

PREA Facility Audit Report: Final

Name of Facility: STAR Community Justice Center Athens County Campus

Facility Type: Community Confinement

Date Interim Report Submitted: 07/23/2023

Date Final Report Submitted: 08/16/2023

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

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	06/15/2023
End Date of On-Site Audit:	06/16/2023

FACILITY INFORMATION	
Facility name:	STAR Community Justice Center Athens County Campus
Facility physical address:	7 District 29 Road, Nelsonville, Ohio - 45764
Facility mailing address:	

Primary Contact	
Name:	Brandon Huff
Email Address:	bhuff@starcjc.com
Telephone Number:	740-753-5000 ext. 21

Facility Director	
Name:	Matt McClellan
Email Address:	mmcclellan@starcjc.com
Telephone Number:	740-354-9026 ext.113

Facility PREA Compliance Manager

Facility Health Service Administrator On-Site	
Name:	James Meyers
Email Address:	jmeyers@starcjc.com
Telephone Number:	740-354-9026 ext.110

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	28
Average daily population for the past 12 months:	35
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
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:	19
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	13

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:	Redgie 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

GENERAL AUDIT INFORMATION

On-site Audit Dates

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

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Survivor Advocacy Outreach Program- free rape crisis/advocacy services Hocking Valley Community Hospital- free SANE examinations

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	35
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	28
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The auditor requested a list from the facility of the identified special groups. Also discussed with staff if anyone in the special category was currently residing in the facility currently.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>18</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>13</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>7</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>ORAS risk level</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility only has two dorms. Residents were chosen from both dorms.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The number of random interviews was increased based upon the limited number of targeted interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that have physical disabilities. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that has physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that were blind/low vision. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that is blind or has low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

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

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

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that reported abuse. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that reported abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor toured the facility during the onsite visit. The auditor reviewed the area where the segregation cells are located. There were no residents in any of the cells.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor addresses staff's experience with working with each targeted category. This allows the auditor to understand the facility's process for managing residents in these categories to assess the staff's training in ensuring all residents receive the benefits of the agency's policies, procedures, and practices in preventing, detecting, responding, and reporting sexual abuse and sexual harassment. During this process, the auditor will question if the facility has a resident currently in the building that is in the targeted group.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>4</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The number of staff was limited due to some staffing issues and the low resident population. The facility is used for reentry, and programming that is available at the Scioto campus, is not available at this campus. This did not allow for the auditor to meet the minimum threshold for random staff interviews.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>6</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

a. Explain why it was not possible to interview the Warden/Facility Director/ Superintendent or their designee:	The current facility director is on administrative leave. The Executive Director and PREA Coordinator are fulfilling this role.
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. Explain why it was not possible to interview the PREA Compliance Manager:	Currently, on administrative leave. PREA Coordinator is fulfilling this role.

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. 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.

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

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

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had one allegation reported for the past twelve months. The allegation was staff-to-resident sexual abuse.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

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

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

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

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

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

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

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

	<p>The PREA Compliance Manager for the Athens Campus is the facility's Director. The Compliance Manager is responsible for the day-to-day implementation of the PREA standards. The PREA Coordinator reports that he is responsible for ensuring both Athens and Scioto are in compliance with the standards and works closely with the Compliance Manager to ensure that the facilities are complying with all related laws and standards.</p> <p>The PREA Compliance Manager is currently on leave, and the PREA Coordinator is currently responsible for maintaining compliance at the Athens facility. He reports that he travels to the facility or maintains contact through phone and email during this time.</p> <p>The facility has an appropriate zero tolerance policy and a high level staff member acting as PREA Coordinator. The Coordinator has been given enough time and authority to ensure the facility is in compliance with the standards.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Table of Organization</p> <p>Job description</p> <p>Interview with PREA Coordinator</p> <p>Interview with Community Justice Director</p> <p>Interview with Executive Director</p>
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115.212	Contracting with other entities for the confinement of residents
	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
	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 determine 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. The plan includes:

Layout of the facility

The facility is a single story building that houses the administrative area, intake, education classroom, group rooms, two housing units (only one is currently being used), and a cafeteria. The facility has a main entrance for staff and visitors and a separate entrance for residents in the intake/holding cell area. The door and wall area to the entrance of the housing unit made of glass. There is a post desk at the top of the unit. There is a laundry room and space to have groups/meetings in the dayroom area. There are two dormitory style rooms in the unit that have large open entrances. The walls enclosing the dorm rooms only reach $\frac{3}{4}$ of the way to the ceiling. Both dorms have cameras. The beds are aligned against the wall for clear line of site views into the room.

Composition of residents

The facility has been transformed into a residential reentry center. Residents are transferred to this facility from the Scioto campus after meeting certain eligibility criteria. The facility currently serves male offenders only, and has a rated capacity of 94. The average daily population for the past twelve months is 35 with the population being 25 at the time of the onsite visit.

Incidents of sexual abuse

During calendar year 2022, the facility had zero (0) substantiated allegations of sexual abuse and one (1) unsubstantiated allegation of sexual abuse.

Other relevant factors

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

Deviations from the staffing plan

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

Prevailing staffing pattern

The facility is staffed on average:

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

Weekdays- 1st shift:

- Residential- 3 Residential/Security (1 residential manager, 1 resident coordinator, 1 resident specialist)
- Reentry- 4 Reentry (1 vocational manager, 2 reentry specialist, 1 facility specialist)
- Administration- 2 Administration (1 director, 1 resident account specialist)
- Facility- 4 Facility (1 kitchen coordinator, 1 nurse, 1 maintenance specialist, 1 kitchen specialist)

Weekdays- 2nd shift:

- Residential- 3 Residential/Security (1 resident coordinator, 1 resident specialist, 1 resident specialist floater)
- All other departments 0 after 1800 unless working a modified or irregular schedule

Weekends- 1st shift:

- Residential- 3 Residential/Security (1 resident coordinator, 1 resident specialist, 1 resident specialist floater)
- Facility- 4 Facility (1 kitchen coordinator, 1 kitchen specialist, 1 maintenance specialist- as needed, 1 nurse- as needed)
- Reentry- 1 Reentry (1 vocational manager- as needed)

Weekends- 2nd shift:

	<ul style="list-style-type: none"> • <u>Residential</u>- 3 Residential/Security (1 resident coordinator, 1 resident specialist, 1 resident specialist floater) <p>The facility has a total of 132 cameras throughout the facility. Four cameras were replaced in 2022. The camera system enables supervisors and managers to maintain constant surveillance of the facility. Security rounds are conducted once each hour at various intervals. Resident counts are conducted several times throughout the day to maintain accountability.</p> <p>At least annually, the Executive Director and PREA Coordinator will assess:</p> <ul style="list-style-type: none"> • The staffing plan and make 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 <p>The facility provided the auditor with the staffing plan for the past three calendar years, facility floor plan, camera schematics, and staff schedule.</p> <p>Review:</p> <p>Staffing plan 2020, 2021, and 2022</p> <p>Floor plan</p> <p>Staff schedule</p> <p>Camera placement</p> <p>Tour of facility</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has a policy (2C-04-06) that states that all strip searches must be conducted by staff members of the same gender. The policy states that inspections of body cavities can only be conducted in private by a healthcare professional. The

search will only be conducted when there is a reason to do so and when authorized by the facility administrator or designee. The facility prohibits cross-gender pat searches unless under exigent circumstances or when performed by qualified medical personnel. All cross-gender searches are to be documented.

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

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

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

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

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

The auditor interviewed ten (10) residents during the onsite visit. The residents report that they receive pat searches every time they return to the facility from community access. The residents state that their searches have only been conducted by male staff members. They report to the auditor that if a female RS is working, she will call a male staff member, including the "maintenance man" to conduct the search. No resident reported having a search that was inappropriate or unprofessional. The residents state that they have not received a strip search at the Athens' facility, only while at the Scioto campus.

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

The housing unit has two dorm style rooms. One dorm has twelve bunk beds and the second dorm has thirteen bunk beds. The dorms have a wide open entrance and the surrounding walls do not go up to the ceiling. These two dorm areas also have cameras. Residents are instructed on the facility's dressing policy and must change clothing in the bathroom. There are two bathrooms in this housing unit.

The bathrooms have a large open entrance, five sinks on the left side with mirrors above, three toilets and two urinals on the right side with curtains in front of the toilets, and there are four single use showers in the back with shower curtains.

There is a four-foot pony wall in front of the shower area to block it from view of the entrance.

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

The residents reported that female staff members will ring the doorbell before enter the housing unit. The doorbell alerts residents that a female staff member has entered the housing unit. The residents state that during programming hours, they are not allowed in their rooms. The staff doing rounds can enter the rooms without residents being inside. During the evenings, or for bathroom searches, the residents report that female staff members always announce themselves before entering; however, they report most searches in bathrooms are conducted by male staff members. No resident made a report of incidental viewing from an opposite gender staff person.

The staff report being trained on how to properly conduct a pat, strip, cross-gender, and transgender search. The staff report that they have not conducted a transgender search, but would be prepared to conduct one professionally and respectfully. Female staff interviewed (programming, management, and kitchen staff) all report being trained on the facility's knock and announcement policies.

They state that before entering the housing unit, they are required to ring the doorbell located on the outside door of the unit. The female staff report that they do not enter male dorm rooms or bathrooms. The auditor was able to see this practice during the onsite visit.

The facility houses transgender residents. The PREA Coordinator reports that when the facility gets information that a transgender or intersex residents will be arriving at the facility, the facility will begin to review all collateral information to start the process of developing a safety plan that will include where to house the resident and which gender staff should conduct searches. The facility will document any concerns the resident may have during the initial risk screening. The facility has not housed a transgender resident.

Review:

	<p>Policy and procedures</p> <p>Clothed and unclothed search SOP</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Facility tour</p> <p>Interviews with residents</p> <p>Interviews with staff</p> <p>Interview with PREA Coordinator</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy 1434 requires resident orientation to include education on the prohibition against sexual misconduct and provide information on how to identify and report such misconduct in the resident handbook. Residents will be given a pamphlet on sexual assault awareness and will sign an acknowledgement during the intake process. The PREA Coordinator will make proper provisions for residents not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information. The PREA Coordinator will ensure that all residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual misconduct. A resident interpreter, resident reader, or other resident assistant will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.</p> <p>Because the facility is a reentry center where residents from the Scioto campus are transferred to the Athens campus, any resident that is Limited English Proficient, blind/low vision, deaf/hard of hearing, cognitive deficiency/low reader, or has a mental or physical disability would have been identified before being placed. The facility director would be responsible for preparing accommodations for the resident to be able to benefit from the facility's efforts to prevent, detect, respond, and report allegations of sexual abuse and sexual harassment. The facility will not use a resident interpreter, resident reader, or other resident assistance to provide this information except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegation.</p>

	<p>The PREA Coordinator reports that should a resident be limited English proficient, they would contact an appropriate translator using the list of approved translators from the Ohio Supreme Court. He reports that the facility has never housed a resident that has needed translator services. He states that staff will read and explain the resident’s rights under PREA and all the ways to report to any resident that has a literacy or cognitive disability. The facility will ensure residents that are blind, deaf, or hard of hearing have the necessary auxiliary aids.</p> <p>The residents do not receive a formal Orientation Class. The resident handbook and facility rules are the same as the Scioto campus. The residents are assigned a “Big Peer” upon arrival, who will be tasked with getting the resident acclimated to the facility. This includes reviewing the facility's daily schedule and expectations. The resident would receive a tour and reporting posters as well as phones located in the housing unit would be pointed out to new residents.</p> <p>The residents report having the appropriate information to participate in or benefit from the facility’s efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The residents report having the information explained to them by their “Big Peer,” but state that it is the same information from the Franklin (Scioto) campus. No resident at the facility was identified as needing auxiliary or translation assistance on understanding the information due to being limited English proficient; deaf, hard of hearing, or blind; or having a cognitive disability.</p> <p>The auditor was provided a resident handbook, pamphlets, and posters available to the residents which included options for those who are limited English proficient.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Ohio Supreme Court interpreter list</p> <p>Resident handbook</p> <p>PREA posters and pamphlets</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p> <p>Interview with Resident Supervisors</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

Auditor Discussion

STAR's SOP-A013 focuses on the facility's hiring guidelines. The SOP states that the facility does not hire or promote anyone who has engaged in sexual abuse in an institutional setting or who has engaged in sexual activity in the community facilitated by force, the threat of force, or coercion.

The facility requires all applicants that are interviewed for positions that have contact with the residents to self-report whether they have:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- 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
- Been civilly or administratively adjudicated to have engaged in the previously described activities

Employees annually affirm that they have not engaged in any of the above statements nor had any other contact with law enforcement. This is done in conjunction with annual performance appraisals.

To ensure that the facility does not hire a prohibited applicant, the Human Resource department will screen all internal and external applicants and contract workers to ensure they meet the requirements and that any reported background issues do not disqualify them. All applicants and contractors must pass a criminal background check before being allowed to work with the residents. The criminal background checks will be completed by the Federal Bureau of Investigations and the Ohio Bureau of Criminal Investigations.

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

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

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

The Executive Director reports that all job openings will be offered to current

	<p>employees through the facility’s email system. Emailed employment vacancies were provided to the auditor. Employees who wish to apply for the job will respond to the email with their letter of interest. Any employee that applies will have their personnel file reviewed for any past disciplinary actions and of their performance appraisals. Internal applicants will be interviewed, and all applicable information, including previous disciplinary actions, will be taken into consideration before a person is promoted.</p> <p>The auditor reviewed twelve employee files during the onsite audit. The auditor reviewed the files for self-reporting information, reference checks from previous institutional employers, initial and updated background checks, promotions, disciplinary actions, annual performance appraisals, and zero tolerance acknowledgements. All files reviewed had the appropriate documentation.</p> <p>All request for employment verification for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Employee files Background checks Reference checks Performance appraisals Disciplinary action Job vacancy emails Interview questionnaire Interview with Executive Director Interview with Human Resource Department representative
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has not acquired a new facility, nor made any significant changes to the

	<p>facility. The facility has closed one housing unit and has not current plans on any substantial changes or modifications.</p> <p>The PREA Coordinator reports that the facility has increased the number of cameras by four since the last PREA audit. The increase in cameras has reduced the number of blind spots in the facility.</p> <p>The Executive Director reports that during annual budget meetings, the staffing plan will be reviewed to assess the needs of the facility, including its video monitoring system. The review will take into consideration how such technology may enhance its ability to protect residents from abuse.</p> <p>The agency will address needs and implement improvements as the budget allows.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Facility policy 6A-05 states that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated thoroughly in a professional, confidential, and expeditious manner by an administrative and/or criminal investigator. The facility is prohibited from conducting criminal investigations. The PREA Coordinator reports that the Nelsonville Police Department has the legal authority to conduct criminal investigations. The facility does not have a MOU with the department; however, the department has responded and investigated a reported allegation in the past.</p> <p>All allegations will be administratively investigated by a trained investigator. The facility has three trained investigators. The training was provided by the Moss Group. The facility provided the auditor a copy of the training certificates.</p> <p>The PREA Coordinator reports that any resident who is a victim of sexual assault/abuse will be transported to Hocking Valley Community Hospital for a forensic medical examination. The hospital has nurses that have received specialized training to provide a comprehensive medical forensic examination. This includes:</p> <ul style="list-style-type: none"> • A detailed physical and emotional assessment

- Written and photographic documentation
- Collection and management of forensic samples
- Emotional and social support
- Resource referrals

The nurses are qualified to testify at any legal proceedings related to the examination and ensures the proper chain of custody and integrity of the samples are maintained.

The facility has a MOU with Survivor Advocacy Outreach Program (SAOP) to provide services to residents who report being sexually assaulted/abused. The services include:

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

The auditor reviewed the website for both Hocking Valley Community Hospital and Survivor Advocacy Outreach Program. The websites verified the services provided by the organizations.

The facility has a trained staff member that can act as an emotional support staff at the request of the resident. The facility offers these services to every resident victim. The training was provided by the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions. The auditor interviewed the identified Victim Support Person during the onsite visit, she reports that she received the training in 2021, but has not been requested by a resident for services.

The facility has provided the auditor with documentation of administrative investigator training and emotional support training.

Review:

Policy and procedure

MOU with Survivor Advocacy Outreach Program

Hocking Valley Community Hospital website

MOU with Hocking Valley Community Hospital

Training certificates

Interview with Victim Support staff member

Interview with PREA Coordinator

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1461 582">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 Nelsonville Police Department has the legal authority to conduct criminal investigations.</p> <p data-bbox="280 622 1401 739">The agency post its investigatory policy on its website, http://www.starjc.com/images/pdfs/ResidentPREAHandout.pdf. The facility has had one allegation of sexual abuse during the past twelve months.</p> <p data-bbox="280 779 1465 1061">Investigation #1: A resident made a verbal report from a resident that a staff member touched him inappropriately during a pat search. The verbal allegation was reported to the facility Director, who conducted an administrative investigation (the Director is a trained administrative investigator). The investigator interviewed the alleged victim, witness, and alleged abuser, and also reviewed camera footage. The investigator could not find any evidence on camera of an inappropriate search or sexual misconduct. The allegation was determined to be unsubstantiated.</p> <p data-bbox="280 1102 392 1137">Review:</p> <ul data-bbox="280 1178 740 1420" style="list-style-type: none"> <li data-bbox="280 1178 577 1214">Policy and procedure <li data-bbox="280 1245 497 1281">Facility website <li data-bbox="280 1312 561 1348">Investigation report <li data-bbox="280 1379 740 1420">Interview with PREA Coordinator

115.231	Employee training
	<p data-bbox="280 1628 983 1664">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 1704 564 1740">Auditor Discussion</p> <p data-bbox="280 1780 1465 1942">Policy 1433 states that the facility must ensure all staff members that have positions that have contact with residents will receive pre-service and in-service that addresses the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating facility policy and procedures.</p> <p data-bbox="280 1982 1442 2054">Staff complete training annually during STAR Academy and also through an online line training system (Relias). The facilitated training reviews the following training</p>

topics:

- Agency zero tolerance policy
- PREA Definitions
- Purpose of PREA and national standards
- Resident's rights to be free from sexual abuse and sexual harassment
- Reporting, staff duties, and retaliation
 - Methods of reporting and sexual harassment in confinement
 - Staff responsibilities to detect, prevent, respond, and report
 - Staff duties post-report
 - Retaliation monitoring
- Unauthorized relationships (STARJC policy 1428)
 - Policy/purpose
 - Definitions
 - Procedure
 - Reporting/investigating
- Culture of safety
 - Meaning
 - How does STARJC accomplish this culture
 - Ways to improve

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

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

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

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

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

- Verbal communication skills
- Use of segregation cells

Onboarding training for new employees include the following training topics:

- STAR core competencies and community culture
- Code of ethics policy
- Confidentiality
- Forbidden transactions
- Communication -vs- Over familiarity
- Unauthorized relationships
- Resident's rights
- Count procedures
- Camera review
- Security rounds
- Levels of intervention
- Segregation procedures

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

The auditor conducted formal and informal interviews of staff during the two-day onsite visit. The staff was able to discuss The staff reporting getting their training from facilitated training and online through Relias. The staff members report having training sessions that include working with LGBTI residents, first responder duties, keeping residents safe, reporting obligations, retaliation, and searches.

The PREA Coordinator states that there are regular quality assurance checks to ensure all staff are completing the mandatory training.

Review:

Policy and procedure

Training records

Sign-in sheets

Policy acknowledgements

Staff files

Interview with staff

Interview with PREA Coordinator

115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy 1433 requires contactors and volunteers to also receive training appropriate enough to address the prohibition, identification, reporting, and prevention of sexual misconduct as well as the consequences for violating the facility’s policies and procedures. The training includes:</p> <ul style="list-style-type: none"> • Agency zero tolerance policy • Adhering to the policy by ensuring that their conduct does not constitute or promote sexual abuse not in any other way violate the provisions of these procedures • Immediately reporting any known or suspected act, or allegation, or sexual abuse or retaliation to the Corrections Administrator through the appropriate chain of command <p>Contractors, volunteers, and interns are provided with training and must complete a training checklist. The training on the checklist includes:</p> <ul style="list-style-type: none"> • Cross gender supervision • Communication -vs- Over familiarity • Unauthorized relationships • Dealing with sexual harassment • PREA <p>After completion of training, contractors, volunteers, and interns are required to sign an acknowledgement of receiving training and adhering to the agency's zero tolerance policy.</p> <p>The facility did not have a contractor, volunteer, or intern at the facility during the onsite visit; however, the facility provided the auditor with documentation from an intern in 2022. The intern signed and dated an acknowledgement of receiving PREA training.</p> <p>In addition to providing appropriate training for volunteers, contractors, and interns, the facility requires everyone who enters the facility to read the agency's zero tolerance policy and sign an acknowledgement of having read the policy. The auditor signed this acknowledgement each day, entering the facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training checklist</p> <p>Zero tolerance acknowledgement</p>

	Interview with PREA Coordinator
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1433 requires oral and written information to be given to all residents upon their arrival to the center which explains the facility’s zero tolerance policy regarding sexual misconduct and includes:</p> <ul style="list-style-type: none"> • Prevention • Self-protection • Reporting • Treatment and counseling <p>Upon arrival at the facility, residents are provided with the agency's zero tolerance policy and must sign an acknowledgement. They are also provided a PREA brochure produced by the Ohio Department of Rehabilitation and Corrections. The brochure provides the residents with information on normal thoughts, feelings, and behaviors of sexual assault victims, and the possible disciplinary and health consequences of engaging in prohibited behavior.</p> <p>All residents are provided a Resident Handbook at intake. The handbook contains PREA Guidelines for residents. The guidelines include:</p> <ul style="list-style-type: none"> • Zero tolerance statement • Right to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse and sexual harassment • Reporting options <ul style="list-style-type: none"> ◦ verbal ◦ in writing ◦ outside agency hotline ◦ internal hotline ◦ emailing the PREA Coordinator ◦ anonymous reporting ◦ third-party (friends and family) • Prevention and detection methods • Treatment options available free of charge • Investigation information • Retaliation monitoring <p>The handbook also provides information and instructions on the agency's disciplinary procedures and grievance process.</p>

The residents at the Athens' campus are transferred from the Scioto campus where they receive PREA education. Once the residents arrive at the Athens' campus, which is a reentry facility, they will receive updated information specific to the Athens campus.

Because the facility is a reentry center where residents from the Scioto campus are transferred to the Athens campus, any resident that is Limited English Proficient, blind/low vision, deaf/hard of hearing, cognitive deficiency/low reader, or has a mental or physical disability would have been identified before being placed. The facility director would be responsible for preparing accommodations for the resident to be able to benefit from the facility's efforts to prevent, detect, respond, and report allegations of sexual abuse and sexual harassment. The facility will not use a resident interpreter, resident reader, or other resident assistance to provide this information except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegation.

The PREA Coordinator reports that should a resident be limited English proficient, they would contact an appropriate translator using the list of approved translators from the Ohio Supreme Court. He reports that the facility has never housed a resident that has needed translator services. He states that staff will read and explain the resident's rights under PREA and all the ways to report to any resident that has a literacy or cognitive disability. The facility will ensure residents that are blind, deaf, or hard of hearing have the necessary auxiliary aids.

The residents do not receive a formal Orientation Class. The resident handbook and facility rules are the same as the Scioto campus. The residents are assigned a "Big Peer" upon arrival, who will be tasked with getting the resident acclimated to the facility. This includes reviewing the facility's daily schedule and expectations. The resident would receive a tour and reporting posters as well as phones located in the housing unit would be pointed out to new residents.

All residents interviewed reported receiving information concerning PREA at intake while at the Scioto campus, and that staff reviewed this information with them verbally. The residents also confirm receiving formal PREA education during orientation group. The residents were able to discuss their rights, how to report, the ways available to report, and the free services offered. The residents report that once they arrive at the Athens campus, they are paired with another resident who gives them a tour of the facility and the facility expectations. They report being told where the PREA reporting posters are located and that the facility has the cross-gender doorbell announcement just like the Scioto campus. All the residents report knowing all their rights under the PREA guidelines.

The auditor was provided a resident handbook, pamphlets, and posters available to the residents which included options for those who are limited English proficient.

Review:

Policy and procedure

	<p>Resident handbook</p> <p>PREA posters and pamphlets</p> <p>Resident files</p> <p>PREA education video</p> <p>Interview with residents</p> <p>Interview with PREA Coordinator</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1434 requires all administrative investigators to receive specialized PREA investigation training prior to conducting an investigation. The training curriculum must include:</p> <ul style="list-style-type: none"> • Techniques for interviewing sex abuse victims • Proper use of Miranda and Garity warnings • Sexual abuse evidence collection in confinement settings • Criteria and evidence required to substantiate a case for administrative action or prosecution referral <p>The auditor reviewed the training curriculum which was provided by the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions. The training is appropriate for this standard.</p> <p>The auditor interviewed several administrative investigators, including the PREA Coordinator. The investigators report the training they received included techniques such as trauma informed care, evidence collection (except in case of sexual assault), proper documentation, and identifying the proper outcome determination. The investigators understand the Garity process; however, the PREA Coordinator (an administrative investigator) reports that the facility would not interview staff if the allegation appears to be criminal in nature.</p> <p>The Athens campus can have allegations investigated by administrative investigators from the Scioto campus.</p> <p>The PREA Coordinator reports that any allegation that look like it involves criminal behavior will be referred to the Nelsonville Police Department for a criminal investigation before an administrative investigation will be completed.</p> <p>Review:</p>

	<p>Administrative investigator training curriculum</p> <p>Administrative investigator training certificates</p> <p>Interview with administrative investigators</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility has full-time medical staff that is required to complete the PREA employee training (see standard 115.231) and a contract mental health provider who is required to complete the PREA contractor training (see standard 115.232). Both the medical and mental health personnel are also required to complete specialized training that includes:</p> <ul style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment • How to preserve physical evidence of sexual abuse • How to respond effectively and professionally to victims of sexual abuse and sexual harassment • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment <p>The facility does not allow the medical staff to conduct forensic medical examinations. Any resident who is sexually abused or assaulted while at the facility will be taken to Hocking Valley Medical Center for that type of examination.</p> <p>The auditor interviewed the nurse during the onsite visit. The nurse was able to discuss her employee PREA training as well as the specialized training received from the NIC website. She states that she does not conduct forensic medical exams, and any report or suspicion of sexual abuse or sexual harassment will be immediately reported to the PREA Coordinator.</p> <p>The training from the NIC website includes:</p> <ul style="list-style-type: none"> • PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting • PREA 201 for Medical and Mental Health Practitioners <p>Review:</p> <p>Policy and procedure</p> <p>Training curriculum</p>

	<p>Training certificates</p> <p>Interview with nurse</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 1434 required all residents to receive a screening to appraise a resident’s potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The assessment is required to be completed within the first 72-hours of intake, upon transfer from another facility, 30-days after arrival, and as needed based on new information or a substantiated allegation. The facility collects the following information:</p> <ul style="list-style-type: none"> • Whether the resident has a mental, physical, or developmental disability • The age of the resident • The physical build of the resident • Whether the resident has previously been incarcerated • Whether the resident’s criminal history is exclusively nonviolent • Whether the resident has prior convictions for sex offenses against an adult or child • Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming • Whether the resident has previously experienced sexual victimization • The resident’s own perception of vulnerability • Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse <p>The policy does not allow the facility to discipline residents who refuse to answer or do not disclose information regarding a physical, mental, or developmental disability; LGBTI identity; past victimization, or own perception of vulnerability.</p> <p>SOP- C002 states that:</p> <ul style="list-style-type: none"> • The PREA screening should model a conversation between staff member and resident, with the staff member asking the resident each question and noting any pertinent information obtained through follow-up questions. Staff are not to give the resident the assessment to be completed on their own • For any question answered “yes” by the resident, additional details are to be noted in the notes section of the assessment, using additional sheets if necessary • Upon completion of the assessment, the resident is to sign and date the

- assessment, followed by the staff member conducting the assessment
- Based on all information obtained and criteria met, staff will then classify the resident as either Possible Victim, Possible Predator, or None.

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

Classification categories include:

- possible victim
- possible predator
- no classification

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

SOP- C002 states that:

- The staff member conducting the reassessment will ask the resident each question once again to see if there is any additional information reported or changes to previous answers provided by the resident
- For any questions answered “yes” by the resident or new information provided, details are to noted in the notes section of the assessment, using additional sheets, if necessary
- Based on all the information obtained, and additional criteria met, staff will then, if necessary, reclassify the resident as either a Possible Victim, Possible Predator, or None.
- Completed reassessments will be scanned and uploaded into the resident's Correct Tech file by the designated staff member

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

The auditor reviewed resident electronic files during the onsite visit. The files had uploaded initial and 30 day reassessments. The assessments were completed with-

in the appropriate time requirements, and had a documented QA review. Classification was noted on the form.

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

STARCJC Athens' campus is used as a reentry center for male offenders that start off at the Scioto campus. The residents receive an initial risk assessment and a 30-day reassessment while at the Scioto campus.

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

CORRECTIVE ACTION:

Section (a) of this standard requires the facility to assess all residents upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The residents that are transferred to the Athens campus are not being re-screened; but maintaining the classification they received when screened/re-screened at the Scioto campus. The facility will need to ensure that residents at the Athens campus are being screened upon transfer.

FACILITY RESPONSE:

The facility now conducts risk screenings on all residents that are being transferred from their Scioto campus. The auditor received risk screening from June-July to show compliance with the standard.

Review:

Policy and procedure

Initial risk assessment

30-day risk assessment

Quality assurance tracker

Correct Tech resident database

Interview with ORAS Manager

Interview with Resident Specialist

	Interview with PREA Coordinator
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 1434 states that the information from the risk screening will be used to ensure the safety of each resident and inform housing, bed, work, education, and program assignments. Residents that have been identified as vulnerable to sexual victimization or sexually predatory behavior will be reported to the Operations Coordinator. The Operations Coordinator will inform staff who will assist in ensuring residents who are at risk of victimization are kept separate from those at risk for sexually abusive behavior.</p> <p>The facility has the capabilities of separating based on dorm room. The facility has two dorms in the housing unit. One dorm is used to house residents that have been identified as vulnerable, while the other dorm will be used to house residents that have been identified as abusive. The identified residents will also be placed in a bed that has a direct view from the camera system.</p> <p>The Vocations Manager reports that in addition to ensuring separation in the dorms, the facility will also ensure that residents of opposite classifications are not assigned to the same community service site. She reports that she is responsible to providing vocational, educational, and in the future work release opportunities. She states that she would be made aware of a resident's classification only, to ensure that when assigning residents to internal vocational programs (Maintenance Apprentice Program or Culinary Arts Program) or external community service, are not grouped together without proper staff supervision.</p> <p>The Operations Coordinator confirms that residents that are classified as vulnerable would be housed in a different dorm than those who are classified as abusive, and any resident with a classification would be placed in a bed within camera line of site. She states that the classification that the resident had while at the Scioto campus would be used to determine housing.</p> <p>SOP-A020 is the facility's LGBTI Safety Plan. The facility does not have a dedicated facility, unit, or wing that solely houses residents that identify as lesbian, gay, bisexual, transgender, or intersex. The facility recognizes that residents that do identify as LGBTI or gender non-conforming are at higher risk for victimization and has developed a plan to ensure the resident's safety.</p> <p>Any resident that has been identified as transgender or intersex will have a safety plan developed. The resident would be allowed to express their preferred pronoun. The facility has single use showers in the housing unit that is not currently occupied. Residents identified as transgender would be allowed private showers in</p>

	<p>this area. The resident would be placed in the dorm that houses vulnerable residents and in a bed that is under constant camera surveillance. The facility has never housed a transgender resident.</p> <p>The auditor interviewed any resident that identified as LGBTI during the onsite visit. The residents were questioned on any incidents of bullying, harassment, or discrimination. The residents report that at no time did they feel bullied, harassed, or discriminated against. All residents were complimentary of the staff and the efforts to provide a safe and secure environment. No resident reported being housed in a dorm based on their sexual preference.</p> <p>The auditor completed a web search to ensure the facility was not under consent decree, legal settlement, or legal judgment. The auditor did not find any such reports.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Initial risk assessment</p> <p>30-day risk assessment</p> <p>Interview with Operations Coordinator</p> <p>Interview with Vocational Manager</p> <p>Interview with PREA Coordinator</p> <p>web search</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy 1434 requires the facility to provide residents with multiple ways, internally and externally, to privately report allegations of sexual abuse and sexual harassment. During intake, residents are given a pamphlet on sexual assault awareness and a resident handbook. The pamphlet provides the following options for residents to report sexual abuse or sexual harassment:</p> <ul style="list-style-type: none"> • 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 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 information on reporting numbers and email address 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 the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions Assistant Chief. He verified receiving the auditor's call and ensuring all calls are taken seriously. He states that the hotline number has not received a call from this facility during the past twelve months.

The auditor has also tested the internal hotline number that is posted on the agency's website as one of the third party reporting options, as well as to the residents on facility posters.

The residents report they received PREA education on how to report allegations of sexual abuse and sexual harassment while at the Scioto facility. They report that once they arrive at the Athens campus, they get facility specific information on how to report, but the process is just the same.

The residents state that they feel safe in the facility and that most of the people in the facility are just trying to go home. No one wants to "start any trouble." The residents report that staff "don't do anything extra" and that if something would occur, they feel comfortable reporting to staff.

The facility had one allegation that were reported by residents. These allegations were reported verbally to staff members, and all received an administrative investigation.

According to the employee handbook, staff, once aware of any behavior that is in violation of the agency's Zero Tolerance or Unauthorized Relationship policy, must immediately report such behavior to their immediate supervisor. Failure to report could implicate staff as complicit in the behavior and share in responsibility.

All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual

	<p>abuse and sexual harassment. The staff stated they felt comfortable privately reporting to their supervisor or the PREA Coordinator.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>PREA posters</p> <p>PREA pamphlet</p> <p>Investigation report</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>External reporting test</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility has a grievance policy and will accept allegations reported through that mechanism; however, the process for addressing resident grievances regarding sexual abuse is outlined in facility policy 1433 and 1434. The facility does not have an explicit administrative remedy policy.</p> <p>Review</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility has a Memorandum of Understanding with the Survivor Advocacy Outreach Program (SAOP) to provide the residents access to victim advocates for emotional support services related to sexual abuse by providing the resident will the</p>

mailing address and telephone number of the agency. The MOU also requires SAOP to inform the resident of the limitations to confidentiality at the initiation of services.

This information is listed in the information provided to the residents at intake, during orientation, inside the resident handbook, and on posters. The residents sign and date acknowledgement forms of receiving this information.

The agency provides the following emotional support and rape crisis information:

- Ohio Department of Rehabilitation & Correction Sexual Assault Hotline
- Ohio Division of Parole & Community Services PREA Hotline
- Ohio Alliance to End Sexual Violence
- Sexual Assault Network of Central Ohio

This information is listed in the information provided to the residents at intake, during orientation, inside the resident handbook, and on posters. The residents sign and date acknowledgement forms of receiving this information.

The facility provided the auditor with brochures, posters, and handbook given to the residents during intake. The brochure provides the name, contact numbers, and mailing address of local, state, and national rape crisis organizations.

The auditor was able to see the posters throughout the facility and in each housing unit during the onsite visit. The auditor also reviewed resident files and verified residents received and acknowledged receipt of this information.

The auditor contacted the Program Director from SAOP during the post site visit to confirm services provided to the residents at STAR. The Director confirmed through an email that the agency has provided the residents at STAR their address and phone number for emotional support services. The Director states that the residents are informed what information would be required to be reported.

*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

Review:

Policy and procedure

MOU with SAOP

Email with SAOP Program Director

*Correspondence with RAINN

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility is required to distribute information to the public on how to report incidents of sexual abuse and sexual harassment on behalf of a resident. When the facility receives an allegation through a third-party reporter, the information will be immediately reported to the PREA Coordinator.

The auditor reviewed the facility’s website, <http://www.starjc.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:

- 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- reggiearden@starjc.com

The auditor was able to see various posters in the visiting area during the facility tour.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and that all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions, Assistant Chief. He verified receiving the auditor’s call and ensuring all calls are taken seriously.

The facility did not receive a third party report during the past twelve months.

Review:

Policy and procedure

Agency website

Facility tour

PREA posters

Outside reporting agency hotline

Investigation report

Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy 1433 states that staff must report any knowledge of sexual abuse, sexual harassment, or retaliation or any suspicion of sexual abuse, sexual harassment, or retaliation. This includes reports made to a staff member by a third party. The policy states that staff will not reveal information related to the report/allegation except to the extent necessary to make treatment, investigation, and other security and management decisions.

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

The facility reviews PREA reporting policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. These policies are considered as mandatory "read and sign" document at the start of employment, and mandatory annual retraining thereafter.

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

Staff interviewed during the onsite visit state that they are informed of their reporting obligations during onboarding and at STAR academy. The staff understand the importance of not just reporting known information reported to them by residents or third parties, but also their own suspicions of sexual misconduct. The staff state that they are to inform their supervisor, the supervisor on duty, or the PREA Coordinator of any report or suspicion of sexual abuse or sexual harassment. The staff state that resident safety is most important.

The policy requires the facility to report all allegations involving a minor or vulnerable adult to the appropriate local or state service agency. The facility did not have an allegation that involved a resident identified as a minor or vulnerable adult.

During the interview of the facility nurse, she reports that during resident intake physical, she informs residents of the limitations of confidentiality, and that all staff members are mandated reporters of abuse of any type.

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

Review:

Policy and procedure

Employee files
Employee handbook
Administrative investigation reports
Interview with staff
Interview with Executive Director
Interview with Nurse

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1433 and 1434 require the facility to have procedures in place that protect at risk residents for imminent sexual abuse. The protection measures include, but are not limited to, separation contracts, dorm moves, housing assignment moves, administrative segregation, close observation, and facility transfer.</p> <p>The PREA Coordinator reports that should the facility receive a report from a resident that they feared risk of imminent sexual abuse, the facility would immediately act to protect that resident. The protection measures would depend upon the situation and the alleged abuser.</p> <p>The Executive Director and the PREA Coordinator both report that it is the practice of the agency to place staff on administrative leave during investigations into sexual abuse and sexual harassment. Should the alleged abuser be another resident, they report that the alleged abuser would be placed in administrative segregation during the investigation.</p> <p>The facility had one report of sexual abuse; however, the resident did not fear imminent abuse. The staff member involved in the situation was required to work in central control until the investigation was complete in order to eliminate contact with the resident. The allegation was determined to be unsubstantiated.</p> <p>The PREA Coordinator reports, that in all instances of allegations of sexual abuse or sexual harassment, the facility acts to ensure the safety and security of residents. The facility has used protective measures that include moving residents to different housing units, enforcing separation contracts, and even transferring male residents to the Scioto Campus when necessary.</p> <p>Review:</p> <p>Policy and procedure</p>

	Investigation report Interview with PREA Coordinator
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 1433 has a procedure for reporting to other confinement facilities.</p> <ul style="list-style-type: none"> • Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director • The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred • The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation • The agency will document that it has provided such notification • Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation <p>The ORAS Manager reports that staff in her department are responsible for conducting initial PREA assessments on all new intakes. She reports that should a resident report previous victimization at another institution, that information would immediately be reported to the PREA Coordinator. She states that as a part of training for new staff in the ORAS department, she ensures that staff know of this reporting obligation.</p> <p>The PREA Coordinator reports that he, in conjunction with the Executive Director, will report to the head of another confinement facility any report of sexual abuse or sexual harassment that has been reported. He state that he has not received notification that a resident made an allegation of sexual abuse or sexual harassment while at another confinement facility.</p> <p>The PREA Coordinator reports that should another confinement facility provide STARCJC notification that a resident reported sexual abuse or sexual harassment while being housed at STARCJC, the facility will immediately initiate an administrative investigation. He reports that an investigation would take place in accordance with agency policy and would not be contingent upon if the alleged abuser was still at the facility. He reports that the facility has not received a report from another agency.</p> <p>The facility provided the auditor with investigation reports for this audit cycle. No investigation stemmed from a report from another confinement facility.</p>

	<p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policies 1433 and 1434 outlines the first responder duties for any allegation of sexual abuse. The first responder steps include:</p> <ul style="list-style-type: none"> • Separate the alleged abuse and victim • Preserve and protect the crime scene • Do not allow the alleged abuser to destroy any physical evidence that includes <ul style="list-style-type: none"> ◦ Changing clothes ◦ Urinating ◦ Defecating ◦ Smoking ◦ Drinking ◦ Eating • May a request of the victim to not do anything that will destroy any physical evidence that includes <ul style="list-style-type: none"> ◦ Washing ◦ Brushing teeth ◦ Changing clothes ◦ Urinating ◦ Defecating ◦ Smoking ◦ Drinking ◦ Eating • Document all actions taken <p>All staff are trained on first responder duties during pre-employment and thereafter annually during STAR academy. The auditor was given a copy of the training and sign-in sheets.</p>

	<p>The auditor interviewed both security and non-security staff during the onsite visit. All staff interviewed were able to list the first responder duties as outlined in the policy and training curriculum.</p> <p>The facility documents how the victim and alleged abuser were separated, if the scene was secure for law enforcement officers, if the victim was offered victim advocate/rape crisis services, and if a SANE/SAFE was contacted for medical attention.</p> <p>The facility only had one allegation of sexual abuse; however, beyond separating the alleged abuser and victim, no other first responder steps were necessary.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Coordinated Response Plan</p> <p>Interview with staff</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility’s written coordinator response plan is documented in SOP-S042. The plan outlines the actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The facility posts its Coordinated Response Plan in conspicuous places throughout the facility where staff have access. The states that:</p> <ul style="list-style-type: none"> • If the abuse/assault took place on the current shift or within the past 7 days, request that the alleged victim no take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, and/or eating. • If the abuse/assault took place on the current shift or within the past 7 days ensure that the alleged suspect not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, and/or eating • If resident report of sexual abuse/assault indicates the incident DID take place on your shift or within the past 7 days, staff will: <ul style="list-style-type: none"> ◦ Contact 911 if the alleged victim has injuries that need immediate

medical attention

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

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

Review:

Policy and procedure

Coordinated Response Plan

Interviews with staff

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

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1433 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees.</p> <p>The facility does this by:</p> <ul style="list-style-type: none"> • 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 • 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 <p>The facility has multiple ways to protecting staff and residents from retaliation that include a separation contract, dorm changes, facility transfers (males only), placing staff on administrative leave, and changing staff post.</p> <p>Residents who are on 90-day retaliation watch will be monitored more closely, and an assigned staff member will check in with the resident to ensure the resident feels safe and does not have concerns of being retaliated against.</p> <p>The facility provided the auditor their retaliation monitoring report. The report list:</p> <ul style="list-style-type: none"> • Date monitoring began • Type of person being monitored (resident or staff)

- Monitoring considerations (as listed in the standard)
- Notes from check in
- Date of check in
- Person responsible for monitoring
- Need for continued monitoring
- Reason for continued monitoring
- Date monitoring ended

The PREA Coordinator reports that he is responsible for conducting retaliation monitoring of staff and residents. He reports that if a resident is located at the Athens campus, monitoring can take place via telephone or the resident will be monitored by the PREA Compliance Manager of the Athens facility. He reports that should the monitoring be for a resident, the monitoring would include:

- Disciplinary reports
- Housing or program changes
- Negative performance reviews
- Staff reassignments

The PREA Coordinator is able to conduct status checks of disciplinary reports, housing or program changes, performance reviews, and staff reassignments through the agency's Correct Tech resident database system. Resident Specialist will be tasked with ensuring the resident's day to day safety.

The facility's obligation to monitor for retaliation will end if the allegation is determined to be unfounded. The facility can elect to extend the 90-day period of monitoring if necessary.

The facility had one resident that was monitored based on an unsubstantiated allegation.

Review:

Policy and procedure

Retaliation monitoring report

Tour of facility

Interview with PREA Coordinator

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy 1433 and 1434 outlines the facility's guidelines on conducting an investigation into allegations of sexual abuse and sexual harassment. The policies require an administrative and/or criminal investigation be completed for all allegations of sexual assault, abuse, and harassment. The facility is required to:

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

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

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

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

The facility would contact Nelsonville Police Department to conduct criminal investigations and a MOU with the Athens County Prosecuting Attorney who has the

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

	<p>harassment can be substantiated.</p> <p>The auditor interviewed the administrative investigators, who report that the evidence is measured at 51% when determining if an allegation has been substantiated.</p> <p>The auditor reviewed the allegation from the past twelve months to verify the standard of proof used.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with administrative investigators</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy 1433 requires the facility to inform residents of the outcome of the investigation. If there was a criminal investigation, the facility is required to request all relevant information from the criminal investigator so that the resident may be informed of the investigation outcome.</p> <p>The information required to be reported includes:</p> <ul style="list-style-type: none"> • 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 <p>The facility provided the auditor with copies of notifications given to residents at the conclusion of an investigation into sexual abuse or sexual harassment. The notification includes:</p> <ul style="list-style-type: none"> • Victim's name • Date of report

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

The PREA Coordinator reports that he would report the outcome of the investigation to the resident, and inform the victim of any outcome of a criminal investigation.

The facility will terminate the requirement to notify if the resident is no longer housed at the facility.

CORRECTIVE ACTION:

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

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

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

FACILITY RESPONSE:

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

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

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

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

	<p>Review:</p> <p>Policy and procedure</p> <p>Resident notification reports</p> <p>Interview with PREA Coordinator</p>
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115.276	Disciplinary sanctions for staff
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Policy 1434 states that any staff member that violates STAR’s policies regarding sexual abuse or sexual harassment will face sanction that may include termination. Staff members who have been found to have engaged in sexual abuse of a resident will be terminated from employment. Disciplinary sanctions, other than engaging in sexual abuse, will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed on other staff with similar histories. The facility is required to report incidents of sexual abuse or sexual harassment to the local legal authority for a criminal investigation, unless the behavior is clearly not criminal, and to any relevant licensing bodies.

Staff members are informed of the facility’s disciplinary policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. The information presented to the staff includes notice that employees are held accountable for their behavior on the job and, in some instances, off the job. The staff are also informed that all serious violations, including violations of the facility’s zero tolerance policies, may be referred to the Athens County Prosecutor’s Office or the Ohio Ethics Commission for civil or criminal prosecution.

These policies are considered as mandatory “read and sign” document at the start of employment, and mandatory annual retraining thereafter.

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

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

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

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

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

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

The facility had a sexual abuse allegation against a staff member that was determined to be unsubstantiated; however, the staff member was provided additional training.

Review:

Policy and procedure

Employee handbook

Employee files

Administrative investigation report

Performance Improvement Plan

Interview with Executive Director

Interview with PREA Coordinator

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 1433 states that all contract staff and volunteers in positions with access to residents will receive pre-service and in-service training on the facility's zero tolerance policies, and on the consequences for violating policies and procedures. The facility will not engage the services of any contractor or volunteer who commits sexual abuse and will report the behavior to the local legal authority, unless the activity is clearly not criminal, and to any relevant licensing bodies.</p> <p>The PREA Coordinator reports that the facility will not allow further contact with residents to any contractor or volunteer who violates the facility's zero tolerance policies.</p> <p>The facility has not had an allegation against a contractor or volunteer during the past audit cycle.</p> <p>Review:</p> <p>Policy and procedures</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy 1433 and 1434 prohibits all sexual activity between residents. Sexual misconduct among residents will be administratively and/or criminally investigated. The residents are informed of the facility's zero tolerance policies and disciplinary practices during intake and orientation group. The handbook outlines the facility's stance on sexual abuse and sexual harassment and the response toward those who commit such acts.</p> <p>The residents receive a disciplinary flow chart that outlines the possible sanctions that go along with violations of facility rules. Sexually acting out (sexual abuse or sexual harassment) is listed as a major rule violation at the highest level. The sanctions listed include possible termination. Residents that have been found to have violated the sexual abuse policy will be referred to the Nelsonville Police Department for criminal charges.</p> <p>Facility SOP -S022 states that in the event a resident violates the Ohio Revised Code and criminal charges could be filed against the offending resident for the violation.</p>

The types of violations that could result in criminal charges include:

- Retaliation
- Aggravated menacing
- Sexual abuse

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

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

The auditor interviewed residents during the onsite visit. All residents interviewed stated that they have received and been trained on the facility's PREA policies and have been educated on the facility's disciplinary policies. The residents that that termination from the facility would be the consequence for a PREA violation.

The auditor reviewed ten resident files during the onsite visit. The files contained signed and dated acknowledgements of receiving the handbook, facility zero tolerance policy, PREA pamphlet, and orientation group.

The facility has not had an allegation of resident-to-resident sexual abuse or sexual harassment during the past twelve months.

Review:

Policy and procedure

Resident handbook

Orientation material

PREA Pamphlet

Disciplinary flowchart

Resident files

Administrative investigation report

Interview with residents

Interview with PREA Coordinator

115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 342 1477 584">Facility SOP-M015 and policy 1433 requires staff to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the victims free of charge and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services provided include:</p> <ul data-bbox="352 651 1461 1061" style="list-style-type: none"> • Medical and mental health evaluation and treatment • Evaluation, treatment and follow-up services • Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody • Case and services consistent with the community level of care • Test for sexually transmitted infectious disease • Pregnancy testing and comprehensive access to pregnancy related medical services • Information about and access to sexually transmitted infections prophylaxis and emergency contraception <p data-bbox="280 1104 1473 1346">During the onsite visit, the Nurse 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 Hocking Valley Community Hospital. The Nurse reports that the facility can conduct STI or pregnancy testing (transgender resident), but would be sent to community providers for additional services.</p> <p data-bbox="280 1386 1426 1543">The Operations Coordinator reports that the facility would provide counseling services via telehealth to any resident that has experienced sexual abuse at the facility. She reports that if additional services beyond telehealth are needed, the resident would be transferred back to the Scioto campus.</p> <p data-bbox="280 1583 1477 1780">The PREA Coordinator reports that residents that reported prior victimization during the risk screening, and are receiving services, will continue to be provided those services via telehealth if transferred to the Athens campus. He states that residents that report sexual abuse while at the facility, will also be offered medical and mental health services.</p> <p data-bbox="280 1821 1469 1977">The facility had one allegation of sexual abuse during the past twelve months. The allegation was administratively investigated and determined to be unsubstantiated. The resident was offered both medical and mental health services. The resident declined all services.</p> <p data-bbox="280 2018 1437 2051">The PREA Coordinator reports that free medical and mental health services would</p>

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

- Ohio Department of Rehabilitation & Correction Sexual Assault Hotline- 614-995-3584
- Ohio Division of Parole & Community Services PREA Hotline- 614-728-3399
- Ohio Alliance to End Sexual Violence (SARNCO)- 844-644-6435/
www.ohiosexualviolencehelpline.com
- Survivor Advocacy Outreach Program- 740-591-4266/ www.saopseoh.org

The facility provided the auditor with documentation of agreements with community partners to provide confidential supportive services related to sexual abuse without financial cost to the resident.

Review:

Policy and procedure

SOP- M015

MOU with Hocking Valley Community Hospital

MOU with Survivor Advocacy Outreach Program

Victim Support Person training certificates

Administrative investigation report

PREA Coordinated Response Plan

Confidential Support Services list

Interview with PREA Coordinator

Interview with Nurse

Interview with Clinical Coordinator

Interview with Operations Coordinator

115.283

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Facility policy 1433 and SOP- M015 requires residents who have been sexually abused in a jail, lockup, or juvenile facility to be offered medical and mental health counseling services. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility.</p> <p>Residents will be offered tests for sexually transmitted infections as medically appropriate. The facility does not house female offenders. Should the facility house a transgender resident that was biologically born a female, and that resident be a victim of sexual abuse, the facility would offer the resident pregnancy testing, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services.</p> <p>The facility has both medical and mental health services available to the residents at the facility, in the community, or via telehealth. Should the victim need services that are outside the scope of practice of the medical or mental health services the facility can provide, the resident will be referred to community providers or transferred back to the Scioto campus.</p> <p>The facility has not had a resident that requested the services of a mental health provider due to an incident of sexual abuse.</p> <p>The facility has not housed a known resident-to-resident abuser.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p> <p>Interview with facility nurse</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 1434 requires the facility to conduct an incident review after every sexual abuse investigation, unless the allegation is determined to be unfounded. The review must take place within 30-days of the conclusion of the investigation. The</p>

team will review:

- Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in the area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

The SART team is composed of the:

- Executive Director
- Operations Director
- Nurse Manager
- PREA Coordinator
- PREA Investigator (x2)
- Clinical Coordinator
- Athens Campus Director

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

- Victim care review
 - staff first responder information
 - medical care provided
 - mental health services
- Policies and procedures
 - victim informed of confidentiality and duty to report
 - identified abuser
 - status of abuser (staff or resident)
 - previous report
 - Response according to agency policy
 - Training needs/recommendations
- Reporting
 - Timely response to report
 - Victim's emergency contact notified
 - Law enforcement contacted
 - Evidence collection at the scene
 - Whereabouts of the victim
 - Whereabouts of the abuser

- Process review
 - Onsite review conducted
 - Physical vulnerabilities identified
 - Action steps and timeline for improvements
 - Media response
- Screening
 - Victim know/understand optional community based services
 - Documents completed accurately
 - Overlooked pertinent information
 - Victim screened correctly
- Recommended improvements
 - Policies revision
 - Security improvements in area of incident
 - Internal services not provided which may improve resident safety from sexual victimization
- Victim information
 - Sexual orientation
 - Race
 - Gender identity

The facility had one investigation that required an after incident review. The facility provided the auditor with the reports from the reviews. The auditor was able to interview several SART members during the onsite visit on the review process. The members that were on the team state that a comprehensive review of the situation took place and provided the staff member involved in the allegation with refresher training on clothed pat searches and boundaries. The facility provided the auditor with documentation of the Performance Improvement Plan assigned to the staff member, and satisfactory improvement. The PREA Coordinator is responsible for ensuring all recommendations are implemented or documents the reasons the recommendations were not implemented.

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

Review:

Policy and procedure

Investigation report

SART review

Interview with Executive Director

Interview with PREA Coordinator

Interview with Operations Director

	<p>Interview with Nurse Manager</p> <p>Interview with Clinical Coordinator</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The PREA Coordinator is required to collect and maintain accurate, uniform data for all allegations of sexual abuse and sexual harassment by using a standardized instrument and definitions.</p> <p>The facility provided the auditor with the data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes the following data:</p> <ul style="list-style-type: none"> • Date of incident • Residents involved • Type of allegation • Investigator • Finding • Notification to victim • Reporting to ODRC • Reporting to outside agency • Total number of admissions • Average daily population • Definitions • Ongoing investigations • Aggregated data from both facilities <p>The information collected is used to develop the agency's annual PREA report that is posted on the agency's website. The auditor reviewed the website and ensured the annual report is posted. The information in the report includes the aggregated sexual abuse and sexual harassment allegation data from 2022.</p> <p>The PREA Coordinator reports that the Department of Justice has not requested any data related to incidents of sexual abuse or sexual harassment from the Scioto or Athens campus.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA annual report</p>

	<p>PREA incident data collection tool</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility is required to use annual data collected and aggregated to assess and improve the effectiveness of the facility's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The review will have an assessment of the facility's policies, procedures, practices, and training to include:</p> <ul style="list-style-type: none"> • Identifying problem areas • Tacking action on an ongoing basis • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole <p>The auditor reviewed the facility's website to examine the PREA annual report. The report contains a comparison of the current year's data and corrective actions with those of previous years; and provides an assessment of the facility's ability to address of sexual abuse.</p> <p>The report identifies that the agency has had a slight increase in PREA related events in comparison of CY 2021 to CY 2022. In response to this increase, the facility maintains a physical presence in each resident living area and maintains a large video monitoring system. The video monitoring system is in the process of being upgraded, which will improved the facility's ability to protect, detect, and respond to incidents of sexual abuse and sexual harassment. In addition, the agency provides annual training to staff and has management accessible to assist in maintaining a safe and secure environment.</p> <p>The information in the report does not contain any information that would need to be redacted in order to protect the safety of residents, staff, or the facility.</p> <p>The information in the report has been reviewed and approved by the agency's Executive Director. The report is posted on the agency's website at http://www.starcjc.com/images/pdfs/PREAreport.pdf.</p> <p>Review:</p> <p>Policy and procedure</p>

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency post all final audit reports of its facilities on the agency website, http://www.starcjc.com/images/pdfs/STAR-CJC-Audit-Report-2017.pdf. While the report's web address states 2017, the report posted is from the agency's April 2020 audit. The auditor reviewed the agency's website to confirm that the final report</p>

	<p>from year one, cycle three have been posted. The facility has two buildings, and both audit reports are posted.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator escorted the auditor around the facility's campus and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with facility documentation prior to the onsite visit through Drop Box. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. Residents and facility staff were interviewed during the onsite visit. Agency staff interviewed answered interview questions for both Scioto and Athens campuses.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor review ten resident files and twelve staff files for additional information and confirmation of reported information.</p> <p>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit or during the onsite visit.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, http://www.starjc.com/images/pdfs/STAR-CJC-Audit-Report-2017.pdf, the audit report from the agency's April 2020 audit. The auditor reviewed the agency's website and verified that the final audit report was posted.</p> <p>This is year one of the current audit cycle. The facility has two buildings and are having the audits in conjunction with one another. The PREA Coordinator reports that the facility will have the audit conducted every year one of each cycle. The audit reports will be posted within 30 days of receiving the report.</p> <p>The PREA Coordinator states that he understands the audit requirements of posting all final audit reports on the agency's website. In the state of Ohio, all final audit</p>

reports are also posted on the Ohio Department of Rehabilitation and Corrections website, <https://www.drc.ohio.gov/prea>.

Review:

Agency website

Ohio Department of Rehabilitation and Correction website

Interview with PREA Coordinator

Appendix: Provision Findings		
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

	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

	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.)	na
	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.)	na
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

	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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (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 with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (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 interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
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 contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (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.)	na
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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
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 administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
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 services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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).	yes

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 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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	
	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 (c)	Resident education	
	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	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
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
	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
	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	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
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
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
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
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	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
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 third parties?	yes
	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? 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	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
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 exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
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
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	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	
	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,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
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 actions that could destroy physical evidence, and then notify security staff?	yes
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 of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
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
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	Criminal and administrative agency investigations	

(h)		
	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
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	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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 (b)	Disciplinary sanctions for staff	
	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
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	yes

	condition of access to programming and other benefits?	
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
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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 facility?	yes
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.)	na
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	na

	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.)	
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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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
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 and security of a facility?	yes
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
	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	yes

	same manner as if they were communicating with legal counsel?	
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