

# PREA Facility Audit Report: Final

**Name of Facility:** Franklin County Community Based Correctional Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 09/17/2023

**Date Final Report Submitted:** 04/16/2024

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Kayleen Murray

**Date of Signature:** 04/16/2024

## AUDITOR INFORMATION

**Auditor name:** Murray, Kayleen

**Email:** kmurray.prea@yahoo.com

**Start Date of On-Site Audit:** 07/28/2023

**End Date of On-Site Audit:** 07/31/2023

## FACILITY INFORMATION

**Facility name:** Franklin County Community Based Correctional Facility

**Facility physical address:** 1745 Alum Creek Drive, Columbus, Ohio - 43207

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Domonique Paige
<b>Email Address:</b>	domoniquepaige@franklincountyohio.gov
<b>Telephone Number:</b>	614-525-4620

Facility Director	
<b>Name:</b>	Jacki Dickinson
<b>Email Address:</b>	jackidickinson@franklincountyohio.gov
<b>Telephone Number:</b>	614-525-4607

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

Facility Health Service Administrator On-Site	
<b>Name:</b>	Chrissy Stanley
<b>Email Address:</b>	christinastanley@franklincountyohio.gov
<b>Telephone Number:</b>	614-525-4600

Facility Characteristics	
<b>Designed facility capacity:</b>	179
<b>Current population of facility:</b>	137
<b>Average daily population for the past 12 months:</b>	145
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males

<b>Age range of population:</b>	30
<b>Facility security levels/resident custody levels:</b>	Minimum Security
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	55
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	65

#### AGENCY INFORMATION

<b>Name of agency:</b>	Franklin County Community Based Correctional Facility Governing Board
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1745 Alum Creek Drive, Columbus, Ohio - 43207
<b>Mailing Address:</b>	
<b>Telephone number:</b>	6145254600

#### Agency Chief Executive Officer Information:

<b>Name:</b>	Domonique Paige
<b>Email Address:</b>	domoniquepaige@franklincountyohio.gov
<b>Telephone Number:</b>	614-525-4607

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Domonique Paige	<b>Email Address:</b>	domoniquepaige@franklincountyohio.gov
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### 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:	2023-07-28
2. End date of the onsite portion of the audit:	2023-07-31

#### 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:	Sexual Assault Nurse Examiners- Rape Crisis Ohio State University Hospital- SANE

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	179
15. Average daily population for the past 12 months:	145
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	150
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3

<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	<p>The facility has holding cells that are used during the intake process. The facility does not use holding cells to house residents that have reported sexual abuse and sexual harassment. The facility will deploy other methods to ensure residents safety when alleged abuse or the potential for abuse is reported.</p> <p>The agency provided the auditor with a list of residents and a list of residents that fall within the identified categories.</p>
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	50

50. Enter the total number of <b>VOLUNTEERS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
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:	There were no volunteers or contractors during the onsite visit.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	14
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The facility provided the auditor with a list of current residents.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<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>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	4

<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	4
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.

<b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	3
<b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
<b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><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>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	<p>3</p>
<b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The facility has holding cells that are used during the intake process. The facility does not use holding cells to house residents that have reported sexual abuse and sexual harassment. The facility will deploy other methods to ensure residents safety when alleged abuse or the potential for abuse is reported.</p>

<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	8
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None         </div>
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </div>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></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><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Resident supervisor staff from every shift were interviewed, as well as multiple program staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



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

<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	<p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and the resident database system.</p>
<b>Documentation Sampling</b>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views and the resident database system.</p>
<p><b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b></p>	
<p><b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b></p>	
<p>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.</p>	

**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
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	2	0	2	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
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	5	0	5	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	1	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

2

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

<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	5
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



**Staff-on-inmate sexual harassment investigation files**

**111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

2

**112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

The facility had seven allegations during the past twelve months. None of the allegations were referred for criminal investigation. The auditor was able to review all seven investigations.

**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
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Franklin County CBCF policy SUP 12 states that the facility is committed to zero tolerance of all forms of sexual abuse and sexual harassment, and has an approach to preventing, detecting, and responding to such conduct by residents, staff, contractors, and volunteers. The policy includes definitions of sexual abuse and sexual harassment.</p> <p>The policy outlines ways residents, staff, and third-parties are able to report allegations; procedures for preventing and/or protecting residents from sexual abuse and sexual harassment; steps for any administrative and criminal investigations; and the coordinated response plan the facility has developed in response to incidents of sexual abuse and sexual harassment.</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 Executive Director</p> <p>The facility will discipline staff and residents found to have violated agency zero tolerance policy. Disciplinary action can include termination from employment (staff) or the program (residents).</p> <p>The facility has identified the Operations Director as the PREA Coordinator. The PREA Coordinator is responsible for ensuring the facility is complying with the PREA Standards. His responsibilities include:</p> <p>The facility is currently in transition. The PREA Coordinator who prepared for the audit has (as of the day of the onsite visit) taken over the role of Executive Director. She held the position of Assistant Director while being the PREA Coordinator. She has been able to assist the new PREA Coordinator in understanding the standards and the facility's practices and protocols that demonstrate compliance. The current PREA Coordinator reports that he has enough time and authority to ensure the facility is complying with the standards. He states that his main responsibilities include identifying deficiencies and making recommendations for improvement; working with the Executive Director and other department heads to ensure staff and residents are educated on the facility's zero tolerance policies, and how to prevent, detect, respond, and report sexual abuse and sexual harassment; conducting administrative investigations; and maintaining documentation related to compliance.</p> <p>The Executive Director reports that while she has moved on to another role, her job of ensuring residents are free from sexual abuse and sexual harassment has not changed. She will support the PREA Coordinator and assist with removing any barrier to compliance.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The facility houses residents for the Ohio Department of Rehabilitation and Correction. The agency does not contract with other agencies/facilities to house residents.</p>

115.213	<b>Supervision and monitoring</b>
	<p data-bbox="280 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1476 539">The facility has a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents from sexual abuse. The plan is required to be reviewed at least annually and updated as necessary. In calculating adequate staffing levels and determining the need for video monitoring, the plan will take into consideration:</p> <ul data-bbox="352 607 1436 853" style="list-style-type: none"> <li>• The physical layout of the facility, including considerations if the facility should plan any substantial expansion or modification of existing facilities</li> <li>• The composition of the resident population</li> <li>• The prevalence of substantiated and unsubstantiated incidents of sexual abuse</li> <li>• Any other relevant factors</li> </ul> <p data-bbox="280 891 1476 925">The facility provided the auditor with a copy of the calendar year 2022 Staffing Plan.</p> <p data-bbox="280 965 523 999"><b>Physical layout</b></p> <p data-bbox="280 1037 1476 1742">The facility is a single level facility that houses all male offenders. This is a change from the last PREA audit, when the facility also housed female offenders. The housing unit that once housed female offenders is currently being renovated to a “successful center”. This area will have rooms for classes and a lounge area available to residents who earn access. In addition to the renovation of this housing unit, the facility is also in the midst of updating the flooring in each of the housing units. This means that residents that are currently in a housing unit that is being renovated, will be moved into a housing unit that is not being renovated. The residents are still separated by dorms from the residents that are originally housed in that unit. Housing units A and B have a mezzanine level that has dorms along the catwalk. Residents from one unit will be housed on one level, and the other level will house the residents from the other unit. Housing unit C has two sides. One side has traditional dorms, while the other side has an open dorm layout within the dayroom. Each housing unit has a staff post desk, laundry area, bathroom, dayroom, and staff offices. Common areas include the dining hall, kitchen, library, education classrooms, lounge area, medical unit, holding cells, central laundry, and group rooms.</p> <p data-bbox="280 1780 906 1814"><b>Composition of the resident population</b></p> <p data-bbox="280 1852 1461 1966">The facility has reduced its capacity to 179 residents. During calendar year 2022 the facility held an average of 148 residents. The current staffing level is adequate to secure the facility.</p> <p data-bbox="280 2004 687 2038"><b>Incidents of sexual abuse</b></p>

During calendar year 2022, the facility had one substantiated allegation of sexual abuse and one unfounded allegation.

**Other relevant factors**

Due to the removal of the female program, and current remodeling project, the facility is only using two housing units. This has reduced the minimum staff needed for each shift.

The plan is required to reviewed by the Executive Director, Deputy Director of Operations, and the Deputy Director of Programs will annually. The team will assess these areas:

- 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 annual review. The prevailing staffing pattern is as follows:

Total number of Staff – 62 Full-time, 2 part-time employees

The facility is staffed on average as follows:

**Weekday - 1st Shift**

- Operations – 1 Coordinator, 1-2 Food Service, 1 Maintenance (Contractor)
- Medical – 1 Nurse
- Behavior – 4 Resident Advisors
- Programming – 8 Case Managers, 7 Program Facilitators, 1 GED Instructor, 1 Orientation Resident Advisor
- Intake – 1 Community Justice Coordinator, 1 Community Justice Specialist
- Administration – 3 Administrators, 6 Managers, 3 Supervisors, 4 Office Staff

**Weekday - 2nd Shift**

- Behavior – 4 Resident Advisors
- Operations – 1 Coordinator

**Weekends - 1st Shift**

- Behavior – 4 Resident Advisors
- Operations – 1 Coordinator

**Weekends - 2nd Shift**

	<ul style="list-style-type: none"> <li>• Behavior – 4 Resident Advisors</li> <li>• Operations – 1 Coordinator</li> </ul> <p>Security staff operate in two, twelve-hour shifts. At a minimum, there are always three Resident Advisors and one Operations Coordinator on each shift, unless there is an emergency that will require approval from the Executive Director or designee. In circumstances where the facility's staffing plan is not complied with, the PREA Coordinator 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.</p> <p>The facility has 57 digital closed-circuit video cameras located throughout the facility. The cameras are recording 24 hours/7 days a week. All cameras, inside classrooms, are now equipped with audio. The facility also has scream alarms located in nearly all locations throughout the facility. These alarms will alert staff in Central Control if the noise level rises above a designated level. Interior and exterior security rounds are conducted once each shift at various intervals. Formal resident counts are conducted three times a day.</p> <p>The leadership team consisting of supervisors and management will meet once a quarter to discuss the overall staffing model for the facility. The overall strength of Operations, Programming, and other support staff are updated as needs arise. The Executive Director will allot the proper budget amount to ensure there is enough staff to meet the needs of the residents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>CY 2022 Staffing Plan</p> <p>CY 2022 Staffing Plan review</p> <p>Facility tour</p> <p>Camera views</p> <p>Staff schedules</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with staff</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Policy SUP 4 states that the facility has a procedure for searching residents entering and exiting the building. CBCF employees do not conduct cross-gender pat down searches except in exigent circumstances. Strip searches and/or body scans are conducted upon admission or when the resident's present or prior behavior indicates that the resident is likely to be concealing contraband or a weapon. Cross-gender strip searches, cross-gender body scans, and/or cross-gender visual body cavity searches are not conducted except in exigent circumstances or when performed by medical practitioners. A manual or instrument body cavity search is only conducted when reasonable cause exists that a weapon or contraband is being concealed and when the authorized by the Executive Director or designee.

CBCF staff are trained in how to conduct all searches of residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The facility requires all searches to be conducted in view of security cameras. The procedures for searches include:

- Pat search- A thorough “hands on” search of a resident, searching for weapons or contraband items. Random or “just cause” pat downs occur at the discretion of staff on duty. The facility does not conduct cross-gender pat down searches except in exigent circumstances
  - A pat search may be conducted when a resident has not been under the direct supervision of the staff
  - Pat searches will occur when a resident leaves a work detail where tools or utensils are used (kitchen, maintenance, etc.). The staff member supervising the work detail searches the resident prior to re-entry into the residential area
- Strip Searches- Permitted upon admission or when a person's present or prior behavior indicates that he is likely to be concealing contraband or a weapon. Supervisory approval is required. CBCF staff conduct strip searches to ensure the safety of the facility
  - All residents who entered the facility for the purpose of admissions are strip searched
  - Residents returning from any unsupervised activity in the community are subject to a strip search. Strip searches are authorized by a supervisor if the staff has “just cause” or “reasonable suspicion” for the search
  - The strip search is conducted by a staff person of the same sex as the person being searched
  - The strip search is conducted in a professional manner that preserves the dignity of the person being searched
  - The strip search is performed in a location and manner that permits only the person conducting the search and the person being searched to observe the search



- All findings are documented on an incident report
- Body Cavity Searches- A manual or instrument inspection of body cavities is conducted only when there is reason to do so and when authorized by the Executive Director or designee. This authorization is based on a reasonable belief that a weapon or contraband is being concealed. A body cavity search is conducted as a last resort to ensure the safety and security of the facility
  - Body cavity searches are conducted by licensed healthcare personnel
  - The medical staff may conduct the search on site as long as the conditions are sanitary
  - The medical staff may request that the resident be transported to an appropriate medical facility, off grounds, to complete the search
  - The search is conducted in a professional manner that preserves the dignity of the person being searched to the highest degree possible
  - The search is performed in a location and manner that permits only the person(s) conducting the search and the person being searched to observe the search
  - The resident remains out of general population and is under the constant observation until the examination is complete
  - The medical staff conducting the search notified the accompanying staff member of the findings. All unusual findings, such as cuts, bruises, or body vermin are documented in an incident report that details the circumstances and results of the findings
- Full body scans- During the admission process, all residents undergo a full body scan search by a staff member of the same sex as the resident. If the body scan indicates possible contraband, a strip search is conducted by a staff member. All body scan searches automatically assign a scan number, which is stored in the Scanner System. This does not eliminate or replace the need for pat searches, strip searches, or body cavity searches.
  - The body scanner is not used for any activity that does not have a security purpose
  - All required procedures must be followed, including the positioning of the resident in the scan
  - No pregnant or minor individuals are to be scanned
  - The body scanner is only used for residents. No visitors, staff, contractors, volunteers, etc. are to be scanned
  - All staff members are trained on the body scanner

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 sixteen residents during the onsite visit. The residents report being scanned by the body scanner, having a strip search, and a pat search.

The residents report that all searches were conducted as expected and no one reported being inappropriately touched during a search. The residents state that at no time have they received a cross-gender search of any type.

During Resident Advisor interviews, they report receiving training at New Hire Orientation and annually on the proper way to conduct a pat and strip search. No staff reported ever conducting a body cavity search. The nurse that was interviewed during the onsite visit, also stated that she has never conducted a body cavity search. The staff report being trained on how to conduct a cross-gender pat search and transgender searches. The female Resident Advisor staff report that they will contact a male staff member to conduct a search should one be necessary on the unit. The female staff also report being trained on the use of the body scanner; however, never using the scanner. The Operations Director reports that the system will not allow a member of the opposite gender to operate the machine. The staff report that a male staff member is required to be in the facility at all times. The nurse reports that all residents receive a medical assessment upon admission, and that if a transgender resident's genital status was in question, the staff in the medical department would interview the resident or would be able to assess the gender status during the medical assessment.

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

The facility has three housing units. The bathroom on A and B unit are identical. The bathroom entrance has a door with a window. No stalls or showers are visible from the window. The bathroom has three stalls with 1/2 doors, four sinks with mirrors above that are across from the shower area. The shower area has a shower curtain at the entrance. The shower has four multiuse showers in each corner of the shower area. Housing unit C has two bathrooms available. Both bathrooms have a window in the entrance door. One bathroom has four toilet stalls with doors, four sinks with mirrors above, and two individual shower stalls with curtains. The other bathroom is divided into two sides. One side has three toilet stalls with 1/2 doors and three sinks. The other side has three sinks and three single use showers with curtains.

All bathrooms are designed to allow residents to have privacy while showering, changing, and using the bathroom.

The residents interviewed reported that during staff walk through, opposite gender staff will announce themselves when entering a dorm room or bathroom. They report that female staff rarely enter the bathroom, but if they do, they always announce. The residents state that at no time has a staff member of the opposite gender seen them in a state of undress. The auditor was able to witness the announcement of opposite gender during the onsite visit.

The female staff interviewed during the onsite visit report that they are trained to

announce themselves and wait a beat before entering the bathrooms. They report that they will knock on each resident dorm room door before entering. No staff member reporting any incidental viewing of residents in various state of undress. The male staff state they have heard female staff making their announcements when working the floor. This includes program staff that may have an office inside the housing unit.

The Operations Coordinator reports providing training to new Resident Advisor staff on how to conduct professional same gender, cross-gender, and transgender searches. He reports that new staff are required to watch the PREA Resource Center's video on cross-gender and transgender search guidance. The RA will then shadow staff and sign an acknowledgement of the observation, and the RA will conduct searches while being observed so that coaching can be done. During this training, the Operations Coordinator reports that female RA staff will be trained on the facility's knock and announce procedures.

The facility has housed a transgender resident since the last PREA audit; however, there is not a transgender resident currently being housed. The agency has implemented a policy addressing the proper housing, search, and showering of any transgender or intersex resident. The housing units have several dorms within each unit that are set up where residents who are identified as highly vulnerable or highly abusive or transgender or intersex would be housed and in beds that are easily viewable to staff. The transgender resident was offered showering options such as showering at different time in order to protect privacy and offer safety, or shower in the intake area. The auditor discussed housing and bathroom issues with staff. The staff that were employed during that time, report that their training prepared them to interact with a transgender client professionally and were able to manage transgender resident appropriately.

The resident was able to discuss concerns over pat searches during the risk assessment interview. The facility makes decisions on who conducts searches on a case by case basis.

Review:

Policy and procedure

Training curriculum

Staffing plan

Facility tour

Course records

Employee training files

Interview with PREA Coordinator

Interview with Operations Coordinator

	Interview with Resident Advisors
	Interview with residents

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy RRD2 states that residents with disabilities are housed in a manner that provides for their safety and security. The facility will take steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient (LEP), have low literacy levels, or a physical disability (including being deaf or blind). This includes providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. A resident interpreter, resident reader, or other resident assistant will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.</p> <p>The Director of Programs is responsible for contacting Access 2 Interpreters for interpretation and/or translation services. The agency is able to provide services for over 70 languages in person and 180 languages through telephone interpretation. The agency can also translate program material, including PREA information for limited English proficient residents. The facility has video phones in each housing unit that has capabilities of TTY services for hearing impaired residents. The PREA Coordinator reports that should a resident need auxiliary aids in order to benefit or participate in the program, the facility will ensure the resident's needs are met.</p> <p>The auditor interviewed the Orientation Resident Advisor. He reports that during the intake process, he reads the resident handbook to every resident, regardless of their reading level/ability. He states that the information he provides at intake includes:</p> <ul style="list-style-type: none"> <li>• PREA zero tolerance policy</li> <li>• Ways to report</li> <li>• Information on victim support</li> <li>• Grievance process</li> <li>• Disciplinary policy</li> </ul> <p>The Orientation Resident Advisor also states that should a resident's disability or LEP status increase the risk for victimization, the resident would be housed in a first floor room nearest to the post desk.</p>

	<p>The Orientation Resident Advisor states that since he has been in this role, he has not had an LEP resident or a resident that required axillary aids in order to participate in the program.</p> <p>The auditor interviewed all residents identified as either limited English proficient/ English as a Second Language, deaf/hard of hearing, blind/low vision, or have a cognitive, physical, or mental disability. The residents report having the appropriate information to participate in or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The residents report having all information read to them at intake and again during orientation.</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>Access 2 Interpreters</p> <p>Resident handbook</p> <p>PREA posters</p> <p>Interview with PREA Coordinator</p> <p>Interview with Orientation Resident Advisor</p> <p>Interview with targeted residents</p>
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115.217	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Facility policy HR1 states that the facility does not hire or promote anyone who has engaged in sexual abuse in an institutional setting or who has engaged in sexual activity in the community facilitated by force, the threat of force, or coercion.</p> <p>The facility requires all applicants that are interviewed for positions that have contact with the residents to self-report whether they have:</p> <ul style="list-style-type: none"> <li>• Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution</li> <li>• Been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse</li> </ul>

- Been civilly or administratively adjudicated to have engaged in the previously described activities

The HR Coordinator reports that she will contact the potential candidate for a phone interview prior to conducting in person interviews. She states that during the phone interview, she will ask all potential candidate the required affirmation questions. During candidate interviews, they must affirm that they have not engaged in any of the above statements. Annually, employees must again affirm that they have not engaged in the above activity. This is done through employee annual performance evaluations. Employees, who are interviewing for a promotion position, must also reaffirm that they have not engaged in the activity.

To ensure the facility does not hire a prohibited applicant, contractor, or volunteer, the Human Resource Department will conduct a LEADS (Law Enforcement Automated Data System) background check. All applicants and contractors must pass a criminal background check before being allowed to work with the residents. The HR Coordinator reports that all new staff receive a background check either through LEADS or BCI (Ohio Bureau of Criminal Investigation), and then are entered into a database that will track when the updated background check is due. Each year, the staff that are due will have a new criminal background check conducted. The HR Coordinator reports that the background check process is the same for contractors and volunteers.

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

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

All request for employment verification for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor was able to verify this practices while conducting reviews of employee files.

Review:

Policy and procedure

	<p>Employee files</p> <p>Background checks</p> <p>Employment applications</p> <p>Employee evaluations</p> <p>Interview questionnaire</p> <p>Disciplinary records</p> <p>Promotion paperwork</p> <p>Reference checks</p> <p>Interview with HR Coordinator</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The facility is in the midst of remodeling a previous housing unit into a re-entry center that will provide groups and a lounge area for residents. The area is still under construction. The auditor was able to tour the area during the onsite visit. The PREA Coordinator and Executive Director explained the plans for the unit and how the PREA Coordinator is directly involved in ensuring that any changes do not negatively impact the agency's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. There is not a projected date of completion at this point in the project.</p> <p>The facility has increased the number of cameras, and has had the camera system updated since the last PREA audit of the facility. The increase in cameras has limited the number of blind spot areas, while the update to the camera system has allowed the facility to review camera footage for longer playback periods of time. The facility will add additional cameras to the new re-entry unit once all changes are complete.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
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**Auditor Overall Determination:** Meets Standard**Auditor Discussion**

Facility policy SUP 12 states that the facility completes an administrative investigation for all allegations of sexual abuse and sexual harassment. Staff that conducts sexual abuse investigations receives training in conducting investigations in confinement settings. At any time during the investigation, the investigator determines the possibility that a criminal investigation is necessary, the Franklin County Sheriff's Office is consulted. The facility has an agreement with the Franklin County Sheriff's department confirming that the department will respond and investigate criminal allegations of sexual abuse and sexual harassment. The department will use a uniform evidence protocol 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.

The facility provided the auditor with training certificates for their administrative investigators.

Residents that are in need of a forensic medical exam will be taken to Ohio University Hospital East or Grant Hospital. Both hospitals have a Sexual Assault Nurse Examiner program. The auditor spoke with the Charge SANE Nurse who stated that the hospital does not enter into MOUs with any entity, but will provide SANE examinations at no cost to any person brought into the hospital. She states that a Sexual Assault Nurse Examiner is on duty for most shifts; however, should there not be one, the hospital has a scheduled on call examiner available. She also states these nurses have received sufficient training to be considered for expert witnesses during court proceedings. They provide a patient quality care and evidence collection, and work in conjunction with advocacy groups to help residents in the restoration process. A MOU is in place with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide victim advocacy services. The MOU outlines the services provided and also the availability of a sexual assault helpline that is manned 24-hours a day. Services in the MOU include the use of:

- Emergency room advocates
- Emotional Support
- Crisis intervention
- Community resource referrals
- Aftercare
- Assistance during law enforcement interviews
- safety planning, and recovery reading materials

The auditor was also able to speak to an advocate from SARNCO. The advocate reports that victim advocate services are available to all residents from Franklin County CBCF. She reports that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the



	<p>residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate discloses to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity).</p> <p>The PREA Coordinator states that every attempt is made to provide a victim advocate from SARNCO. If for any reason an advocate is not available, the agency has trained emotional support staff that can be available at the resident's request. The agency has one trained emotional support staff member; however, plans to have more identified staff trained. The facility provided the auditor with the victim support person's training certificate.</p> <p>The auditor was able to interview the trained victim support staff. He reports that he would accompany and victim to the hospital and provide emotional support at the request of the resident. He reports that he has not been requested to perform these services.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SARNCO MOU</p> <p>Franklin County Sheriff's Agreement</p> <p>Administrative investigator training certificate</p> <p>Victim Support training certificate</p> <p>Phone interview of SARNCO advocate</p> <p>Phone interview of Charge Nurse for Ohio State University Hospitals</p> <p>Interview with victim support person</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency has published its PREA facility policy on its website, <a href="https://cbscf.franklincountyohio.gov/CBCF-website/media/documents/PREA_Facility_Policy.pdf">https://cbscf.franklincountyohio.gov/CBCF-website/media/documents/PREA_Facility_Policy.pdf</a>. The policy outlines the facility's responsibilities to conduct administrative investigations into all allegations of sexual abuse or sexual harassment. The policies stipulate that any time during the investigation criminal</p>

activity is suspected, the facility will contact the Franklin County Sheriff's Department.

The agency has had the following investigations during calendar year 2022:

Investigation #1: The facility received an anonymous note reports a staff member having an inappropriate sexual contact with a resident. The reported resident victim in the allegation was no longer a resident at the facility. The administrative investigator tried to contact the alleged victim, but did not get a response. The facility interviewed the reported staff member abuser, who denied the allegation. The facility did not have any other information or evidence to corroborate the allegation. The allegation was determined to be unfounded.

Investigation #2: The facility received written notification that a resident was being sexually harassed by his roommate. The allegation was administratively investigated. The resident was offered an opportunity to either move dorms or housing units; however, the resident requested to be removed from the program. The alleged abuser denied the allegation. The administrative investigator did not have any other evidence to either confirm or deny the allegation. The allegation was determined to be unfounded. The facility did make a recommendation to retrain staff on how the facility's policy for immediately reporting allegations.

Investigation #3: During an investigation into an altercation between residents, a resident reported to staff that the other resident involved in the altercation has been sexually harassing him. The residents were separated, and an administrative investigation was initiated. The allegation was confirmed by other resident witness, and the alleged abuser has confirmed that he has made sexual comments in the past but only jokingly. The allegation was determined to be substantiated. The abuser was moved to a different housing unit and placed in a dorm near the RA desk. The allegation was not criminal, so no referral for a criminal investigation was made.

Investigation #4: A resident reported to the facility that another resident has been sexually harassing him. The resident was provided with mental health services, and an administrative investigation was initiated. The investigator received several corroborating witness statements, and determined the allegation to be substantiated. The abuser was terminated from the facility. The allegation was not referred for a criminal investigation.

Investigation #5: A resident made a verbal report to staff that another resident touched him inappropriately and then made a "threatening" comment. The alleged resident abuser was placed in a segregation cell and an administrative investigation was initiated. The victim was offered but declined all community based services. The investigator was unable to find any corroborating evidence, so the allegation was determined to be unsubstantiated. The residents are moved to separate housing units.

Investigation #6: The facility received information from a resident that a staff member made an attempt to establish a relationship with a resident. The staff

	<p>member was placed on administrative leave during the investigation. The staff member resigned during the investigation. The investigation continued and was determined to be substantiated. No referral for a criminal investigation was made.</p> <p>Investigation #7: The facility received a written anonymous allegation of a staff member trying to establish a relationship with a resident. The allegation was administratively investigated and determined to be unfounded based on the lack of corroborating evidence.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility website</p> <p>Investigation reports</p>
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115.231	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 states that as part of the new hire orientation, all new CBCF staff is informed of the facility's zero tolerance for sexual abuse and sexual harassment, and are trained on how to avoid and report sexual abuse and sexual harassment. All staff receive additional training during in-service training annually.</p> <p>The facility provided the auditor's PowerPoint curriculum used to trained new staff, and employees annually. The topics in the PowerPoint include:</p> <ul style="list-style-type: none"> <li>• Dynamics of sexual abuse of inmates</li> <li>• Staff responsibility</li> <li>• Victim response to sexual abuse</li> <li>• Detecting and responding to signs of sexual abuse in inmates</li> <li>• Red flags</li> <li>• Mandatory reporting</li> <li>• Respectful communication practices with LGBTI inmates</li> <li>• Agency zero tolerance policy</li> <li>• Maintaining professional relationships</li> </ul> <p>Along with training that meets the requirements to standard 115.231, the agency also provides employees with training that also improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. This training includes:</p>

- Ohio Ethics Law acknowledgement
- Personnel policy and procedure manual acknowledgement
- PREA part 1 (Relias)
- PREA part 2 (Relias)
- Searches
- PREA: Your role in reporting (Relias)
- Safe Management of LGBTI populations (Relias)
- Trauma informed care
- Crisis management
- Supervising inmates- non-verbal communication skills
- Supervising inmates - verbal communication skills
- Emergency services
- Trauma disorders
- Corporate compliance and ethics
- Cultural responsibilities
- Understanding human trafficking

The training is provided to staff through in-service training and through Relias Learning Management System (LMS). The auditor was able to interview treatment, security, and management staff during the onsite visit. All interviewed staff were questioned on the training they received during onboarding and annually concerning PREA. Staff was able to name some specific topics such as first responder training, pat search training, reporting obligations, LGBTIQ+ communication, and professional boundaries. Most staff was able to describe training topics with phrases like "how to keep residents safe," "what signs to look for," "staff red flags," and "zero tolerance." During formal and informal interviews, it was clear that staff received the required training and because training was given on a monthly basis, staff was able to retain knowledge of how to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment.

The HR Coordinator reviewed the training files with the auditor and reports that she is responsible for assigning staff members to training through the LMS. The LMS system tracks employee training allows for reports to be sent to supervisors to ensure all mandatory training related to the PREA standards is completed on time.

As part of compliance documentation, the auditor received Relias training curriculum, facility PREA policies, Relias course records, training sign-in sheets, and orientation training materials.

Review:

Policy and procedures

Training curriculum

Training sign-in sheets

Relias course completion records

	<p>New Hire Orientation Checklist</p> <p>Employee files</p> <p>PowerPoint presentation</p> <p>Interview with HR Coordinator</p> <p>Interview with staff</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The facility requires all contractors, volunteers, interns, and volunteers to be properly trained on necessary and pertinent topics prior to unsupervised contact with residents. The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contacted they have with residents.</p> <p>The HR Coordinator reports that volunteers and contractors get the same training and information as employees. The facility provide the auditor with the PowerPoint used to trained contractors and volunteers. The training includes:</p> <ul style="list-style-type: none"> <li>• Ethics</li> <li>• Boundaries</li> <li>• Confidentiality</li> <li>• PREA <ul style="list-style-type: none"> <li>◦ CBCF PREA policy</li> <li>◦ Reporting responsibility</li> <li>◦ Ways to report</li> </ul> </li> <li>• Resident rights</li> </ul> <p>After completion of training, volunteers and contractors are required to sign an acknowledgement verifying that they have received the training and written materials related to the training topics. The facility provided the auditor with a list an approved volunteers and contractors; signed acknowledgements; and the volunteer training curriculum. There were no contractors or volunteers present during the onsite visit.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Approved visitor list</p>

	<p>Volunteer training PowerPoint</p> <p>Interview with HR Coordinator</p>
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<b>115.233</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Facility Policy SUP 12 states that as part of new resident orientation, all residents are informed of the zero-tolerance policy for sexual abuse and sexual harassment, and are informed of how to report sexual abuse and sexual harassment within the CBCF as well as outside the CBCF. Third party reporting to include anonymous reports is also available. Every resident admitted to Franklin County CBCF is considered a new intake, and will receive PREA education. This includes residents that are limited English proficient, deaf/hard of hearing, blind/low vision, limited reading abilities, and have mental, physical, and/or cognitive disabilities. After completion of PREA education, residents will sign verification of receiving education.</p> <p>The auditor interviewed the Orientation Resident Advisor. He reports that during the intake process, he reads the resident handbook to every resident, regardless of their reading level/ability. He states that the information he provides at intake includes:</p> <ul style="list-style-type: none"> <li>• PREA zero tolerance policy</li> <li>• Ways to report</li> <li>• Information on victim support</li> <li>• Grievance process</li> <li>• Disciplinary policy</li> </ul> <p>Should the facility have residents that need translation, interpretive, or auxiliary aids to benefit from the facility's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment, the Deputy Director of Programs will ensure that a community provider is contacted. See standard 115.216 for specific information on educating this target population.</p> <p>The Orientation Resident Advisor states that he provides the residents with a handbook, PREA reporting information, and limits of confidentiality. He states that he stresses the importance of reporting and the ability to report anonymously.</p> <p>The auditor also interviewed sixteen residents during the onsite visit. The residents were questioned on the information they received concerning PREA during intake and orientation group. This includes any resident that was identified as limited English proficient and/or otherwise disabled. The residents interviewed stated that at intake the staff member read over the intake packet material, they received a tour where reporting information was pointed out to them, and they have a</p>

	<p>handbook that contains the information reviewed at intake. The residents report that after orientation group, they must pass a test, and the test have questions about PREA and reporting options. The residents were questioned on the reporting posters in the building. All residents stated that the poster have always been up and not posted because of the audit. The residents report that they can make anonymous phone calls to the outside reporting agency or have friends and family make a third party report.</p> <p>The auditor reviewed resident files. The auditor was able to verify residents' acknowledgement of receiving PREA information during intake and attending orientation group. During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.</p> <p>Review:</p> <p>Policy and procedures</p> <p>Resident intake packet</p> <p>Resident handbook</p> <p>Resident receipt of resident handbook</p> <p>PREA posters</p> <p>Interview with Orientation Resident Advisor</p> <p>Interview with residents</p>
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115.234	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 requires administrative investigators receive specialized PREA training prior to conducting an investigation. Training is must include:</p> <ul style="list-style-type: none"> <li>• Techniques for interviewing sex abuse victims</li> <li>• Proper use of Miranda and Garrity warnings</li> <li>• Sexual abuse evidence collection in confinement settings</li> <li>• Criteria and evidence required to substantiate a case for administrative action or prosecution referral</li> </ul> <p>The auditor was provided the Sexual Assault Investigation Training curriculum used to train staff on administrative investigations. The training was provided by the</p>

	<p>MOSS group. The training was appropriate for the requirements of this standard. The facility has four trained investigators. The investigators discussed with the auditor the techniques learned from the training including trauma informed interviews, removing biases, evaluating evidence, and preponderance of evidence versus reasonable doubt. The investigators understand the rules of Garity and Miranda. The investigators report to the auditor that they will refer to the local sheriff's department if the allegation seems to be criminal in nature. The administrative investigation will resume after a criminal investigation or with permission from the legal authority.</p> <p>The facility provided the auditor with the training curriculum used, as well as the completion certificates for the administrative investigators.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigation curriculum</p> <p>Investigator training certificate</p> <p>Interview with administrative investigators</p>
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115.235	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The facility requires full and part-time medical and mental health staff to receive specialized training to include, but not limited to:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual misconduct</li> <li>• How to preserve physical evidence of sexual abuse</li> <li>• How to respond effectively and professionally to victims of sexual misconduct</li> <li>• How to and whom to report allegations or suspicions of sexual misconduct</li> </ul> <p>Medical and mental health staff are required to receive employee PREA training as described in standard 115.213.</p> <p>The auditor was able to review the training records for medical and mental health staff at CBCF. The specialized training includes:</p> <ul style="list-style-type: none"> <li>• PREA for Medical and Mental Health Practitioners</li> </ul>



	<ul style="list-style-type: none"> <li>• PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>• PREA: Your Role in Responding to Sexual Abuse</li> </ul> <p>The Nurse, interviewed during the onsite visit, reports to the auditor that the facility provides triage services and that if at any time any resident needs a forensic medical exam, the resident would be transferred to University Hospital where a SANE would perform a forensic exam. She states that the medical staff are required to complete annual employee PREA training and have completed the specialized training for medical and mental health practitioners from NICIC.</p> <p>The mental health practitioner contracts with the facility to provide services to residents. The mental health practitioner is required to take the volunteer contractor training and the specialized training for medical and mental health practitioners from NICIC.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Medical and mental health specialized training certificates</p> <p>Interview with Nurse</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy SUP 12 states that within 72 hours of arrival, staff will conduct a written assessment, via Sexual Abuse Intake Screening tool, to determine potential risk of sexual victimization or abusiveness. The complete assessment will document information, including:</p> <ul style="list-style-type: none"> <li>• any mental, physical, or developmental disability age</li> <li>• physical build criminal history prior sexual offense</li> <li>• staff perception of the resident being gay, lesbian, transgender, intersex, or gender non-conforming any previous sexual victimization</li> <li>• residents own perception of vulnerability</li> <li>• any other relevant information</li> </ul> <p>The policy does not allow for residents to be disciplined for not answering or providing incomplete answers to the questions.</p> <p>The policy also states that at no more than 30 days after intake, all residents will be</p>

reassessed for their risk of victimization or abusiveness, and a reassessment will be completed at any time due to a referral, incident of sexual abuse, or receipt of additional information.

The resident's case manager is responsible for conducting the initial and rescreen. The case manager will receive training on how to conduct the assessment appropriately, how to classify residents, and what steps to take should a resident screen high for possible victimization or abusiveness. The auditor interviewed two case managers during the onsite visit. Both case managers report receiving proper training and feeling comfortable conducting the screening. The case managers state that the assessment and reassessment are completed and placed in the resident's file, which limits the ability of other staff to review the assessment. The case managers state that they will inform the resident of the purpose of the assessment, review the definition of terms that may be unfamiliar to residents and give examples for clarity, and explain confidentiality of the information. They state that the residents are also informed that they will not be disciplined for not providing answers to the questions. That the assessment is meant to assess safety and if at any time the resident wishes to change an answer or request services, they are free to do so. The reassessment is a retake of the same form.

The case managers report that between 20 -30 days, never going over 30-days, they will conduct a reassessment. One case manager states that he will review the initial assessment, and any additional information that has been presented that was not available the first time. He will sit down in a private setting and explain the necessity of completing a reassessment. He states that along with conducting the second assessment, he will question the resident on safety concerns and the need for external counseling services.

The Program Manager reports that he ensures that case managers are trained on the proper techniques to conduct risk assessments. He states that he instructs case managers to greet each resident and try to make them feel comfortable. They are to read a statement about the purpose of the assessment, address any past victimization issues, and clarify and ensure residents understand the services available to them.

The auditor interviewed twenty residents during the onsite visit. All the residents interviewed had an initial assessment; some an initial and reassessment; and one who had a reassessment based on a substantiated PREA allegation. The auditor questioned if the residents remembered having a risk assessment completed, and gave examples of some of the questions that they would have heard during the assessment. All the residents stated that they did have an assessment completed, and some on their own stated that it was completed twice. Most remembered the person conducting the assessment informing them of their right to not answer questions, the confidentiality of the information, and the available counseling services.

The auditor reviewed initial assessments and reassessments. The instrument was completed appropriately, documented classification status, and comments from the

	<p>screeners. The assessment date was compared to the resident's intake date to ensure all assessments reviewed were completed within the required time frame. The instrument; however, is not objective. The tool does not have a scoring system that determines the classification of residents. The screener is allowed to determine based on their own judgement.</p> <p><b>CORRECTIVE ACTION:</b></p> <p>The risk screening instrument being used does not have a scoring system, and therefore is not objective. The facility will need to create a scoring system that will consistently classify residents as possible victim, possible predator, or have no classification.</p> <p><b>FACILITY RESPONSE:</b></p> <p>The facility has updated its PREA risk screening instrument to include a scoring system for each question. At the completion of each section, risk to be a victim and risk to be an abuser, the score is tallied, and a classification is determined based on the score. The system also allows for a professional override based on the interview with the resident and other collateral information. The new instrument is now objective and meets the standard.</p> <p><b>Review:</b></p> <p>Policy and procedure</p> <p>Risk assessment</p> <p>Resident files</p> <p>Interviews with residents</p> <p>Interview with case managers</p> <p>Interview with Program Manager</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy SUP 12 states the CBCF Intake Facilitator or designee is responsible for reviewing each resident's history and screening each resident within 72 hours of arriving at the facility to determine if characteristics of either being sexually aggressive or a potential victim exist. When assigning rooms, bed, work, education, and program assignments to residents, the characteristics of both the sexually aggressive residents and the residents who may be targeted as potential sexual victims are taken into consideration.</p>

The facility has identified specific dorm rooms and beds that are for residents who have been identified through the risk screening to possibly be subject to sexual victimization or be sexually abusive to other residents. The residents will be placed in a room near the post desk where staff will be able to have clear line of site views into the room. Residents are grouped together for programming based upon their housing unit. The facility can limit interactions between residents of opposite classifications by housing residents in different housing units. Staff members will be on increased alert to ensure the safety of any resident identified as a possible victim.

The policy requires the facility to assess, review, and manage residents who are transgender/intersex on a case-by-case basis, considering the resident's individual circumstance. Facility staff will question the resident regarding their sex and gender identity only as necessary to develop information for making appropriate intake and housing assignments, programming assignments, and as necessary for the resident's health or safety, or the safe, and orderly operation of the facility. To the extent possible, staff will question residents in a private and professional manner to avoid subjecting the resident to the risk of possible abuse or ridicule. The resident will be placed in a room that offers the most appropriate environment to accommodate any special needs.

The auditor interviewed two case managers during the onsite visit. The case managers report using the information for any resident that was identified as high risk for abusiveness or victimization to assist security staff with safe housing and developing a proper Treatment Plan to address any underlying issues. The facility provided the auditor with examples of housing based on risk classification.

The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of 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.

The agency recognizes that residents that who identify as transgender or intersex are at greater risk of being sexually abused and therefore, the Program Director or designee will consider the following when determining housing and program assignments:

- Whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems, especially when determining whether to assign a transgender or intersex resident to a facility or dorm for male or female residents
- The resident's own view with respect to his or her own safety
- The opportunity to shower separately from other residents

The auditor interviewed management, program, and operational staff during the onsite visit and questioned each on their experience working with residents that identify as lesbian, gay, bisexual, transgender, and/or intersex. The staff report that

	<p>they have experience working with residents in the LGBTI community and have been trained on how to keep these residents safe while at the facility. The staff report being informed of any accommodations necessary, and if the resident request pronouns that are different from those assigned at birth. No staff member reported being uncomfortable working with LGBTI residents.</p> <p>The auditor met with residents during the onsite visit that identify as gay, lesbian, or bisexual. The residents report being able to discuss safety concerns. The residents report feeling safe, and did not feel as if their dorm assignment was based on their sexuality.</p> <p>The facility does not have a dedicated unit for residents that identify as LGBTI. Residents that identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff can have clear line of site view from the camera system. The auditor performed an internet search and confirmed that the facility is not under any consent decree, legal settlement, legal judgment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Risk assessments</p> <p>Housing based on risk assessment email</p> <p>Interview with case manager</p> <p>Interview with Program Manager</p> <p>Interview with residents</p>
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115.251	Resident reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 states that residents are encouraged to report all acts of sexual harassment and/or sexual abuse. Information regarding how to report such allegations is contained in the Resident Handbook, which is discussed during new resident orientation, and on posters throughout the facility. Residents can report in any of the following ways:</p> <ul style="list-style-type: none"> <li>• Verbally to any staff member that they feel they can talk to about the incident</li> <li>• In writing to any staff member</li> <li>• By contacting the PREA Coordinator directly, whether in writing or by phone</li> </ul>

- By calling the provided third party phone number

The facility has a kiosk system in each of the housing units. The residents that the opportunity to communicate any concerns or issues to staff through the kiosk system, this includes reports of sexual abuse and sexual harassment. Reports of sexual abuse and sexual harassment communicated through the resident kiosk are linked directly to the PREA Coordinator unless the resident specifically identifies a staff member who he wants the message to go.

The resident handbook provides the following information to residents concerning their right to be free from sexual abuse and sexual harassment.

- Verbally to any staff member
- In writing to any staff member
- On the kiosk under PREA
- By phone to the Operations Director by calling 614-525-4620
- By phone to the outside agency hotline number listed on posters throughout the facility

The handbook provides the residents with ways to protect themselves and avoid placing themselves in a dangerous situation. The residents are informed that all allegations of sexual misconduct and retaliation are investigated and the findings documented. The possibility of disciplinary action, up to and including termination from the program, is also explained.

The auditor used the kiosk in Housing Unit A to access the "PREA button" available to residents. The auditor was able to see the process for writing and receiving messages through the kiosk system.

During the onsite visit, residents report that at intake, they receive materials with information on how to report incidents of sexual abuse or sexual harassment. The written information includes the names, numbers, and addresses of agencies that they can report allegations. This information is also posted throughout the facility. When questioned about available reporting methods, the residents report being able to report to the staff that work on their unit, using the kiosk system, or using the resident phones. Some residents were able to state they are able to report anonymously and through a third party. Most residents stated that they would not report, felt they could "handle the situation," but would go to staff if the allegation was with a staff member.

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 he will report to the PREA Compliance Manager on record for each facility under the BCS's umbrella whenever

	<p>there is a report to the hotline. Each facility is required to report allegations to BCS through the online reporting system, and provide general details of the investigation, which includes:</p> <ul style="list-style-type: none"> <li>• Type of allegation</li> <li>• How it was reported</li> <li>• Retaliation monitoring</li> <li>• Outcome determination SART review</li> </ul> <p>All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. There were several staff members interviewed that discussed how they had received verbal reports in the past from residents and have immediately reported those allegations to their supervisor. The staff report that they have been trained on the various ways they can report allegations, including directly to the PREA Coordinator or Executive Director.</p> <p>The facility provided the auditor with the training PowerPoint for new hires and the annual training PowerPoint, both of which instruct staff on their responsibility to report allegations immediately and the ways they can report privately.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident Handbook</p> <p>PREA posters</p> <p>Employee handbook</p> <p>Kiosk reporting system</p> <p>Outside reporting agency</p> <p>Interview with residents</p> <p>Interview with staff</p>
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115.252	Exhaustion of administrative remedies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The facility does not have administrative procedures to address resident grievances regarding sexual abuse and sexual harassment. The agency has a policy, SUP 12, that outlines the agency's procedures and practices for responding to allegations of</p>

	<p>sexual abuse and sexual harassment. Should a resident allege sexual abuse or sexual harassment using the grievance reporting system, the report will be transferred to the PREA Coordinator, who will initial an administrative investigation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>
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115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 requires the facility to provide residents with access to outside victims' advocates for emotional support services related to sexual abuse by giving residents mailing address and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations. The facility is required to 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.</p> <p>The facility provided the auditor with posters that are around the facility in conspicuous places. The poster provides the name, contact numbers, and mailing address of local, state, and national rape crisis organizations. The poster also reminds the residents that communication between these organizations will be provided in the most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters.</p> <p>The residents are informed that all information provided to a staff member, contractor, or volunteer would be immediately reported to proper authorities. The contact that a resident make with an outside emotional supportive agency or rape crisis center is limited to the specific agency's policies and procedures, and any applicable state or national laws.</p> <p>The resident handbook states that there is no limitation to the number of first-class letters a resident can send or receives unless it disrupts the order or security of the facility. Residents can purchase stamped envelopes from commissary, or if indigent, will have access to a limited amount of paper and stamped envelopes on the indigent menu. Mail can be dropped off in the box labeled MAIL in the cafeteria. Incoming mail from the courts, attorney of records, public officials, and rape crisis agencies are considered legal mail and will be opened and inspected in your presence but not read by staff.</p>



	<p>Residents interviewed reported knowing the location of reporting posters and the ability to phone or write to outside agencies for emotional supportive services. The residents report being able to send out mail without staff reviewing their writings, and being able to receive mail without staff reading their letters. The residents report that all mail must be opened in front of staff. Indigent residents reporting being able to receive two stamped envelopes per week.</p> <p>The facility has an MOU with the Sexual Assault Response Network of Central Ohio (SARNCO) to provide victims of sexual abuse victim advocates for emotional supportive services. Included in the MOU is an agreement for SARNCO to provide their address and hotline number, so residents can access these services privately.</p> <p>The auditor also spoke with the manager from SARNCO who provides victim advocate services to the residents at RRP- Mansfield. The manager states that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate discloses to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity). She cannot report any interaction between the agency and residents due to agency policies.</p> <p>*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.</p> <p>*SARNCO provides all services at an anonymous level of interaction. They do not disclose the name of their clients.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA posters</p> <p>Resident handbook</p> <p>SARNCO MOU</p> <p>Interview with residents</p> <p>Interview with SARNCO advocate</p>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility distributes public information on who to report sexual abuse and harassment on behalf of a resident through its facility website, <a href="https://cpcf.franklincountyohio.gov/">https://cpcf.franklincountyohio.gov/</a>, and on PREA posters located in areas that are frequented by family, friends, and visitors. The notice includes the toll-free hotline numbers and facility phone calls anyone can call to report sexual abuse and sexual harassment. The auditor noted the various locations of reporting posters, including public locations during the facility tour. CBCF staff are trained to report any third-party allegation of sexual abuse and sexual harassment to the PREA Coordinator immediately.</p> <p>The auditor was able to review the facility's website, and verify the information on how a third-party can report an allegation.</p> <p>The PREA Coordinator also provided the auditor with her test of the in-house and outside reporting options. The test verified the methods the residents or third-party reporters used worked properly.</p> <p>The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions, PREA Community Corrections Assistant Chief. He verified receiving the auditor's call and ensuring all calls are taken seriously.</p> <p>The facility received several in-house third party allegations during calendar year 2022. These allegations were reported by residents on behalf of other residents. Each allegation was administratively investigated. The facility did not receive a third party allegation from a member of the public.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility website</p> <p>PREA posters</p> <p>Outside reporting agency</p> <p>Investigation reports</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation, including third-party and anonymous reports. Staff may report allegations or suspicions directly to the PREA Coordinator or a trained PREA investigator within the agency. The policy states that staff will not reveal information related to such reports except to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>During staff interviews, the auditor asked staff from all levels and departments to explain the facility's reporting process. The staff responded by stating that they would immediately report any report, suspicion, or information to their supervisor or the manager on call. The staff report that they can always report to the PREA Coordinator. All staff interviewed stated that the PREA Coordinator, who is also an administrative investigator, has an open door policy and has created a culture where reporting is comfortable.</p> <p>The auditor questions staff on reporting suspicions or “red flag” behavior. The staff discussed trainings on boundaries and what to watch. Some staff members reported feeling comfortable enough to approach peers and talk about behavior that could be perceived as “flirty” or “too personal.” A few staff members talked about their experience reporting suspicions and reports made to them from residents.</p> <p>Policy HR 20 requires staff members to report sexual abuse, reports of sexual abuse, or suspicions of sexual abuse; report any form of sexual activity; and report retaliation toward the person making an allegation of sexual abuse or sexual harassment.</p> <p>The facility is required to report all allegations of sexual abuse and sexual harassment to the Ohio Bureau of Community Sanctions. Should the victim be a person under the age of eighteen or identified as a vulnerable adult, the facility would report to the respective agencies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Investigation reports</p> <p>Interviews with staff</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 states that if necessary, the facility will develop a plan to protect residents from imminent sexual abuse. The protection measures include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Housing unit changes</li> <li>• Dorm changes</li> <li>• Increased monitoring</li> </ul> <p>The facility has three housing units with several dorms in each unit.</p>
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115.263	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 requires all allegations of sexual abuse and sexual harassment reported to the agency be investigated by a trained investigator, including reports referred to the agency by other confinement facilities on behalf of former residents.</p> <p>Facility staff are required to document the information and make a report to the Executive Director and/or PREA Coordinator. The PREA Coordinator states that the facility has not received an allegation reported by another confinement facility. The PREA Coordinator reports that all allegations reported to the agency from other confinement facilities (jail, prisons, juvenile facility, or community confinement facility) will be administratively investigated and, if necessary, referred for a criminal investigation.</p> <p>The policy also requires any allegation made to the facility by a resident that they were sexual abused or sexually harassed while confined at another facility be immediately reported to the PREA Coordinator. The Executive Director will report the allegation to the head of the institution as soon as possible but no later than 72 hours. The PREA Coordinator confirms the process and reports that the facility has not received a report from a resident that needed to be reported to another confinement facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>

115.264	<b>Staff first responder duties</b>
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 338 1409 416">The facility requires all staff to be trained on the facility's first responder duties. Policy SUP 12 outlines the first responder steps:</p> <p data-bbox="279 454 1361 533">Upon learning of an allegation that a resident was sexually abused, the staff member responds by-</p> <ul data-bbox="352 600 1477 1346" style="list-style-type: none"> <li>• Separating the alleged victim and abuser</li> <li>• Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence</li> <li>• If the abuse occurred within a time period that still allows for the collection of physical evidence, the staff member requests 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</li> <li>• If the abuse occurred within a time period that still allows for the collection of physical evidence, the staff member ensures 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</li> <li>• The staff member then notifies the PREA Coordinator, who informs the Executive Director. In the absence of the PREA Coordinator, the report is to be made immediately to the Executive Director</li> <li>• Staff is not to reveal any information related to a sexual abuse report to anyone unless necessary</li> </ul> <p data-bbox="279 1384 1461 1503">The auditor interviewed programming, security, and supervisory staff. All staff report receiving the same training concerning first responder duties, and were able to walk the auditor through the process.</p> <p data-bbox="279 1541 1458 1742">The auditor reviewed all investigations from calendar year 2022. The investigation report list the first responder steps and what the first responder did to enact those duties. No resident victim needed to be taken to the hospital for any type of medical examination; however, every resident victim was separated from the alleged abuser during the investigation.</p> <p data-bbox="279 1780 389 1814">Review:</p> <p data-bbox="279 1852 576 1886">Policy and procedure</p> <p data-bbox="279 1924 579 1957">Staff training records</p> <p data-bbox="279 1995 553 2029">Interview with staff</p>

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a plan in place to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to a reported incident of sexual assault, abuse, or harassment. The plans list the following steps:</p> <ul style="list-style-type: none"> <li>• Any staff member, volunteer, or contractor informed of a PREA allegation must first separate the alleged abuser and victim</li> <li>• The staff member, volunteer, or contractor must preserve and protect the scene</li> <li>• The staff member, volunteer, or contractor must advise the victim not to destroy any evidence. This is an advisement to the victim but not mandatory to the victim as they are the victim and have the right to shower, wash hands, brush teeth, etc</li> <li>• The staff member, volunteer, or contractor must contact the Operations Coordinator on duty immediately after steps 1-3 have been taken</li> <li>• Once steps 1-4 are complete, the staff member, volunteer, or contractor must complete a 1st responder form and an informational report detailing the incident that took place</li> <li>• The Operations Coordinator on duty will receive information from the first responder and ensure the alleged abuser does not destroy any physical evidence</li> <li>• The Operations Coordinator will notify Emergency Medical Services if needed, a Victim Support Staff member if needed, and the PREA Coordinator (for every allegation)</li> <li>• The PREA Coordinator will determine if the allegation rises to the level of a criminal investigation and may contact the Franklin County Sheriff's Department to proceed with a criminal investigation</li> <li>• The Operations Coordinator will complete a Special Incident Report and submit it to the PREA Coordinator by the end of his/her shift</li> <li>• The PREA Coordinator will assign a PREA investigator to complete a full investigation of every allegation</li> <li>• The PREA Coordinator will report his/her findings to the PREA Coordinator</li> <li>• The PREA Coordinator will schedule a review of the incident with the Sexual Assault Review Team and make recommendations for handling future situations, potential barriers, and policy revisions that may be needed to prevent similar incidents</li> </ul> <p>Along with the written steps, the facility has a flowchart of steps along with phone numbers of facility leadership, local hospital, law enforcement, rape crisis, and the PREA Coordinator.</p> <p>During staff interviews, they report being trained on the coordinated response plan</p>

	<p>and the location of the flow chart.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated response plan and flowchart</p> <p>Interviews with staff</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The HR Manager reports that the agency does not have a union or enter into any contracts with employees. The auditor was able to review documentation where staff acknowledge that the agency has at-will employment, and that the agency or the employee could terminate employment at any time.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy SUP 12 states the CBCF protects all residents and staff who report sexual abuse or sexual harassment or cooperates with such investigations from retaliation by other residents or staff. The facility does this by:</p> <ul style="list-style-type: none"> <li>• Using multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional supportive services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations</li> <li>• For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff shall act promptly to remedy any such retaliation</li> </ul> <p>The PREA Coordinator reports that no one staff member has been identified as retaliation monitor. She reports that everyone will play a role in ensuring that</p>

residents and staff who report or cooperate in investigations of sexual abuse and sexual harassment. The Resident Monitors working in the housing units will ensure that inside the unit, the residents are safe, and the case managers, who are required to meet with residents at least bi-weekly, will be able to directly ask residents if they have experienced any retaliation.

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

The facility was not able to produce documentation of the monitoring for the allegations that took place in 2022.

The policy allows for termination of the monitoring if the allegation is determined to be unfounded.

#### CORRECTIVE ACTION:

The facility will need to develop a protocol to document retaliation monitoring and status checks for at least 90 days for anyone who reports sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation.

#### FACILITY RESPONSE:

The facility developed a new retaliation monitoring form that documents monitoring and status checks for at least 90 days. The resident being monitored will meet with their case manager every 15 days to address any concerns for retaliation. The form identifies the reason for monitoring, and the specific actions taken during the monitoring- reviewing disciplinary reports, reviewing housing changes, reviewing program changes, and interviewing the resident. The form also documents if the person being monitored is a staff member. Staff members will meet with the PREA Coordinator every 30 days when they will address any concerns for retaliation they may have. The form identifies the specific actions taken during the monitoring- employee fact file entries, employee assignment changes, and any negative staff interactions. The results of the session are documented, including if retaliation is found and how it was addressed. The new retaliation monitoring protocol has been in place since September of 2023.

#### Review:

Policy and procedure

Investigation reports

Retaliation monitoring form

Interview with PREA Coordinator



115.271	Criminal and administrative agency investigations
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1481 544">Policy SUP 12 requires an administrative and/or criminal investigation are completed for all allegations of sexual assault, abuse, and harassment. The facility is to ensure that investigations are conducted by properly trained individuals or local law enforcement for allegations that are criminal in nature. The policy requires facility investigators to:</p> <ul data-bbox="352 611 1331 857" style="list-style-type: none"> <li>• Gather and preserve direct and circumstantial evidence</li> <li>• Collect physical and electronic data</li> <li>• Interview alleged victims, suspected perpetrators, and witnesses</li> <li>• Review prior complaints and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator</li> <li>• Document the investigation in a written report</li> </ul> <p data-bbox="279 891 1396 925">Should there also be a criminal investigation, the policy requires the facility to:</p> <ul data-bbox="352 992 1415 1160" style="list-style-type: none"> <li>• Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated</li> <li>• The Program Director will be responsible for keeping records of these referrals and the outcomes of police investigations</li> </ul> <p data-bbox="279 1193 1473 1653">The auditor was able to interview several administrative investigators during the onsite visit. The auditor was able to question the investigators on investigation initiation process, investigation techniques, investigating third-party or confinement facility referred allegations, credibility assessments, and referral for criminal investigations. The investigators report that all allegations, regardless of how they are reported, are investigated the same; they begin investigations by collecting as much information as possible including conducting interviews, reviewing camera footage, and reviewing/collecting any other data that is available; and reviewing past reports, allegations, complaints, rule violations, and other information in order to make credibility assessments. They state that the facility is prohibited by agency policy to use polygraph examinations or other truth telling devices.</p> <p data-bbox="279 1686 1415 1765">The auditor was able to review the investigations from calendar year 2022. The investigation report includes:</p> <ul data-bbox="352 1832 1378 2078" style="list-style-type: none"> <li>• Name of all victims, witnesses, and abusers</li> <li>• Date, time, and location of incident</li> <li>• How the incident was reported to the agency</li> <li>• Review of the allegation and any available statements</li> <li>• If the victim was offered or requested the use of emotional supportive services</li> </ul>

- Availability/review of video evidence
- Finding summary including reasoning behind credibility assessments
- Recommendations

See standard 115.222 for a summary of all investigations.

The PREA Coordinator reports that residents are separated during the investigation stages and if the allegation is against a staff member, if necessary, the staff member will be placed on administrative leave.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution. When asked how the facility assist in criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the police department will collect the physical evidence. He reports that the staff will be of assistance in whatever way the police direct, and that the Executive Director or himself will maintain communication with the police department in order to remain informed on the progress of the investigation.

The facility provided the auditor with an investigation report that began in 2019. The facility had a substantiated allegation of staff-to-resident sexual abuse that was referred for a criminal investigation. In September 2022, the case goes to court, where the abuser pleads guilty. The facility received a copy of the Journal Entry and another Journal Entry that terminated the terms of community control early.

When questioned about document retention, the PREA Coordinator states that at the conclusion of the investigation, all documents, notes, and any other materials collected relevant to the investigation will be turned over to the PREA Coordinator who will retain the information for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Review:

Policy and procedure

Administrative investigator certificates

Franklin County Sheriff's Department agreement

Investigation reports

Court documents

Interview with administrative investigators

Interview with PREA Coordinator

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy SUP 12 states that the administrative investigator will impose a standard of preponderance of evidence or a lower standard of proof when determining whether an allegation of sexual abuse or sexual harassment can be substantiated. Preponderance of evidence is measured at 51%.</p> <p>The auditor interviewed the facility's administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation.</p> <p>The auditor reviewed the allegations from the past twelve months to verify the standard of proof used. All allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA administrative investigators</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy requires resident notification of the outcome determination in an investigation of sexual abuse. The policy states that residents will be informed of:</p> <ul style="list-style-type: none"> <li>• a substantiated, unsubstantiated, or unfounded determination</li> <li>• whether the staff member is no longer working within the resident's facility</li> <li>• whether the staff member is no longer employed by the agency</li> <li>• whether the staff member/resident abuse has been indicted on a charge related to sexual abuse in the facility</li> <li>• whether the staff member/resident abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p>The facility provided the outcome notification template and an example of notification from a previous allegation (notification is from a previous reporting period. The facility has not had an allegation during this audit cycle). The notice contains all the required information per PREA standard 115.273 (c) (1) (2) (3) (4) and (d) (1) (2).</p>

	<p>The PREA Coordinator reports that every attempt is made to give victim outcome notices even if the resident is no longer at the facility. The PREA Coordinator remains in contact with the criminal investigator in order to give notice to any criminal proceeding outcomes.</p> <p>Review:</p> <p>Policy and Procedure</p> <p>PREA allegation outcome notice</p> <p>Interview with PREA Coordinator</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Staff who violate the agency policies against sexual abuse and sexual harassment are subject to disciplinary sanctions up to and including termination, and that termination is the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The employees are trained during onboarding and receive this information in the employee handbook. The handbook states that failure to report a violation or take appropriate action can subject the employee to disciplinary action. Any suspected violation or attempted violation of the PREA standards must be reported immediately to the appropriate supervisory personnel. Staff have ongoing training annually about the PREA reporting requirements as well.</p> <p>Policy HR 20 establishes and informs CBCF employees of the standardized rules of employee conduct. All employees are subject to all policy and procedures related to the Code of Ethics, Standards of Conduct, and all operations of the facility. The policy prohibits these behaviors:</p> <ul style="list-style-type: none"> <li>• Subjecting a resident, an employee, a member of the public, or anyone else to sexual abuse.</li> <li>• Failure to report sexual abuse, reports of sexual abuse, or suspicion of sexual abuse.</li> </ul>

- Failure to report any form of sexual activity within the operations and/or business of the CBCF.
- Subjecting a resident, an employee, a member of the public, or anyone else to sexual harassment of any form (written, verbal, visual or non-verbal action).
- A manager or supervisor's failure to investigate and/or take appropriate and immediate action when an allegation of sexual abuse or sexual harassment is made.
- A manager or supervisor's failure to oversee his/her area of responsibility to stop sexual abuse or sexual harassment, whether reported or not
- Retaliation by any employee directed toward the person making an allegation of sexual abuse or sexual harassment
- Failure to immediately notify the employee's supervisor and the Executive Director or designee when the employee has prior knowledge of a resident
- Having a personal, social, non-working relationship with a current or formal resident inside or outside the work environment, during the time the resident is under supervision by any department of the court
- Exchange personal letters, photographs, telephone calls, or information with any resident, or individual under the supervision of the facility and/or court or friend or family of the same without the express authorization of the Executive Director
- Committing any sexual act with a resident or any individual under the supervision of the court
- Aiding and abetting any unauthorized relationship(s)
- Any preferential treatment

During the onsite visit, the auditor reviewed all employee files. The file review including documentation of new hire orientation, receipt and acknowledgment of the agency's employee handbook, code of ethics, and zero tolerance policies. The auditor also reviewed disciplinary action taken against any staff member. No staff member had an allegation of sexual abuse or sexual harassment.

During the onsite visit, the auditor discussed the agency's disciplinary policies with staff. The staff report to the auditor that during new hire orientation, a member of the Human Resources department reviews the employee handbook with them and discusses progressive discipline and behaviors that are sanctioned by termination. The auditor questions staff on reporting suspicions or "red flag" behavior. The staff discussed trainings on boundaries and what to watch. Some staff members reported feeling comfortable enough to approach peers and talk about behavior that could be perceived as "flirty" or "too personal." A few staff members talked about their experience reporting suspicions.

The auditor discussed the agency's disciplinary policies, procedures, and practices as they relate to violations of the agency's zero tolerance policy with the HR Coordinator. The Coordinator states that it's the agency's practice to place staff on administrative leave during the course of an investigation. Should the investigation determined that the staff member substantially committed an act of sexual abuse or

	<p>sexual harassment, the agency will terminate employment.</p> <p>The auditor reviewed the investigation reports from calendar year 2022. The facility had one substantiated allegation of staff-to-resident sexual harassment. The staff member was placed on administrative leave at the initiation of the investigation and resigned before the conclusion of the investigation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Investigation reports</p> <p>Resignation email</p> <p>Employee acknowledgements</p> <p>Employee training records</p> <p>Interviews with staff</p> <p>Interview with HR Coordinator</p>
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115.277	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Facility policy SUP 12 states that a violation by a contractor or volunteer is grounds to discontinue the service(s) of the contractor or volunteer. In addition, said violation may be reported to appropriate law enforcement and may result in prosecution. The agency will prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The auditor reviewed the investigations from calendar year 2022. The facility did not have an allegation against a contractor, volunteer, or intern.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1481 499">Residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or harassment or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy states:</p> <ul data-bbox="352 566 1481 1395" style="list-style-type: none"> <li>• Sanctions will be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories</li> <li>• The disciplinary process will 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. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motives for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits:</li> <li>• The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact</li> <li>• For the purpose of disciplinary action, a report of sexual abuse or harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate an allegation</li> <li>• Consensual sexual activity between residents, while prohibited by agency rules, does not constitute sexual abuse, unless coercion was used</li> </ul> <p data-bbox="279 1440 1436 1597">Residents found to have substantially sexually abused another resident will be terminated from the program and returned to their county of conviction. All other types of violations would be subject to discipline according to the progressive disciplinary policy laid out in the resident handbook.</p> <p data-bbox="279 1641 1481 1921">Each resident is to receive a handbook upon admission, and the rules will be explained by staff during orientation. Residents will sign a verification from that they received the handbook, and the form is placed in the resident's file. The auditor reviewed resident files during the onsite visit, and confirmed that the date of intake matched the date the resident recorded they received the handbook. The residents, interviewed during the onsite visit, report that they received a handbook at intake and staff reviewed the rules with them.</p> <p data-bbox="279 1966 1423 2078">The Program Manager states that after the conclusion of a substantiated sexual harassment allegation, the facility will review all collateral information, which includes the resident's disciplinary record, cognitive abilities, and any number of</p>

	<p>complaints, before deciding on an appropriate sanction. He states that all substantiated sexual abuse allegations result in removal from the program. If not removed, the facility would assess whether requiring the abuser to participate in community therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse would be appropriate.</p> <p>During resident interviews, the auditor was able to question residents on the sanctions related to violations of the zero tolerance policy. All residents interviewed stated that any violations to the zero tolerance policy would result in being “walked out.” Some residents made the comment that, “they don't play that here.”</p> <p>In review of the substantiated resident-to-resident sexual abuse investigation, the abuser was terminated from the program. The facility had a substantiated sexual harassment resident-to-resident allegation, where the abuser was also terminated from the program.</p> <p>There was no resident that was disciplined based upon having sexual contact with staff, or consensual sexual contact with another resident.</p> <p>The facility has not disciplined a resident for making a report of sexual abuse or sexual harassment. Residents are made aware of the possibility that disciplinary action could result from falsely reporting an incident or lying.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Resident files</p> <p>Investigation reports</p> <p>Interview with residents</p> <p>Interview with Program manager</p> <p>Interview with Orientation Resident Advisor</p>
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115.282	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Facility policy SUP 12 requires the facility to ensure that the resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention, and ongoing medical and mental health care. The medical treatment services are provided to resident victims of sexual abuse without</p>



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

- Emergency medical treatment and crisis intervention services
- Information about and access to sexually transmitted infections prophylaxis and emergency contraception
- 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 (for transgender or intersex residents)

The facility has both medical and mental health practitioners; however, community medical providers would perform a forensic medical examination, and the facility's mental health provider would perform services unless the issues were beyond their scope of practice. The scope of service, length of services, and types of services will be at the discretion of the medical or mental health provider and is at no cost to the resident.

The facility nurse reports that residents who experience sexual abuse, will be transported to University or Grant hospital for an examination by a SANE. Any additional medical services will be provided at the direction of the hospital. The nurse reports that the health department completes weekly STI testing at the facility, if necessary, a pregnancy test can be completed at the facility. SARNCO will be contacted to provide rape crisis services.

The PREA Coordinator reports that all staff are trained on the facility's Coordinated Response Plan that requires first responders to offer the victim access to a forensic examination and a victim time advocate. The resident also has the ability to request a trained staff member as a victim support person.

The auditor was able to review the investigations conducted in 2022. All residents are offered services, but only one resident accepted mental health services in relation to his allegation.

The Orientation Resident Advisors reports that during orientation group, residents are informed the services related to sexual victimization are offered to residents free of charge.

Review:

Policy and procedure

Coordinated response plan

	Investigation reports Interview with nurse Interview with Orientation Resident Advisor Interview with PREA Coordinator
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy SUP 12 states states that the agency will 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 agency will ensure that medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This includes providing ongoing 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, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Follow-up services</li> <li>• Treatment plans</li> <li>• Referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody, when necessary</li> </ul> <p>The policy calls for the facility to provide such victims with, or makes, appropriate referrals for medical and mental health services consistent with the community level of care. If pregnancy results from such abuse, resident victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>The facility does not house female offenders. If the facility houses a transgender/ intersex female that experiences sexual victimization, the victim will be provided a pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. If the facility does not have the capability of providing these services, an appointment will be made with community providers. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered to test for sexual transmitted infections as medically appropriate.</p>

	<p>The facility will 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. The facility houses sex offenders; however, the facility reports that they have not housed a known resident-on-resident abuser. The PREA Coordinator reports that should the facility become aware of a known resident-on-resident abuser, a referral for an assessment will be made.</p> <p>The facility has not had a resident that experienced sexual abuse during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated response plan</p> <p>Interview with PREA Coordinator</p>
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115.286	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The facility is required to conduct an incident review after every sexual abuse investigation, unless the allegation is determined to be unfounded. The review is required to take place within 30-days of the conclusion of the investigation. The Sexual Abuse Review Team (SART) will consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>The responsibilities of the SART include:</p> <ul style="list-style-type: none"> <li>• Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse</li> <li>• Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility</li> <li>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse</li> <li>• Assess the adequacy of staffing levels in the area during different shifts</li> <li>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff</li> </ul> <p>The team will prepare a report of its findings and any recommendations for</p>

	<p>improvement. The report and recommendations will be forwarded to the Executive Director. The PREA Coordinator will ensure that the facility implements recommendations within thirty days after the SART publishes its findings or reason for not implementing the recommendations.</p> <p>The auditor was able to interview several members of the SART during the onsite visit. Each member of the team discussed the process for reviewing and assessing the allegation. The members stated that in addition to the information collected and reviewed on the checklist, the team would also identify any trends or needs to maintain compliance.</p> <p>The facility has not had a substantiated or unsubstantiated allegation of sexual abuse during the past twelve months. The facility does review all allegations and make recommendations on the investigation report when necessary. During calendar year 2022, the facility had several investigations. The PREA Coordinator made recommendations in some investigations, including providing retraining on reporting requirements to staff.</p> <p>The PREA Coordinator reports that all investigations that do not have a SART review, will receive a cursory review regardless of disposition, and should there be a recommendation made that would improve the facility's ability to prevent, detect, and respond to sexual abuse, the department would ensure the recommendations were implemented.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SART report</p> <p>Investigation report</p> <p>Interview with SART</p> <p>Interview with PREA Coordinator</p>
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115.287	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy SUP12 states that the facility will collect and maintain accurate, uniform, data for every allegation of sexual abuse using a standardized instrument and set of definitions. The facility's PREA Coordinator is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year. The facility is using the the Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument. The facility provided</p>

the auditor with the agency's 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 data on:

- Resident-to-Resident sexual abuse
- Resident-to-Resident sexual harassment
- Staff-to-Resident sexual abuse
- Staff-to-Resident sexual harassment
- Administrative investigations
- Criminal investigations
- Retaliation
- Staff training
- Resident education
- Initial and 30-day risk screening

The facility also completes the Survey of Sexual Victimization - Other Correctional Facilities Summary Form.

The information on this form is listed in the annual PREA report and posted on the facility's website, <https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/CY2022-PREA-Annual-Report.pdf>. The information is enough to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

### **Resident-on-Resident Sexual Harassment and Abuse**

There were five (5) allegations of resident-on-resident sexual harassment at the CBCF

- 0 were unfounded
- 5 were unsubstantiated
- 0 were substantiated

There were zero (0) allegations of resident-on-resident sexual abuse at the CBCF

- 0 were unfounded
- 0 were unsubstantiated
- 0 were substantiated

### **Staff-on-Resident Sexual Abuse and/or Misconduct**

There were two (2) allegations of staff-on-resident sexual abuse and/or misconduct at the CBCF

- 1 was unfounded
- 0 were unsubstantiated
- 1 was substantiated

	<p><b>CBCF Resident Reported Abuse at Other Institutions</b></p> <p>There were zero (0) allegations of resident sexual abuse at other institutions</p> <p>The PREA Coordinator reports that the Department of Justice has requested this information in September 2022. The facility was asked to submit its information for calendar year 2021. The auditor was provided with the documentation sent to DOJ.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SSV</p> <p>Letter request from DOJ</p> <p>Annual PREA report 2022</p> <p>Facility website</p> <p>Interview with PREA Coordinator</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>In addition to the collection and aggregation of data on the facility's sexual abuse and sexual harassment allegations, policy also requires the facility to publish this information on the agency's website. The auditor accessed the website at <a href="https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/CY2022-PREA-Annual-Report.pdf">https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/CY2022-PREA-Annual-Report.pdf</a> and reviewed the report for calendar year 2022. The PREA Coordinator will document the facility's efforts to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Tacking action on an ongoing basis</li> <li>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole</li> </ul> <p>The policy also requires the PREA Coordinator to include in the report a comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of the agency's progress in addressing sexual abuse. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p>

	<p>The auditor accessed the website and reviewed the agency's annual report. The report contains aggregated data on the number of reported allegations but does not identify problem areas and corrective actions, and the agency's progress in addressing sexual abuse. The report only has information listed for calendar year 2022, and no comparison with 2021 data is available.</p> <p>The annual report is completed by the agency PREA Coordinator. The information in the report did not contain any personal identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p><b>CORRECTIVE ACTION:</b></p> <p>The facility will need to submit and post a corrected annual report that includes problem areas, corrective action, and the facility's progress in addressing sexual abuse. The report should contain a comparison of the previous year's data; however, this information is not available. The PREA Coordinator needs to detail the plan to ensure data is collected, maintained, and reported each year.</p> <p><b>FACILITY RESPONSE:</b></p> <p>The facility provided the auditor with the FY 23 annual PREA report. The report documents the facility's statistical PREA information that was able to be compared to FY 22 reports. The report documents corrective action that was taken in order to comply with the PREA standards, and maintain the safety of its residents through a comprehensive approach to preventing, detecting, reporting, and responding to allegations of sexual abuse and sexual harassment. The agency has posted the annual report on the agency website: chrome-extension://efaidnbmninnbpcajpcgclclefindmkaj/https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/CY2023-PREA-Annual-Report.pdf</p> <p><b>Review:</b></p> <p>Policy and procedure</p> <p>CY 2022 annual PREA report</p> <p>Facility website</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor accessed the facility's website, <a href="https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/CY2022-PREA-Annual-Report.pdf">https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/CY2022-PREA-Annual-Report.pdf</a>, and reviewed the calendar year 2022 annual PREA report. The information is collected by the PREA Coordinator. The PREA Coordinator will aggregate the information and prepare the</p>

information for the annual report. The post report includes this data on sexual abuse and sexual harassment from 2022:

### **Resident-on-Resident Sexual Harassment and Abuse**

There were five (5) allegations of resident-on-resident sexual harassment at the CBCF

- 0 were unfounded
- 5 were unsubstantiated
- 0 were substantiated

There were zero (0) allegations of resident-on-resident sexual abuse at the CBCF

- 0 were unfounded
- 0 were unsubstantiated
- 0 were substantiated

### **Staff-on-Resident Sexual Abuse and/or Misconduct**

There were two (2) allegations of staff-on-resident sexual abuse and/or misconduct at the CBCF

- 1 was unfounded
- 0 were unsubstantiated
- 1 was substantiated

### **CBCF Resident Reported Abuse at Other Institutions**

There were zero (0) allegations of resident sexual abuse at other institutions

The data collected pursuant to standard 115.287 is made available to the public through the agency website. The report does not contain any personal identifying information, nor do they contain information that would jeopardize the safety and security of the facility.

The PREA Coordinator reports that he keeps the information under his direct care and supervision. The information is kept for ten years.

Review:

Policy and procedure

CY 2022 annual PREA report

Facility website

Interview with PREA Coordinator



<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency post all final report of the facility on the agency website. The auditor reviewed the agency website to ensure that past audit reports are posted on the agency's website. The facility is a single, independent agency who has the facility audited during year one of the audit cycle.</p> <p>The auditor was given full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with staff and residents. The auditor received documentation of the agency prior to the audit in the Online Auditing System and through email. During the onsite visit, the auditor was able to obtain requested documentation and after the onsite visit, the auditor was able to obtain information through email. All requested documentation was received.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor reviewed resident files and staff files for additional information and confirmation of reported information.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. The notices contained the auditors mailing and email addresses. The auditor was sent photographic evidence four (4) weeks prior to the audit that the notices were posted. The auditor did not receive any correspondence from residents or staff prior, during, or after the onsite visit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has published on its agency website, <a href="https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/PREA_Report.pdf">https://cbcf.franklincountyohio.gov/CBCF-website/media/documents/PREA_Report.pdf</a>, the final audit report from the previous audit in 2020. The auditor reviewed the agency's website and verified that the final audit report for all facilities were posted.</p>

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

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

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

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



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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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



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

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

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

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

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

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

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

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na



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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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



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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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



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

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

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