br>Interview with Nurse Manager<br><br>Interview with Clinical Director<br><br>Interview with emotional support staff |

| **115.286** | **Sexual abuse incident reviews** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The facility's incident review process is conducted by the Sexual Assault Response Team (SART) after a PREA investigation or preliminary inquiry. The review examines both the underlying incident and the facility's response to determine whether additional corrective action is needed.<br><br>The SART review addresses:<br><br>• Whether the resident received a timely response, appropriate medical or mental-health care, information about community-based services, and protection from further harm.<br>• Whether staff followed agency policy, reporting requirements, evidence-preservation procedures, and coordinated-response protocols. |

- Whether law enforcement was contacted when appropriate and whether the scene and evidence were properly secured.
- Whether physical barriers, staffing levels, supervision practices, monitoring technology, housing decisions, or other facility conditions contributed to the incident.
- Whether the incident may have been motivated by race, ethnicity, gender identity, perceived LGBTI status, gang affiliation, or another factor.
- Whether documents were completed accurately, relevant information was overlooked, and additional staff training or policy revisions are necessary.

The team records its conclusions and recommendations, identifies whether follow-up or an action plan is required, and forwards recommendations for the Executive Director's review and approval. Incident reviews may result in changes to policy, supervision, staff training, housing arrangements, or monitoring practices.

The SART team is composed of the:

- Executive Director
- Operations Director
- Nurse Manager
- PREA Coordinator
- PREA Investigator
- Clinical Director
- HR Director

The team follows a checklist to review all necessary criteria for each investigation to ensure proper recommendations can be made. The checklist includes:

- Victim care review
    - staff first responder information
    - medical care provided
    - mental health services
- Policies and procedures
    - victim was informed of confidentiality and the 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 the 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 the optional community based services
    - Documents completed accurately
    - Overlooked pertinent information
    - Victim screened correctly
- Recommended improvements
    - Policies revision
    - Security improvements in the area of the incident
    - Internal services not provided, which may improve resident safety from sexual victimization
- Victim information
    - Sexual orientation
    - Race
    - Gender identity

In one unsubstantiated resident-on-resident case, the team found no contributing deficiencies and made no recommendations.  In a substantiated vocational-class incident, however, the SART recommended revising PREA protocols to require random spot checks of cross-gender vocational or program supervision. The Executive Director approved that recommendation, and subsequent records document the implementation of vocational cross-gender spot checks.

SART meeting minutes also show that the team reviews investigations and preliminary inquiries, tracks implementation of prior recommendations, examines coordinated-response procedures, and discusses broader PREA compliance matters such as training, staffing plans, poster inventories, and communication practices.

The Executive Director serves as a member of the SART and participates in post-incident reviews. He reported that his review focuses on whether existing policies and procedures were adequate and properly followed, and whether additional staff education or training is needed. He also conducts follow-up reviews to confirm that all approved recommendations and corrective actions have been fully implemented.

Review:

Policy and procedure

SOPs

Investigation report

SART review meeting minutes

SART checklist

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| | Cross-gender spot checks<br><br>Incident tracking<br><br>Preliminary inquiry log<br><br>Interview with SART members |

| 115.287 | Data collection |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Agency policy requires the PREA Coordinator to collect and maintain accurate, uniform data for all allegations of sexual abuse and sexual harassment by using a standard instrument and definitions.<br><br>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:<br><br>• Date of incident<br>• Resident(s) involved<br>• Type of incident<br>• Investigated by<br>• Finding<br>• Finding notification<br>• Report sent to the Ohio Department of Rehabilitation<br>• Report sent to ODRC on<br>• Outside agency notification<br>• Point of contact<br>• Total number of residents on 12/31<br>• Total number of admissions for CY<br>• Average daily population for CY<br>• Outcomes for resident on resident sexual harassment<br>• Outcomes for resident on resident sexual abuse<br>• Outcomes for staff on resident sexual harassment<br>• Outcomes for staff on resident sexual abuse<br>• Analysis of all reports<br><br>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 annual report was posted. The information in the report includes the aggregated sexual abuse and sexual harassment allegation data from 2025. |

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| | The PREA Coordinator reports that the Department of Justice has not requested any data related to incidents of sexual abuse or sexual abuse.<br><br>Review:<br><br>Policy and procedure<br><br>PREA annual report<br><br>PREA incident tracking log<br><br>Agency website<br><br>Interview with PREA Coordinator |

| **115.288** | **Data review for corrective action** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | 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:<br><br>• Identifying problem areas<br>• Tracking action on an ongoing basis<br>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole<br><br>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 sexual abuse.<br><br>The 2025 annual report for STAR Community Justice Center identified one PREA-related report during the calendar year. The incident, reported on April 10, 2025, involved a resident alleging sexual harassment by another resident in the housing unit. The report recorded:<br><br>• One resident-on-resident sexual-harassment allegation<br>• No staff-on-resident allegations<br>• No reports of nonconsensual sexual acts or abusive sexual contact<br>• No reports concerning incidents at other correctional institutions<br><br>**Comparison of 2024 and 2025 Data:** |

| **Category** | 2024 | **2025** | **Change** |
|---|---|---|---|
| Total PREA-related reports | 3 | 1 | Decrease of 2 reports |
| Resident-on-resident sexual harassment | 2 | 1 | Decrease of 1 report |
| Staff on resident sexual misconduct | 1 | 0 | Decrease of 1 report |
| Non-consensual sexual acts or abusive sexual contact | 0 | 0 | No change |
| Reports involving other institutions | 0 | 0 | No change |

**Identified problem areas**

- Resident-on-resident sexual harassment in housing:
  Resident-on-resident sexual harassment remained the only recurring category across both years. Two such allegations were reported in 2024, followed by one in 2025. Although the number declined, the recurrence indicates a continuing need for resident education, staff supervision, prompt reporting, and early intervention when inappropriate comments or behavior occur.
- Transport restroom supervision:
  The January 2024 staff-related report concerned allegedly improper observation or supervision of a resident using a restroom during transport. The recommendations-tracking record shows that the applicable transport procedure was reviewed because its wording was considered ambiguous

**Corrective Actions**

- Procedure E.7 of SOP-S033 was clarified to provide more specific guidance for staff supervising residents during restroom breaks. The revised procedure requires staff to remain outside the resident’s personal space while staying close enough to maintain effective supervision and expressly prohibits staff from viewing the resident’s genital area. It also states that restroom breaks are not permitted when a same-sex staff member is unavailable.

**Continuing Preventive Measures**

- Continuous staff presence in resident living areas
- Video-monitoring coverage
- Annual PREA and sexual-harassment training
- Enforcement of the zero-tolerance policy
- Resident access to management
- Availability of legal counsel for PREA investigations

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.

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.

Review:

Policy and procedure

SOPs

PREA annual reports 2024 and 2025

STARCJC website

| 115.289 | Data storage, publication, and destruction |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The agency’s PREA policy requires all sexual abuse data collected under the applicable PREA data standard to be securely retained for at least 10 years from the date of initial collection, unless federal, state, or local law requires a longer period. This includes both incident-based information and aggregated data used for annual review and reporting. Written administrative-investigation records are retained for as long as the alleged abuser remains employed by or confined at the agency, plus five years.<br><br>Security is maintained through the agency’s records-management and information-system controls. PREA records containing confidential or exempt information are not released publicly, and any public version must have personal identifiers removed or sensitive information redacted. Access is limited to authorized personnel, and records are retained in accordance with the Ohio History Connection retention schedule for audit and examination purposes.<br><br>Electronic information is treated as agency property and stored on STAR’s network for official business. The network is protected from unauthorized access, restricted files may be password-protected, and users are prohibited from altering, removing, |

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| | destroying, or disclosing data without authorization. Data is backed up regularly, with backup drives stored off-site in a secure location separate from the servers to protect against system failure or disaster.<br><br>The agency provided the auditor with STAR's approved Ohio Records Retention Schedule (RC-2). The schedule lists PREA records under COMP-05 and specifically includes investigative records, annual reports, and all other supplemental PREA records. The approved retention period is 10 years after the date of initial collection, and the records may be maintained in either paper or electronic form.<br><br>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 report is made available to the public through the agency's website. 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.<br><br>Review:<br><br>Policy and procedure<br><br>SOPs<br><br>Records retention schedule<br><br>Agency website<br><br>Annual PREA report 2025<br><br>Interview with PREA Coordinator |

| **115.401** | **Frequency and scope of audits** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The agency posts all final audit reports of its facilities on the agency website. The auditor reviewed the agency's website to confirm that the final report from year one, cycle three, has been posted. The facility has two buildings, and both audit reports are posted. The facility no longer houses residents at its second site. The facility will not have an audit report for this audit cycle.<br><br>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, |

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| | 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 the OAS. The auditor was also provided additional information as requested during the onsite visit.<br><br>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.<br><br>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor reviewed resident files and staff files for additional information and confirmation of reported information.<br><br>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high-traffic areas for residents, 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. |

| **115.403** | **Audit contents and findings** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The agency has published on its website.  The audit report from the agency's 2023 audit. The auditor reviewed the agency’s website and verified that the final audit report was posted.<br><br>This is year one of the current audit cycle.  The PREA Coordinator reports that the facility will have the audit conducted every year, one audit per cycle. The audit reports will be posted within 30 days of receipt of the report.<br><br>The PREA Coordinator states that he understands the audit requirements of posting all final audit reports on the agency’s website.<br><br>Review:<br><br>Agency website<br><br>Interview with PREA Coordinator |

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

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| | 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 |
| **115.213 (a)** | **Supervision and monitoring** | |
| | 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 |
| **115.213 (b)** | **Supervision and monitoring** | |
| | 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 |
| **115.213 (c)** | **Supervision and monitoring** | |
| | 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 |

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| | 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 |
| **115.215 (a)** | **Limits to cross-gender viewing and searches** | |
| | 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 |
| **115.215 (b)** | **Limits to cross-gender viewing and searches** | |
| | 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 |
| **115.215 (c)** | **Limits to cross-gender viewing and searches** | |
| | 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 |
| **115.215 (d)** | **Limits to cross-gender viewing and searches** | |
| | 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 |

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| | 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 |
| **115.215 (e)** | **Limits to cross-gender viewing and searches** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.215 (f)** | **Limits to cross-gender viewing and searches** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.216 (a)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents | yes |

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

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| | 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? | |
| **115.217 (a)** | **Hiring and promotion decisions** | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the 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 force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of 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 |
| **115.217 (b)** | **Hiring and promotion decisions** | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have | yes |

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| | contact with residents? | |
| | 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 |
| **115.217 (c)** | **Hiring and promotion decisions** | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| **115.217 (d)** | **Hiring and promotion decisions** | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| **115.217 (e)** | **Hiring and promotion decisions** | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| **115.217 (f)** | **Hiring and promotion decisions** | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |

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| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| **115.217 (g)** | **Hiring and promotion decisions** | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| **115.217 (h)** | **Hiring and promotion decisions** | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| **115.218 (a)** | **Upgrades to facilities and technology** | |
| | 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 |
| **115.218 (b)** | **Upgrades to facilities and technology** | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| **115.221 (a)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for | yes |

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| | 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.) | |
| **115.221 (b)** | **Evidence protocol and forensic medical examinations** | |
| | 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 |
| **115.221 (c)** | **Evidence protocol and forensic medical examinations** | |
| | 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 |
| **115.221 (d)** | **Evidence protocol and forensic medical examinations** | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these | yes |

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| | services a qualified staff member from a community-based organization, or a qualified agency staff member? | |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| **115.221 (e)** | **Evidence protocol and forensic medical examinations** | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| **115.221 (f)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 |
| **115.221 (h)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |
| **115.222 (a)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| **115.222** | **Policies to ensure referrals of allegations for investigations** | |

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| **(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 |
| **115.222 (c)** | **Policies to ensure referrals of allegations for investigations** | |
| | 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 |
| **115.231 (a)** | **Employee training** | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in 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 |

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| | 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | 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 |
| **115.231 (b)** | **Employee training** | |
| | 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 |
| **115.231 (c)** | **Employee training** | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| **115.231 (d)** | **Employee training** | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| **115.232 (a)** | **Volunteer and contractor training** | |

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| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| **115.232 (b)** | **Volunteer and contractor training** | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| **115.232 (c)** | **Volunteer and contractor training** | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| **115.233 (a)** | **Resident education** | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | 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 |
| **115.233 (b)** | **Resident education** | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |
| **115.233** | **Resident education** | |

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| **(c)** | | |
| | 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 |
| **115.233 (d)** | **Resident education** | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| **115.233 (e)** | **Resident education** | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| **115.234 (a)** | **Specialized training: Investigations** | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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)). | yes |
| **115.234 (b)** | **Specialized training: Investigations** | |
| | 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 |

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| | 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 |
| **115.234 (c)** | **Specialized training: Investigations** | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).) | yes |
| **115.235 (a)** | **Specialized training: Medical and mental health care** | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | 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 |

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| | 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 |
| **115.235 (b)** | **Specialized training: Medical and mental health care** | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | yes |
| **115.235 (c)** | **Specialized training: Medical and mental health care** | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.235 (d)** | **Specialized training: Medical and mental health care** | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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 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.) | yes |
| **115.241 (a)** | **Screening for risk of victimization and abusiveness** | |
| | 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 |

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| **115.241 (b)** | **Screening for risk of victimization and abusiveness** | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| **115.241 (c)** | **Screening for risk of victimization and abusiveness** | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| **115.241 (d)** | **Screening for risk of victimization and abusiveness** | |
| | 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: Whether the resident's criminal history is exclusively nonviolent? | yes |
| | 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | 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 | yes |

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| | criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability? | |
| **115.241 (e)** | **Screening for risk of victimization and abusiveness** | |
| | 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 |
| **115.241 (f)** | **Screening for risk of victimization and abusiveness** | |
| | 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 |
| **115.241 (g)** | **Screening for risk of victimization and abusiveness** | |
| | 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 |
| **115.241 (h)** | **Screening for risk of victimization and abusiveness** | |
| | 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 |

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| **115.241 (i)** | **Screening for risk of victimization and abusiveness** | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? | yes |
| **115.242 (a)** | **Use of screening information** | |
| | 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 |
| **115.242 (b)** | **Use of screening information** | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| **115.242 (c)** | **Use of screening information** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.242** | **Use of screening information** | |

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| **(d)** | | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.242 (e)** | **Use of screening information** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.242 (f)** | **Use of screening information** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.251 (a)** | **Resident reporting** | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| **115.251 (b)** | **Resident reporting** | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| **115.251 (c)** | **Resident reporting** | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from | yes |

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| | third parties? | |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| **115.251 (d)** | **Resident reporting** | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| **115.252 (a)** | **Exhaustion of administrative remedies** | |
| | Is the agency exempt from this standard?<br>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 |
| **115.252 (b)** | **Exhaustion of administrative remedies** | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| **115.252 (c)** | **Exhaustion of administrative remedies** | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | 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 |
| **115.252** | **Exhaustion of administrative remedies** | |

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| **(d)** | | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | 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 |
| **115.252 (e)** | **Exhaustion of administrative remedies** | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | 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 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.) | na |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.) | na |
| **115.252 (f)** | **Exhaustion of administrative remedies** | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is | na |

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| | exempt from this standard.) | |
| | 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 |
| **115.252 (g)** | **Exhaustion of administrative remedies** | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| **115.253 (a)** | **Resident access to outside confidential support services** | |
| | 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 |

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| **115.253 (b)** | **Resident access to outside confidential support services** | |
| | 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 |
| **115.253 (c)** | **Resident access to outside confidential support services** | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| **115.254 (a)** | **Third party reporting** | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| **115.261 (a)** | **Staff and agency reporting duties** | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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 |
| **115.261 (b)** | **Staff and agency reporting duties** | |

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| | 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 |
| **115.261 (c)** | **Staff and agency reporting duties** | |
| | 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 |
| **115.261 (d)** | **Staff and agency reporting duties** | |
| | 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 |
| **115.261 (e)** | **Staff and agency reporting duties** | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? | yes |
| **115.262 (a)** | **Agency protection duties** | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| **115.263 (a)** | **Reporting to other confinement facilities** | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| **115.263 (b)** | **Reporting to other confinement facilities** | |

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| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| **115.263 (c)** | **Reporting to other confinement facilities** | |
| | Does the agency document that it has provided such notification? | yes |
| **115.263 (d)** | **Reporting to other confinement facilities** | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| **115.264 (a)** | **Staff first responder duties** | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| **115.264 (b)** | **Staff first responder duties** | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any | yes |

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| | actions that could destroy physical evidence, and then notify security staff? | |
| **115.265 (a)** | **Coordinated response** | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| **115.266 (a)** | **Preservation of ability to protect residents from contact with abusers** | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| **115.267 (a)** | **Agency protection against retaliation** | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| **115.267 (b)** | **Agency protection against retaliation** | |
| | 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 |
| **115.267 (c)** | **Agency protection against retaliation** | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report | yes |

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| | 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? | |
| | 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 |
| **115.267 (d)** | **Agency protection against retaliation** | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |

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| **115.267 (e)** | **Agency protection against retaliation** | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| **115.271 (a)** | **Criminal and administrative agency investigations** | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/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 |
| **115.271 (b)** | **Criminal and administrative agency investigations** | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |
| **115.271 (c)** | **Criminal and administrative agency investigations** | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| **115.271 (d)** | **Criminal and administrative agency investigations** | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |

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| **115.271 (e)** | **Criminal and administrative agency investigations** | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? | 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 |
| **115.271 (f)** | **Criminal and administrative agency investigations** | |
| | 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 |
| **115.271 (g)** | **Criminal and administrative agency investigations** | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| **115.271 (h)** | **Criminal and administrative agency investigations** | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| **115.271 (i)** | **Criminal and administrative agency investigations** | |
| | 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 |
| **115.271 (j)** | **Criminal and administrative agency investigations** | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

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| **115.271 (l)** | **Criminal and administrative agency investigations** | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| **115.272 (a)** | **Evidentiary standard for administrative investigations** | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| **115.273 (a)** | **Reporting to residents** | |
| | 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 |
| **115.273 (b)** | **Reporting to residents** | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| **115.273 (c)** | **Reporting to residents** | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | 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 | yes |

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| | resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.273 (d)** | **Reporting to residents** | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.273 (e)** | **Reporting to residents** | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| **115.276 (a)** | **Disciplinary sanctions for staff** | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| **115.276** | **Disciplinary sanctions for staff** | |

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| **(b)** | | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| **115.276 (c)** | **Disciplinary sanctions for staff** | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| **115.276 (d)** | **Disciplinary sanctions for staff** | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| **115.277 (a)** | **Corrective action for contractors and volunteers** | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| **115.277 (b)** | **Corrective action for contractors and volunteers** | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

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| **115.278 (a)** | **Disciplinary sanctions for residents** | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| **115.278 (b)** | **Disciplinary sanctions for residents** | |
| | 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 |
| **115.278 (c)** | **Disciplinary sanctions for residents** | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| **115.278 (d)** | **Disciplinary sanctions for residents** | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | yes |
| **115.278 (e)** | **Disciplinary sanctions for residents** | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| **115.278 (f)** | **Disciplinary sanctions for residents** | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |

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| **115.278 (g)** | **Disciplinary sanctions for residents** | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| **115.282 (a)** | **Access to emergency medical and mental health services** | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| **115.282 (b)** | **Access to emergency medical and mental health services** | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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 |
| **115.282 (c)** | **Access to emergency medical and mental health services** | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| **115.282 (d)** | **Access to emergency medical and mental health services** | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| **115.283 (a)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile | yes |

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| | facility? | |
| **115.283 (b)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| **115.283 (c)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| **115.283 (d)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. 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 |
| **115.283 (e)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. 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 |
| **115.283 (f)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| **115.283 (g)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are treatment services provided to the victim without financial | yes |

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| | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | |
| **115.283 (h)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| **115.286 (a)** | **Sexual abuse incident reviews** | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| **115.286 (b)** | **Sexual abuse incident reviews** | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| **115.286 (c)** | **Sexual abuse incident reviews** | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| **115.286 (d)** | **Sexual abuse incident reviews** | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | 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 | yes |

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| | should be deployed or augmented to supplement supervision by staff? | |
| | 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 |
| **115.286 (e)** | **Sexual abuse incident reviews** | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| **115.287 (a)** | **Data collection** | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| **115.287 (b)** | **Data collection** | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| **115.287 (c)** | **Data collection** | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| **115.287 (d)** | **Data collection** | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| **115.287 (e)** | **Data collection** | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |

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| **115.287 (f)** | **Data collection** | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| **115.288 (a)** | **Data review for corrective action** | |
| | 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 |
| **115.288 (b)** | **Data review for corrective action** | |
| | Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? | yes |
| **115.288 (c)** | **Data review for corrective action** | |
| | Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| **115.288 (d)** | **Data review for corrective action** | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety | yes |

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| | and security of a facility? | |
| **115.289 (a)** | **Data storage, publication, and destruction** | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |
| **115.289 (b)** | **Data storage, publication, and destruction** | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| **115.289 (c)** | **Data storage, publication, and destruction** | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| **115.289 (d)** | **Data storage, publication, and destruction** | |
| | 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 |
| **115.401 (a)** | **Frequency and scope of audits** | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| **115.401 (b)** | **Frequency and scope of audits** | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |

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| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| **115.401 (h)** | **Frequency and scope of audits** | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| **115.401 (i)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| **115.401 (m)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| **115.401 (n)** | **Frequency and scope of audits** | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| **115.403 (f)** | **Audit contents and findings** | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |