PREA Audit: PREA AUDITOR'S FINAL SUMMARY REPORT

Community Confinement Facilities

Name of facility:	**Franklin County Community Based Correctional Facility**
Physical address:	**1745 Alum Creek Drive, Columbus, OH 43207**
Date report submitted:	**March 13, 2015**
Auditor Information	
Name:	**Michelle Bonner**
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Telephone number:	**202-489-7184**
Date of facility visit:	**July 17-18, 2014**
Facility Information	
Facility mailing address: (if different from above)	**same**
Telephone number:	**614-525-4600**
The facility is:	**State-funded**
Facility Type	**Community Correctional Facility**
Name of Facility Head:	**Molly Robbins**
Title:	**Facility Director**
Email address:	**mollyrobbins@fccbcf.org**
Telephone number:	**614-525-4605**
Name of Facility PREA Coordinator:	**Jacki Dickinson**
Title:	**Deputy Director/PREA Coordinator**
Email address:	**jackidickinson@fccbcf.org**
Telephone number:	**614-525-4607**

Agency Information	
Name of Agency: **Governing authority or parent agency:** (if different from above) **Ohio Department of Rehabilitation and Correction (ODRC)** **Telephone number:**	
Agency Chief Executive Officer	
Name:	**Gary C. Mohr**
Title:	**Director**
Email address:	**Gary.Mohr@odrc.state.oh.us**
Telephone number:	**614-752-1164**
Agency-Wide PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE: [The auditor should provide a summary of the audit process that includes the date of audit, who was in attendance, a description of sampling procedures and staff and residents interviewed, areas of facility toured as part of the audit, etc.]

Michelle Bonner, an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of community confinement facilities to assess their compliance with the DOJ-adopted standards of the Prison Rape Elimination Act of 2003 (PREA), conducted an onsite audit of Franklin County Community Based Correctional Facility (hereinafter, "Franklin"), 1745 Alum Creek Drive, Columbus, OH, 43207, on July 17-18, 2014. Franklin serves and is located in Franklin County, Ohio. During the audit, 213 residents were present at the facility, 44 of whom were women; and the facility employed 71 staff members.

Franklin is one of nineteen community based correctional facilities (CBCF's) in the state of Ohio. Ohio's Bureau of Community Sanctions, Ohio Department of Rehabilitation and Corrections (ODRC), defines CBCF's as "residential sanctions that provide local Courts of Common Pleas a sanctioning alternative to prison. Each program is highly structured with assessment, treatment, and

follow-up services for offenders. CBCF's provide intensive substance abuse treatment/education, educational services, job training, mental health and transitional services to the community."[1] The CBCF's employ cognitive behavioral techniques (CBT) in their programming.[2] Franklin CBCF opened in 1993, and employs the Responsible Adult Culture (RAC) Program. According to the facility website, "the RAC Program uses a peer-help approach and focuses on thinking errors", with two components: equipment exercises and mutual help. Residents live in RAC groups of no more than nine residents in each, they program together, and act as a support system through the program.

Franklin is the fifth of nine CBCF's for which Auditor Bonner conducted audits in July 2014, through a memorandum of understanding (MOU) between the auditor and CorJus, a nonprofit coalition of many of the CBCF's in the state of Ohio. While ODRC provides partial to complete funding of these CBCF's to serve multi-county regions of the state, the CBCF's each stand alone as distinct agencies, with their own facility governing boards, staff, policies and procedures, and their individual PREA policies and implementation. Auditor Bonner is providing separate reports for each of the nine facilities, according to their individual audits.

Auditor Bonner arrived at Franklin at 8:40am on Thursday, July 17, 2014. There she was greeted by PREA Coordinator and Deputy Director Jacki Dickinson. In the administration area's conference room Auditor Bonner was also met by Facility Director Molly Robbins, and Shift Supervision Unit Manager (i.e., chief of security) Jerred Adkins. The brief opening meeting started with introductions, a description and history of the facility, and a description of the onsite audit process. Then the group (sans Facility Director, in foot cast) conducted a complete and thorough tour of the entire facility. The tour consisted of examining all rooms, offices, closets, restrooms, and exits of the men's halls, women's hall, programming area, intake areas, segregation cells, control centers, kitchen and dining areas, recreation areas, maintenance and administration areas.

During the course of the two days, in addition to speaking with staff and residents during the tour, Auditor Bonner conducted one-on-one interviews with the following staff for specialized staff and general staff inquiries:

- Facility Director
- PREA Coordinator/Deputy Director
- Shift Supervision Unit Manager
- Human Resource Generalist
- 3 Case Facilitators
- Shift Supervisor
- Resident Advisor
- Basic Trainer

Auditor Bonner also met individually with 13 residents, 4 of whom were female residents. Residents were chosen by their mention in

[1] Annual Report 2014, Bureau of Community Sanctions, Christopher Galli, Chief, Ohio Department of Rehabilitation and Correction, p. 3.
[2] *Id.*, p. 8.

investigation reports, by housing location, age, time at the facility, and sexual identity. During the two-day audit, Auditor Bonner conducted document review which included review of employee files (including new hires, terminations, spot check of five year background checks and promotions), security logs, PREA assessments and reassessment documents, PREA investigation log, staff training acknowledgements, employee training materials, resident orientation verifications and materials, and PREA forms. Auditor was onsite for 12 hours on July 17 and 9 hours on July 18. Near the end of the second day, Auditor held a closeout session with nearly all staff who were on duty present, during which she shared some of her immediate observations.

DESCRIPTION OF FACILITY CHARACTERISTICS: [The auditor should include a summary describing the facility.]

Franklin County CBCF is a large, two level facility, opened in 1993. The facility houses 215 residents in A, B, and K Halls for men and in C Hall for women. There is only one main entrance for staff, residents, and visitors; and PREA signage along with three cameras are present. The administration area is to the right of the entrance. Central Control, where cameras are monitored is also off of the main lobby. There is also a pat-down room off the lobby, where there are two cameras. PREA signage is located in this room and throughout the facility.

Halls A and B consists of separate rooms each having 3 to 4 beds along the walls of the small rooms, with lockers for personal belongings. Each room has had door removed; and there is a dress policy for dorms (must change in restrooms and be dressed in dorm at all times). Staff of both sexes work in these male halls as resident advisors and case managers. There are two cameras across from each other up above the dayroom area in the center of the space.

Halls A and B have restrooms on each floor, each with a large shower with four showerheads. However, Auditor was informed that only one resident showers at a time. Presently, residents use sheets to close off shower area as they shower; Auditor suggested that the facility invests in shower curtains with clear tops, even if they must replace them regularly. In the Hall A bathrooms, the toilet stalls did not have any doors or curtains; and instead residents were using plastic chairs in front of toilets for privacy. Auditor recommended short curtains in front of toilet stalls for privacy.

There are pay phones on each floor, with PREA information signs in English and Spanish nearby. The signs with telephone numbers have the numbers to the facility's PREA Coordinator and to ODRC. However, at the time of the audit, these numbers were not free to call from the pay phones. The facility has since worked with the phone company to make these numbers free to call.

Halls A and B also have laundry rooms on each floor, which have doors with windows. The locks on the laundry room doors in Hall A had been broken and have since been fixed. The first floor laundry room has a locked chemical closet in back, which is not covered by the camera out in the Hall itself. The laundry room on the second floor of Hall B had a missing washer that has since been replaced to eliminate blind spot.

Residents must enter a stairwell to get to the recreation yard. The facility has proposed camera placements in the stairwell next to each two-level hall. There are cameras outside covering the door inside from the recreation yard; although two cameras are

across from each other, there is a blind spot in the far left corner of the yard. Staff are present and visually monitor whenever residents are in the yard.

All of the halls have staff offices within each, with doors with windows opening to the main floor of each. There is a staff desk facing the open area, which is staffed by a resident advisor.

Halls A, B, and part of C were built in 1993. Hall K, part of Hall C, and programming part of facility were built in 1997. The K Hall also has staff offices with doors with windows, and cameras that provide crisscross coverage of the dayroom area in the center of the space. This hall also has laundry rooms on each floor; and the lower level one is in need of a mirror for the L-shaped closet within it. The restrooms have four-head showers like in the other halls, where only one resident at a time allegedly uses each one. The showers are in need of shower curtains with clear tops. PREA signage is located near pay phones and on glass wall between halls A and K. Residents of Hall K use the recreation yard also used by Hall B residents, which has a camera. The stairwell here has the same camera coverage needs as the one used by Hall A.

Hall K is unlike halls A and B in a couple of ways. One, the bed areas in Hall K are open dorm areas, with long rows of bunk beds on both sides of the hall and on both levels. These open bay dorms are used for residents with special needs or who might be at risk of victimization.

Hall C is the women's hall. As it is part 1993 and part 1997, the older side has five small dorm rooms with up to four beds each. The newer side has an open dorm are with rows of bunk beds in a row. The laundry room has a window and door with window; the two restrooms have toilets with short doors, and Auditor recommended shower curtains with clear bottoms to better see feet. There are two cameras in dayroom area that crisscross for coverage, with a staff desk in the middle of the space. Staff offices are located in the space as well, with windows looking out to the open space.

The programming hall has three cameras that cover the hallways and entrances to classrooms; each classroom could benefit from a mirror, especially the L-shaped rooms. There is no camera on the door to the garden; and this hall is visible from a window of Central Control.

Intake area hall could benefit from increased visual aides, such as a mirror or a camera; PREA signage is also needed here. There is camera coverage in the open intake area. There are also a strip search room and two isolation cells with mirrors. However, the toilets in these isolation rooms are visible from the window; therefore, the facility should prohibit cross-gender viewing of the isolation rooms. The medical examination room and staff offices are also located in this area.

The dining area is used by men and women; and it is also used for visitation and meetings. There is a locked grievance box in this room. Two cameras crisscross the room for coverage. Auditor instructed the facility to provide more PREA signage in the dining area. The men and women share a kitchen as well, although only male residents can work in the kitchen. A camera covers the serving line, there are two cameras that shoot in opposite directions, and there is a fourth camera in the back right corner. The cooler has a glass window; the freezer does not. The facility is considering putting a mirror in the dry storage room. Though monitored by staff, the sally port to the outdoor kitchen exit is not covered by a camera, although the door from the outside is

covered. The back hall behind the kitchen also requires a camera. Storage, the electrical room, and maintenance are located along this back hall.

SUMMARY OF AUDIT FINDINGS: [The auditor should include a summary statement of the overall audit findings. E.g.: On March 1, 2013 X number of site visits were completed at facility XYZ in X County, Maryland. The results indicate....Facility X exceeded X of standards; met X of standards; X of standards were not met.]

Franklin County CBCF has been in operation since 1993 in Columbus, OH, one of the urban areas of the state of Ohio. With this location comes bigger challenges, such as:

- larger facility population,
- less space for sprawling facility,
- tendency to have more serious offenders,
- higher cost of living for its staff,
- more competitive job market.

Despite all of these challenges and more, Facility Director Molly Robbins and her staff have done a tremendous job of doing more with less. Until this year, Franklin has operated under an ever-shrinking budget; but this year the facility was finally able to give its staff a modest raise after years of a salary freeze. It has also managed to start updating its video monitoring system, most of which had not been changed since it was installed in 1993 and 1996. Franklin is still in desperate need of more funds to further improve its video monitoring system so that staff might better monitor residents for their safety.

The PREA Coordinator and Deputy Director, Jacki Dickinson, has also done a fantastic job of making sure that the facility implements corrective action during the 180 days following receipt of the initial report. Auditor is impressed by the incredibly high level of dedication she has shown to making sure that the facility becomes compliant with all of the PREA standards. She has eagerly and wholeheartedly taken on this journey and challenge, and the residents of the facility are much safer for it.

Also, Franklin still experiences a very high turnover rate for its lower level staff. Franklin management asserts that it cannot pay lower level positions competitively compared to other entry jobs in the Columbus area. Therefore, resident advisors and employees in other positions gain training from Franklin and then take that training to other agencies who pay more money. As a result, there are at least 1-2 vacancies on every shift, everyday. Resident advisors are forced to work mandation (mandatory overtime) or risk losing their jobs. This poses another added stress on the security of the facility that can only be addressed with additional funding to attract and maintain more and better quality security staff from the Columbus area.

The residents feel safe at Franklin; and there have been no reported incidents of resident-on-resident sexual abuse in the

past 12 months. The facility has recognized and promptly dealt with allegations of staff on resident sexual misconduct, showing that it takes such misconduct quite seriously and does not assume that staff cannot be culpable of such actions.

The facility has safely housed two transgender residents in the past 18 months, without segregation; and it can now be an example to other Ohio CBCF's in this regard. Facility Director, however, is ever vigilant in making sure that her staff have continued training in this area so that transgender residents will continue to be respected and given equal opportunity to receive programming at the facility. The Facility Director and Deputy Director/PREA Coordinator are deeply committed to having a culture of safety and inclusion, and work to instill this culture in its staff and residents.

Franklin had just started implementing PREA at its facility within weeks of its onsite audit; and already it has come a long way in the formal implementation of the PREA standards. In spite of its challenges, Franklin endeavors to maintain a sexual safe environment for all of its residents.

Number of standards exceeded:	**2**
Number of standards met:	**35**
Number of standards not met:	
Number of standards N/A:	**2**

FOLLOWING INFORMATION TO BE POPULATED AUTOMATICALLY FROM AUDITOR COMPLIANCE TOOL:

PREVENTION PLANNING	
Overall Determination:	**§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**
	✔ **Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): Pre-audit review, onsite review, and all interaction with the Deputy Director post-audit all indicate a very high level of dedication that the facility has to the proper implementation of PREA standards. The Deputy Director has devoted much of her time to PREA Coordinator responsibilities.

CBCF POLICY #: SUP12

(a) The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

(b) The facility employs or designates an upper-level, facility-wide PREA coordinator.

The PREA coordinator has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA coordinator in the facility's organizational structure: Facility Deputy Director.

Overall Determination:	**§115.212 - Contracting with other entities for the confinement of residents.**
N/A	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

Overall Determination:	**§115.213 - Supervision and monitoring.**
✔	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. The facility is in the process of upgrading its video monitoring system from 1993-era to modern standards, which will increase its loop capacity from 6-7 days to 45-60 days, a major upgrade. Additional cameras are proposed after this upgrade to further increase security at the facility.
Since August 20, 2012, the average daily number of residents on which the staffing plan was predicated is 215.
(b) Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.
The most common reason for deviating from the staffing plan in the last 12 months is high turnover rate. Facility asserts that it cannot pay lower level positions competitively compared to other entry jobs in the Columbus area. Therefore, resident advisors and employees in other positions gain training from Franklin and then take that training to other agencies who pay more money. As a result, there are at least 1-2 vacancies on every shift, everyday. Resident advisors are forced to work mandation (mandatory

overtime) or risk losing their jobs.

Overall Determination:	**§115.215 - Limits to cross-gender viewing and searches.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

POLICY #: SUP4
(a) The facility DOES NOT conduct cross-gender pat-down searches.
(b) The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.
(c) Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.
Facility policy requires that all cross-gender pat-down searches of female residents be documented.
(d) Facility has implemented policies and procedures 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 (this includes viewing via video camera).
Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.
(e) Facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
(f) All security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

Overall Determination:	**§115.216 - Residents with disabilities and residents who are limited English proficient**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. CBCF POLICY #: RRD2
(b) The facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Ohio Supreme Court website (http://www.supremecourt.ohio.gov/JCS/interpreterSvcs/default.asp) shows where the facility can get certified interpreters when needed. They also have a list of interpreters from the Common Pleas Court that they use.
(c) Facility policy prohibits use of 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. CBCF POLICY #: RRD2

Overall Determination:	**§115.217 - Hiring and promotion decisions.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

CBCF POLICY #: HR1

(a) Facility policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting 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);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(b) Facility policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

(c) Facility policy requires that before it hires any new employees who may have contact with residents, it (1) conducts criminal background record checks, and (2) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(d) Facility policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

(e) Facility policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

CBCF POLICY #: HR6

(f) The facility shall 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 and in any interviews or written self- evaluations conducted as part of reviews of current employees. The facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Facility policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Overall Determination:	**§115.218 - Upgrades to facilities and technology.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012.
(b) The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The facility is in the process of upgrading its video monitoring system from 1993-era to modern standards, which will increase its loop capacity from 6-7 days to 45-60 days, a major upgrade. This upgrade should be completed by Sept. 30, 2014. Additional upgrades and additions are requested.

RESPONSIVE PLANNING	
Overall Determination:	**§115.221 - Evidence protocol and forensic medical examinations**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Franklin County Sheriff's Office has responsibility for conducting criminal investigations.
When conducting a sexual abuse investigation, the facility investigators follow a uniform evidence protocol.
(b) The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.
(c) The facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.
(d) The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. These efforts are documented in an MOU between the facility and SARNCO (Sexual Assault Response Network of Central Ohio). If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified facility staff member.
(e) If requested by the victim, a victim advocate, qualified facility staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
(f) The facility has requested that the Franklin County Sheriff's Office follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

Overall Determination:	**§115.222 - Policies to ensure referrals of allegations for investigations.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): PREA Page for facility is located at https://fccbcf.org/.

(a) The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct).
In the past 12 months, six allegations of sexual abuse and sexual harassment that were received, all resulting in administrative investigations, and one referred for criminal investigation.
All administrative investigations were completed; the criminal investigation was closed and determined to be unsubstantiated.

(b) The facility has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.
Facility policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the facility website or made publicly available via other means.
The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.
(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the facility and the investigating entity.

TRAINING AND EDUCATION	
Overall Determination:	**§115.231 - Employee training.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): training now includes more expansive PPT, containing the points required below, not short PREA training in 6.20.14 doc. They also watch a 30 minute video, "Responding to Prison Rape." The revised training for staff was held on 2/25/15.

CBCF POLICY #: TR3; STAFF TRAINING; PPT
(a) The facility trains all employees who may have contact with residents on the following matters.
(1) Its zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) Residents' rights to be free from sexual abuse and sexual harassment;
(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in confinement;

(6) The common reactions of sexual abuse and sexual harassment victims;
(7) How to detect and respond to signs of threatened and actual sexual abuse;
(8) How to avoid inappropriate relationships with residents;
(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. (b) Training is tailored to the gender of the residents at the facility.

(c) All staff employed by the facility, who may have contact with residents, were trained or retrained in PREA requirements; and Between trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. They receive additional information at monthly staff meetings. Employees who may have contact with residents receive refresher training on PREA requirements once a year.

(d) The facility documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Overall Determination:	**§115.232 - Volunteer and contractor training**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): The facility has modified and bolstered training for volunteers, and now has volunteer orientation and manual that includes instruction on PREA policies. The facility also uses a notice to vendors, et al., for vendors and those with very limited to no contact with residents when they come into the facility.

(a) The facility has revised its Volunteer Orientation and Manual to include PREA. Since this corrective action, all volunteers and contractors who have contact with residents will have been trained on their responsibilities under the facility's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

(b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.

All volunteers and contractors who have contact with residents have been notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
(c) The facility maintains documentation confirming that volunteers/contractors understand the training they have received.

Overall Determination:	**§115.233 - Resident education.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.
(b) The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.
(c) Resident PREA education is available in accessible formats for all residents including those who are:
limited English proficient; deaf; visually impaired; otherwise disabled; or limited in their reading skills.
(d) The facility maintains documentation of resident participation in PREA education sessions.
(e) The facility ensures that key information about the facility's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Overall Determination:	**§115.234 - Specialized training: Investigations.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

CBCF POLICY #: SUP12
(a) Facility policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
(b) Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
(c) The facility maintains documentation showing that investigators have completed the required training.

Overall Determination:	**§115.235 - Specialized training: Medical and mental health care.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): After onsite audit, Clinical Manager and Facility Nurse received specialized training through NIC.

CBCF POLICY #: SUP12
(a) The facility has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.
(b) Facility medical staff at this facility DOES NOT conduct forensic exams.

(c) The facility maintains documentation showing that medical and mental health practitioners have completed the required training. Clinical manager and facility nurse received specialized training through NIC website.
(d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS	
Overall Determination:	**§115.241 - Screening for risk of victimization and abusiveness.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.
(b) The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
(c) Risk assessment is conducted using an objective screening instrument.
(d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
(1) Whether the resident has a mental, physical, or developmental disability;
(2) The age of the resident;
(3) The physical build of the resident;
(4) Whether the resident has previously been incarcerated;
(5) Whether the resident's criminal history is exclusively nonviolent;
(6) Whether the resident has prior convictions for sex offenses against an adult or child;
(7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
(8) Whether the resident has previously experienced sexual victimization; and
(9) The resident's own perception of vulnerability.

(e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive.
(f) The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
(g) The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
(h) The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

- Whether or not the resident has a mental, physical, or developmental disability;
- Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether or not the resident has previously experienced sexual victimization; and
- The resident's own perception of vulnerability.

(i) The facility implements 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. Information is limited to the intake case facilitator and the resident's assigned case facilitator.

Overall Determination:	**§115.242 - Use of screening information.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.
(b) The facility makes individualized determinations about how to ensure the safety of each resident.
(c) The facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

(d) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
(e) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
(f) The facility shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents.

REPORTING	
Overall Determination:	**§115.251 - Resident reporting** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has established procedures allowing for multiple internal ways for residents to report privately to facility officials about:

- Sexual abuse or sexual harassment;
- Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
- Staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) The facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. Residents can call the ODRC hotline to report sexual abuse or sexual harassment.
(c) The facility has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
Staff are required to document verbal reports immediately.
(d) The facility has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can report to their immediate supervisor and/or to the PREA Coordinator. Staff are informed of these procedures through staff trainings.

Overall Determination:	**§115.252 - Exhaustion of administrative remedies**
N/A	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility DOES NOT HAVE an administrative procedure for dealing with resident grievances regarding sexual abuse.

Overall Determination:	**§115.253 - Resident access to outside confidential support services**
✔	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): During 180 days from initial report, facility ensured residents had information for outside agency SARNCO, including hotline and address, in inmate handbook and signs in the facility. Handbook also explains mandatory reporting requirements.

(a) The facility provides 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) for local, state, or national victim advocacy or rape crisis organizations; and
- Enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

(b) The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

(c) The facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility has an MOU with SARNCO to provide community services to residents.

Overall Determination:	**§115.254 - Third party reporting.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment: via telephone calls to PREA Coordinator or to ODRC hotline.
The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents, through posters hanging throughout the facility.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT	
Overall Determination:	**§115.261 - Staff and agency reporting duties**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

CBCF POLICY #: SUP12

(a) The facility requires all staff to report immediately and according to facility policy:

- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the facility.
- Any retaliation against residents or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Apart from reporting to designated supervisors or officials and designated state or local service agencies, facility policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the facility shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

(e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Overall Determination:	**§115.262 - Agency protection duties.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

Overall Determination:	**§115.263 - Reporting to other confinement facilities.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

CBCF POLICY #: SUP12
(a) The facility has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexua abuse is alleged to have occurred.
(b) Facility policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.
(c) N/A
(d) The facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

Overall Determination:	**§115.264 - Staff first responder duties.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

CBCF POLICY #: SUP12

(a) The facility has a first responder policy for allegations of sexual abuse.

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

In the past 12 months, there were five allegations that a resident was sexually abused; however there were no times necessitating first responder duties.

(b) Facility policy requires that if the first staff responder is not a security staff member, that responder shall be required to

- Request that the alleged victim not take any actions that could destroy physical evidence; and/or
- Notify security staff.

Overall Determination:	**§115.265 - Coordinated response.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard): Since onsite audit, PREA Coordinator has devised a comprehensive coordinated response plan form that can be used as a reference and to record information in real time.

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Overall Determination:	**§115.266 - Preservation of ability to protect residents from contact with abusers.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency, facility, or any other governmental entity responsible for collective bargaining on the facility's behalf has NOT entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.

Overall Determination:	**§115.267 - Agency protection against retaliation.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

CBCF POLICY #: SUP12

(a) The facility has 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.

The facility designates staff member(s) or charges department(s) with monitoring for possible retaliation: Unit Managers.

(b) The facility shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) The facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The facility acts promptly to remedy any such retaliation. The facility continues such monitoring if the initial monitoring indicates a

continuing need.
(d) In the case of residents, such monitoring shall also include periodic status checks.
(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.
(f) Facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

INVESTIGATIONS	
Overall Determination:	**§115.271 - Criminal and administrative agency investigations.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The facility has a policy related to criminal and administrative facility investigations.
(b) Where sexual abuse is alleged, the facility uses investigators who have received special training in sexual abuse investigations pursuant to § 115.234.
(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
(d) When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with Franklin County Sheriff's Office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No facility shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
(f) Administrative investigations:

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

(g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
(i) The facility shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five years.
(j) The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.
(k) N/A
(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Overall Determination:	**§115.272 - Evidentiary standards for administrative investigations.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Overall Determination:	**§115.273 – Reporting to residents.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

CBCF POLICY #: SUP12

(a) The facility has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the facility.

(b) If an outside entity conducts such investigations, the facility requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the facility has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There have been substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the facility in the past 12 months. One resident was told that the allegation was founded and that the staff no longer worked at the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident in the facility, the facility subsequently informs the alleged victim whenever:

- The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) The facility has a policy that all notifications to residents described under this standard are documented.

DISCIPLINE	
Overall Determination:	**§115.276 - Disciplinary sanctions for staff.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Staff is subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.
(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
In the past 12 months, one staff from the facility has violated facility sexual abuse or sexual harassment policies; and that staff resigned prior to termination for violating facility sexual abuse or sexual harassment policies.
(c) Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.
(d) All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Overall Determination:	**§115.277 - Corrective action for contractors and volunteers.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Facility policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Facility policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.
(b) The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of facility sexual abuse or sexual harassment policies by a contractor or volunteer.

Overall Determination:	**§115.278 - Disciplinary sanctions for residents.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

(a) Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or criminal finding that the resident engaged in resident-on-resident sexual abuse.
(b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
(d) The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.
(e) The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
(f) The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
(g) The facility prohibits all sexual activity between residents.
If the facility prohibits all sexual activity between residents and disciplines residents for such activity, the facility deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

MEDICAL AND MENTAL CARE	
Overall Determination:	**§115.282 - Access to emergency medical and mental health services.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.
(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.
(c) Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
(d) Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Overall Determination:	**§115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility offers 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.
(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
(d) Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.
(e) If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.
(f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
(g) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
(h) There is no indication that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

DATA COLLECTION AND REVIEW	
Overall Determination:	**§115.286 - Sexual abuse incident reviews.**
	✔ **Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): Per corrective action, the PREA Coordinator forwarded to Auditor SART reviews for six staff-on-resident sexual assault allegations. These reports were thorough, timely, and clear. They also review and evaluate corrective action that can be taken based on allegations made.

(a) The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: six.
(b) The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
(c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
(d) The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;
(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
(e) The facility implements the recommendations for improvement or documents its reasons for not doing so.

Overall Determination:	**§115.287 - Data collection.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
(b) The facility aggregates the incident-based sexual abuse data at least annually.
(c) The standardized instrument includes, 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.
(d) The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
(e) N/A
(f) The facility would provide the Department of Justice with data from the previous calendar year if requested.

Overall Determination:	**§115.288 - Data review for corrective action.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): The PREA Annual Report is at https://fccbcf.org/. It references the corrective action taken as a result of the onsite PREA audit.

(a) The facility reviews 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, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the facility as a whole.

(b) The annual report includes a comparison of the current year's data and corrective actions with those from prior years.
The annual report provides an assessment of the facility's progress in addressing sexual abuse.
(c) The facility makes its annual report readily available to the public at least annually through its website.
The annual reports are approved by the facility head.
(d) When the facility redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.
The facility indicates the nature of material redacted.

Overall Determination:	**§115.289 - Data storage, publication, and destruction.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility ensures that incident-based and aggregate data are securely retained.
(b) N/A
(c) Before making aggregated sexual abuse data publicly available, the facility removes all personal identifiers..
(d) The facility maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION: The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the facility under review.	
AUDITOR SIGNATURE	/s/ Michelle Bonner
DATE	March 13, 2015