

PREA Facility Audit Report: Final

Name of Facility: Western Ohio Regional Treatment & Habilitation (WORTH) Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/03/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 01/03/ 2024

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	11/14/2023
End Date of On-Site Audit:	11/15/2023

FACILITY INFORMATION	
Facility name:	Western Ohio Regional Treatment & Habilitation (WORTH) Center
Facility physical address:	243 East Bluelick Road, Lima, Ohio - 45801
Facility mailing address:	

Primary Contact	
Name:	Charles Honigford
Email Address:	chonigford@theworthcenter.org
Telephone Number:	4192223339

Facility Director	
Name:	Brent Burk
Email Address:	bburk@theworthcenter.org
Telephone Number:	567-204-7251

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Troy King APRN.CNP.17143
Email Address:	tlking99@twc.com
Telephone Number:	419-236-2729

Facility Characteristics	
Designed facility capacity:	106
Current population of facility:	108
Average daily population for the past 12 months:	95
Has the facility been over capacity at any point in the past 12 months?	Yes

Which population(s) does the facility hold?	Both females and males
Age range of population:	18+
Facility security levels/resident custody levels:	CBCF
Number of staff currently employed at the facility who may have contact with residents:	49
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, currently authorized to enter the facility:	6

AGENCY INFORMATION

Name of agency:	WORTH Center Facilities Governing Board
Governing authority or parent agency (if applicable):	
Physical Address:	243 East Bluelick Rd, Lima, Ohio - 45801
Mailing Address:	
Telephone number:	4192223339

Agency Chief Executive Officer Information:

Name:	Brent Burk
Email Address:	bburk@theworthcenter.org
Telephone Number:	567-204-7251

Agency-Wide PREA Coordinator Information

Name:	Chuck Honigford	Email Address:	chonigford@theworthcenter.org
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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:	2023-11-14
2. End date of the onsite portion of the audit:	2023-11-15

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:	St. Rita's hospital (SANE) Crime Victims Services (Rape crisis) Ohio Bureau of Community Sanctions (Outside reporting agency)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	106
15. Average daily population for the past 12 months:	95
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	99
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:	4
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:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
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:	6

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility did not have LEP resident but an ESL resident was interviewed for this characteristic. The facility did not have a resident that reported sexual abuse but a resident that reported sexual harassment was interviewed for this characteristic. The agency provided the auditor with a list of residents and identified targeted areas.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>43</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>9</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>There were no volunteers present during the onsite visit. The Contract staff consisted of Aramark staff.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided the auditor with a list of current residents.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>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):</p>	<p>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.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>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:</p>	<p>4</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned 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>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned 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>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned 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>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>6</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned 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>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>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.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Resident supervisor staff from every shift were interviewed, as well as multiple program staff.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input 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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

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)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor was 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 electronic resident database system.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</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. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and the electronic resident database system.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	0	3	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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	1	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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 harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 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. Two of those allegations were determined not to be sexual abuse or sexual harassment, but consensual relationships between residents. There were no allegations against staff members. No allegations were referred for a criminal investigation.
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>WORTH has a policy that states the facility has a zero tolerance toward all forms of sexual harassment and sexual abuse. The facility will maintain an environment in which all individuals are treated with respect and dignity, and should a resident believe he/she has been subject to sexual harassment or sexual abuse the facility will immediately conduct an administrative and/or a criminal investigation. The policy provides definitions for sexual abuse and sexual harassment, and identifies its procedures to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The facility has identified its Clinical Services Director as the PREA Coordinator (this is a single facility, so there is no need for PREA Compliance Managers). The PREA Coordinator is from upper-management and has sufficient time and authority to develop, implement, and oversee the facility’s efforts to comply with the PREA standards. The PREA Coordinator’s job description includes:</p>

- Ensures the facility maintains PREA compliance
- Monitors PREA risk assessment process and compliance
- Provides training for all facility staff relating to PREA policies, procedures, and audit processes
- Recommend revisions to PREA policies and procedures, as needed
- Monitors PREA incidents and investigations
- Oversees internal and external audits
- Collecting and reporting outcome measures
- Maintaining documentation related to the PREA standards

According to the facility’s Table of Organization, the PREA Coordinator reports directly to the Executive Director. During an interview with the PREA Coordinator, he reports to the auditor that he has sufficient time and authority to develop, implement, and oversee the agency’s efforts to comply with the community confinement PREA standards. He states that he is responsible for ensuring the day-to-day compliance with the standards and creating a culture where there is zero tolerance for sexual abuse and sexual harassment. Due to his background as a clinician, he works with staff to model trauma informed care while interacting with all residents. He states that he conducts regular checks of the facility to ensure proper protocols are taking place in order to comply with the PREA standards.

The auditor interviewed the Executive Director during the onsite visit. He reports that the PREA Coordinator has control over ensuring the PREA standards are being complied with and updates facility policy and procedures related to PREA when necessary. He states he provides sufficient support to remove any barriers to compliance.

Review:

Policy and procedure

Table of Organization

PREA Coordinator job description

Interview with PREA Coordinator

Interview with Executive Director

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Executive Director reports that that facility does not contract with other confinement facilities to house residents on behalf of WORTH.

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The facility as a policy that requires the facility to have a staffing plan that provides for adequate staffing levels and electronic monitoring to protect residents against sexual abuse. The staffing plan will be reviewed and/or revised annually. The staffing plan will take into consideration:</p> <ul style="list-style-type: none"> • The physical layout of the facility • The composition of the resident population • The prevalence of substantiated and unsubstantiated incidents of sexual abuse • Electronic monitoring technology • Any other relevant factors <p>The policy requires the facility to document any time the staffing plan has not been complied with, and document justifications for the deviation.</p> <p>The facility reviews and assess:</p> <ul style="list-style-type: none"> • The prevailing staffing patterns • The facility’s deployment of video monitoring system and other monitoring technologies • The resources the facility has to commit to ensure adequate staffing levels <p>The facility provided the auditor with their most recent staffing plan. The staffing plan includes a detailed floor plan with camera locations, staffing plan deviation report, average daily population, and the prevalence of substantiated and unsubstantiated sexual abuse allegations. The plan includes:</p> <p>Lay out of facility:</p> <p>WORTH is a single story facility that houses male and female offenders. The facility is divided into male and female housing units that are connected but do not have shared spaces. The facility has decreased the number of blind spot areas by reconfiguring fences and equipment. The facility has increased the number of cameras to reduce the number of blind spot areas. The facility conducts reviews of the facility layout annually.</p> <p>Composition of residents:</p> <p>The facility has the ability to house 72 male residents and 34 female residents. The average daily population for FY 22 is 69 males and 26 females, with the average length of stay of 115 days. The average Ohio Risk Assessment System for males is high, and the female is moderate (ORAS assesses an offender's risk of re-offending).</p>

Incidents of sexual abuse:

During FY 23, the facility had:

- 1 incident of staff sexual misconduct, unsubstantiated
- 1 incident of resident sexual harassment, unsubstantiated
- 1 incident of resident sexual misconduct, unsubstantiated
- 2 incidents of resident sexual misconduct, unfounded

Deviations from staffing plan:

The facility reports that there have been no deviations of the staffing plan

Prevailing staffing pattern:

- 1st shift, 6am - 2pm - 1 Resident Manager + 2 Resident Supervisors
- 2nd shift, 2pm - 10pm - 1 Resident Manager + 2 Resident Supervisors
- 3rd shift, 10pm - 6am - 1 Resident Manager + 2 Resident Supervisors

The facility always schedules 4 security staff members to cover each shift. If the facility should fall below the minimum level, another security staff member would be called in to cover the shift. The facility has at least one staff member assigned to each housing unit and one to operate central control. The facility has a manager on duty to supervise each shift, and at least one female staff member. Treatment staff are available from 8am-8pm.

Deployment of monitoring technologies:

The facility has eighty-six cameras strategically placed on the interior and exterior of the facility. The security staff operating central control are tasked with monitoring cameras. Supervisor and administrative staff have access to security cameras on their desk computers. The auditor was able to view camera placement and angles during the onsite visit. Cameras are located in all common areas, group rooms, hallways, closets, holding cells, and bathrooms. The auditor reviewed all camera angles from monitors in central control. The auditor paid close attention to the camera views in the resident bathroom and holding cells. The facility has placed privacy squares within the system so that residents who are showering, performing bodily functions, or changing clothing cannot be seen from camera views. The facility has the ability to playback video for up to six months.

Security staff conduct security checks throughout the facility. They are required to continuously circulate and monitor residents. Bedside counts are conducted once per shift. Resident Managers are responsible for conducting facility rounds.

Resources:

Funding from the Ohio Department of Rehabilitation and Correction ensures the facility has adequate security, treatment, and managerial staffing levels. The Executive Director reports that facility leadership meets annually to discuss

	<p>adequate staffing levels.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Staffing Plan</p> <p>Camera views</p> <p>Building tour</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with Administrative Investigator</p> <p>Interview with Deputy Director</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility has a policy that says all residents are subject to search while at the facility. Resident may receive a pat, strip, body scanner, and/or a body cavity search. The searches are defined as:</p> <ul style="list-style-type: none"> • Pat- A search in which a person is not required to remove clothing other than outerwear such as jackets, coats, hats, gloves, shoes, etc. and during which time the person is required to empty pockets and outer concealment areas that is conducted visually, manually, by means of an instrument, apparatus, or object, or in any other manner while the person is detained. • Strip- Inspection of the genitalia, buttocks, breast, or under garments of a person that is preceded by the removal or rearrangement of some or all of a person’s clothing that directly covers the person’s genitalia, buttocks, breasts, or undergarments and that is conducted visually, manually, by means of an instrument, apparatus, or object, or in any other manner while the person is detained. • Body Scanner- A Nutech Whole Body Scanner System is used for contraband detection • Body Cavity- An inspection of the anal or vaginal cavity of a person that is conducted visually, manually, by means of any instrument, apparatus, or object, or in any other manner while the person is detained. <p>Residents will be searched by a staff member of the same gender, including</p>

searches using the body scanner. All body cavity searches are only conducted after a search warrant is issued that authorizes the search and upon approval of the Executive Director. The body cavity search is conducted under sanitary conditions in private by medical healthcare personnel.

The policy requires all security staff be trained on how to conduct pat, strip, and body scan searches of residents, including transgender and intersex residents. The training instructs staff to conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The policy does not allow for a transgender/intersex resident to be searched or physically examined for the sole purpose of determining their genital status.

As part of supportive documentation sent prior to the onsite visit, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training included video on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents and safe management of LGBTI residents, and facilitated hands-on training on pat search techniques. These training also include instructions on how to conduct a search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. As part of the agency's training program, security staff receive this training during orientation and annually thereafter.

The Intake Coordinator trains all staff on how to conduct searches using the body scanner. The system provides each resident a unique ID and will take a picture during the scan to verify the resident being scanned. The staff member will watch a monitor that can provide several types of views, from general to more invasive.

Transgender/intersex residents will be scanned by the gender established during intake.

Facility policy states that the facility must provide residents with the ability to shower, conduct bodily functions and change clothing without members of the opposite sex viewing them. All staff of the opposite gender are required to knock and announce their presence in resident bedrooms and restrooms prior to entering them except in an emergency situation such as a medical emergency.

The facility has placed cameras in all housing units, including in the dorms and bathrooms. The auditor was able to view the camera views for the bathroom and determine that due to the blocked out areas, no staff member could view into the toilet, urinal, or showers. This affords residents privacy while using the bathroom.

The residents are informed at intake about the facility's dress policy. Staff are still required to announce themselves when entering into opposite gender dorms or bathrooms.

During the onsite visit, the auditor was able to interview sixteen male and female residents. The auditor inquired about searches as well as cross-gender announcements. All the residents interviewed have received at least one pat search during their stay at the facility. The female residents interviewed stated that they have never received any kind of search from a male staff member. The female

residents interviewed stated that male staff do not usually work on their unit, except in case where they may be helping out. They state that the male staff member typically stays behind the post desk and does not enter into the dorms or bathroom. If a male staff member needs to enter into a dorm or bathroom, the female residents confirm that they announce themselves before entering. When questioned on incidental viewing, female residents did not report any incident of incidental viewing from a member of the opposite sex.

All the male residents interviewed stated that all searches they have received have been by a male staff member. When asked about cross-gender announcements, all residents stated that anytime a female staff enters the dorm, she first knocks and then announces herself before entering into the room. The residents report that female staff members do not enter into the bathroom. None of the male residents interviewed reported any incidental viewing from a member of the opposite sex.

During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice.

The agency has a specific dress policy due to cameras in each dorm and bathroom. Residents are required to change in the bathroom shower area due to the cameras. Residents report that they are informed of the specific dress policy during intake due to cameras being in both the dorms and bathrooms.

All male and female security staff interviewed indicated that they received annual training on how to conduct proper pat (same gender, cross gender, and transgender) and strip searches, as well as the body scanner. The security staff report that it is not the policy of the facility to conduct cross gender searches of any kind. They all state that at no time do they conduct body cavity searches. The staff report their experience on conducting searching on transgender residents. The facility has had one transgender resident within the past twelve months.

The auditor spoke to the PREA Coordinator about housing transgender residents and the provision of private showers. The Coordinator reports that the facility trains all staff on how to conduct appropriate searches of LGBTI residents, as well as instruction on how to communicate effectively and professionally. He states that the facility could offer a private shower in the Intake Area should the resident have concerns about their safety.

The auditor reviewed staff files during the onsite visit and was able to verify staff training through training sign-in sheets. The facility provided the auditor with a complete sign-in sheet for search training for all security staff.

Review:

Policy and procedure

Facility tour

Camera views

	<p>Training video</p> <p>Body scanner</p> <p>Training sign-in sheets</p> <p>Training curriculum</p> <p>Interviews with residents</p> <p>Interviews with staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with Intake Coordinator</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy requires the facility provide all residents equal opportunities to benefit from all aspects of the program. When a language barrier or disability exists, the facility will take appropriate steps to ensure that these residents have an equal opportunity to participate or benefit from the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility is not allowed to rely on resident interpreters, readers, or other type of resident assistance except in emergency circumstance where the resident safety is in jeopardy. Such circumstances will be documented in the resident’s file and in the investigation report.</p> <p>The facility is required to ensure that special assistance is available for residents with language and literacy problems. During intake, the Intake Coordinator will read and explain all rules and regulations of the program to the residents if needed, including information about sexual abuse and sexual harassment. The facility has a contract with Propio One for translation and interpreter services. Propio One allows the facility to have both audio and video services for over 80 spoken languages and American Sign Language. The facility would download the Propio One app on a facility phone or tablet to use these services.</p> <p>The Intake Coordinator reports that upon intake he will receive information on residents and if additional resources or auxiliary aids are necessary for a resident to be able to fully participate in the program and/or benefit from the facility’s zero tolerance policies. He will then work with the PREA Coordinator to obtain the necessary resources. He states that residents watch a PREA education video produced by Just Detention which is available in English and Spanish and receive</p>

	<p>written information in the resident’s handbook and PREA brochure on how to report incidents of sexual abuse and sexual harassment and the free medical and mental health services available. The written material is also available in Spanish.</p> <p>He reports that he will verbally review the handbook and PREA material with the residents as a part of the intake process. He will work with residents one-on-one if there are literacy or cognitive issues.</p> <p>The auditor interviewed any resident that was identified as having a physical, cognitive, or mental disability; deaf/hard of hearing; blind/low vision; limited English proficient; or non reader during the onsite visit. 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 handbook that contains the information reviewed at intake. No resident in the targeted category was in need of an interpreter or auxiliary aid. No resident reported receiving assistance from a peer on understanding their rights under the PREA standards.</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 procedure</p> <p>PREA education curriculum</p> <p>Interview with Intake Coordinator</p> <p>Interview with residents</p> <p>Interview with PREA Coordinator</p> <p>Propio One MOU/services</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a policy that prohibits the hiring or promotion of anyone who may have contact with residents and will not enlist the services of any contact how may have contact with residents who:</p>

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

The facility will question the applicant's fitness for the position and any prior incidents of sexual misconduct as described above during the interview. The auditor was able to confirm this practice of asking self-reporting question during job interviewed when reviewing employee files.

The facility will ensure that applicants that have engaged in sexual misconduct are not hired by the facility by conducting criminal background checks and contacting all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse.

The HR Manager reports that he is required to submit a selected applicant's information to the Allen County Sheriff's Office for a criminal background check.

The policy requires all employees who have contact with residents to have a background check at hire and then again every five years thereafter. The facility documents the date of the next required background check on the employee's annual performance evaluation form. During annual evaluation, the staff will have an updated background check, if due.

Contactors and volunteers who have contact with the residents must also have a criminal background check. The checks are required before the volunteer or contractor has contact with the residents, and they will have an updated background check every five years.

The HR Manager reports that applicants are required to document all previous institutional employers. He will contact those employers and inquire about any substantiated allegations of sexual abuse or sexual harassment, or if the applicant resigned during a pending investigation into sexual abuse or sexual harassment.

The auditor was able to confirm this practice during employee file reviews. All employees who have previously worked in institutions had an email as documentation of referral request.

The policy places a continued affirmative duty to disclose any type of sexual misconduct, whether in the community or at the facility. The policy considers material omissions regarding sexual misconduct, or the provision of materially false information ground for termination. The facility conducts annual affirmations as part of their annual review.

Policy states that for all open positions, the facility will post a "Position Vacancy Form" in a prominent place in the administrative area. Staff who are interested can

	<p>place a bid for that position. The Executive Director will consider a person’s skills, experience, education, and past evaluations as part of the review process. Staff who have been disciplined for sexual misconduct will not be considered. Staff members who meet the minimum qualification, will be interviewed for the position.</p> <p>The HR Manager will post the job opening in a highly visible area within the administrative office. All bids will be turned into the Executive Director who will review the employee’s personnel files, which includes a review of any disciplinary action, and ensure the person meets the minimum qualifications for the position. If there are no bids or no employee is qualified for the position, the facility will open the job pool to the public.</p> <p>The auditor reviewed employee files during the onsite visit. The files of employees who have been promoted and/or disciplined were reviewed. There were no employees promoted who had a disqualifying disciplinary action.</p> <p>The HR Manager reports that he will report any requested information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Employee files Background checks Interview forms Promotions Disciplinary action Reference checks Interview with HR Manager Interview with Executive Director
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has not designed or acquired a new facility and is not planning any substantial expansion or modification to the existing facility. The Executive Director reports that should the facility obtain a new facility or substantially change the</p>

	<p>current facility, the PREA Coordinator will assess how the design, acquisition, expansion, or modification will affect the facility’s ability to protect residents for sexual abuse or sexual harassment.</p> <p>The facility has not updated its video monitoring system, electronic surveillance system, or any other monitoring technology. Should the facility leadership decide to make changes or updates to the monitoring system, the leadership will consider how such technology may enhance the facility's ability to protect residents from sexual abuse and sexual harassment.</p> <p>Review:</p> <p>Interview with Executive Director</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Facility policy requires an administrative and/or criminal investigation into all allegations of sexual abuse and sexual harassment. Allegations will be administratively investigated by a trained investigator. Any allegation of sexual abuse that involves potentially criminal behavior will be turned over to the Allen County Sheriff Office for a criminal investigation.</p> <p>The facility has a Memorandum of Understanding (MOU) with the Allen County Sheriff’s Office to conduct criminal investigations. The MOU request the office to 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.</p> <p>The facility has three trained administrative investigators. The facility provided the auditor with training completion certificates for each of the investigators.</p> <p>The facility has a MOU with St. Rita’s Mercy Health to provide responsive services to residents at the WORTH Center who report being sexually abused/assaulted while at the facility. The hospital will provide confidential medical services related to any allegation of sexual abuse or sexual assault. The services include:</p> <ul style="list-style-type: none"> • A forensic medical exam where evidentiary or medically appropriate • A forensic medical exam conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) • If a SAFE or SANE is unavailable, the exam will be performed by another qualified medical practitioner

- Treatment and/or referrals will be provided to the resident for access to pregnancy tests, when applicable, timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate
- Evidence collected will be preserved and turned over to the Allen County Sheriff's Office
- Collaborate with the Crime Victim Services Rape Crisis Services Center for advocate services

The auditor reviewed St. Rita's website to confirm the services of a SANE practitioner and advocate services that would be provided by partnering agency. St. Rita's has a SANE nurse on staff 24 hours a day 7 days a week. These nurses have been trained in providing compassionate, confidential, and specialized care in forensic nursing and crisis intervention clinical. Crime Victim Services works with the hospital and would provide an advocate to offer emotional support, crisis intervention, and follow up services.

The facility has an MOU with Crime Victim Services Rape Crisis Services Center to provide responsive services to residents who report being sexually abused or assaulted. The services provided include:

- Accompany and support a victim of sexual violence through the forensic examination process
- Accompany and support a victim of sexual violence through investigatory interviews at the hospital and facility
- Provide emotional support
- Provide crisis intervention
- Provide referrals for resources
- Provide follow-up services
- Make available a crisis number (free of charge) for residents or third parties to report an incident of sexual violence anonymously
- Make available an email address for residents and third parties to report an incident of sexual violence

The director at Crime Victim Services Rape Crisis Service Center confirmed the MOU and the services the center would provide to resident victims of sexual abuse. The director reports the services would be offered free of charge. The Director confirms that the agency is a government entity; however, is not run by any branch of the criminal justice system.

The PREA Coordinator reports that the facility would make every effort to use the advocate services provided by the Rape Crisis Services Center before offering the emotional supportive services available through staff. The facility has a licensed counselor that has been trained to provide emotional supportive services to sexual abuse or sexual harassment victims at the request of the resident.

Review:

<p>Policy and procedure</p> <p>MOU with Allen County Sheriff's Office</p> <p>MOU with St. Rita's Mercy Medical Center</p> <p>MOU with Crime Victim Services Rape Crisis Services Center</p> <p>Email with Director</p> <p>Interview with PREA Coordinator</p> <p>Administrative Investigator training certificate</p>

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Facility policy requires an administrative and/or criminal investigation into all allegations of sexual abuse and sexual harassment. Allegations will be administratively investigated by a trained investigator. Any allegation of sexual abuse that involves potentially criminal behavior will be turned over to the Allen County Sheriff Office for a criminal investigation. The facility has posted its investigatory policy on its website, https://www.worthcenter.org/prea.html.</p> <p>The facility has had seven allegations in the past twelve months:</p> <p>Investigation #1: The facility received a third-party report from another resident that two residents went into a bathroom stall together and were kissing. The administrative investigator reviewed video footage and confirmed that the residents went into the stall together. During the interview, the residents confirmed that they were in a relationship. The allegation was determined to be unfounded, due to the contact being consensual. The residents were disciplined according to facility policy.</p> <p>Investigation #2: The facility received a third-party report that a resident was making sexual remarks towards several other residents, along with trying to touch a resident's genitalia. The administrative investigator interviewed the residents that were listed in the report and the alleged abuser. The investigator also reviewed video footage. The allegation was determined to be unsubstantiated; however, there were various violations discovered. Two residents received rule violations.</p> <p>Investigation #3: The facility received a verbal allegation that a resident was making sexual comments towards him and inappropriate touching. The administrative investigator interviewed the alleged victim and abuser, as well as reviewed video footage. The investigator could not corroborate the allegation; however, did find violations to facility rules. The allegation was determined to be</p>

	<p>unsubstantiated. The resident was disciplined according to agency policy.</p> <p>Investigation #4: The facility received a report from a probation department that a former resident reported being touched sexually while at the facility by another resident. The administrative investigator interviewed the alleged victim to collect more information. The administrative investigator interviewed the alleged abuser and reviewed video footage. The investigator was unable to corroborate the allegation. The allegation was determined to be unfounded.</p> <p>Investigation #5: The facility received an allegation from a resident that another resident was making sexual remarks towards him. The administrative investigation interviewed the alleged victim, abuser, and witnesses, as well as reviewed video footage. The video footage confirmed the allegation, and the abuser admitted to making the sexual remarks. The allegation was determined to be substantiated. The resident was terminated from the facility. The allegation was not referred for a criminal investigation, as no criminal behavior took place.</p> <p>Investigation #6: The facility received an allegation about sexual contact between two residents. The administrative investigator interviewed the residents involved and reviewed video footage. The residents admitted to having a consensual relationship. The allegation was determined to be unfounded; however, the residents were disciplined for having a consensual relationship, which is a violation of facility rules.</p> <p>Investigation #7: The facility received an allegation that a resident threatened to sexually assault another resident. The administrative investigator interviewed the alleged abuser, victim, and witnesses, as well as reviewed video footage. The investigator was not able to corroborate the allegation. The allegation was determined to be unsubstantiated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Investigation reports</p> <p>Interview with administrative investigator</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has a policy that requires all staff who may have contact with residents to be trained on:

- The facility's zero tolerance policy for sexual abuse and sexual harassment
- How to fulfill their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, reporting, and response policies
- The resident's rights to be free from sexual abuse and sexual harassment
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamics of sexual abuse and sexual harassment in confinement
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

The policy requires the facility to provide such training to employees on a biannual basis and provide refresher training on the off year. All new hires will be provided this training within one year of service.

The facility provided the auditor with the training curriculum (PowerPoint presentation and videos) the facility uses to train staff on the requirements of standard 115.231. The training is more than sufficient to meet the standard. The training is mandatory for all staff and is facilitated by the PREA Coordinator.

The facility also provides training during onboarding that includes:

- PREA risk assessment tool
- Searches
- Personnel policies
- Case manager handbook
- Resident handbook
- Demonstrating professional behavior

The auditor was able to speak to staff from programming, security, and administration both formally and informally concerning training they received related to the PREA standards. The staff report that PREA is a priority and that everything from reporting to maintaining professional boundaries are discussed at trainings and during staff meetings. The staff discussed completing training by receiving in person training by the PREA Coordinator. Staff were able to communicate receiving training on the agency's zero tolerance policies, reporting obligations, first responder duties, searches, LGBTIQ residents, agency coordinated response plan, gender differences, recognizing and responding to signs of sexual abuse, red flags, rights of residents under the PREA standards, and conducting risk assessments. The staff felt training was adequate to inform staff on how to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment.

	<p>Along with the training curriculum, the facility provided the auditor with the sign-in sheets for all PREA related trainings. Because the facility has both male and female residents, staff are required to have gender-specific training for both genders. In addition to the sign-in sheets, the auditor reviewed employee files to verify the onboarding training and policies and procedures through signed and dated acknowledgments.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training curriculum</p> <p>Sign-in sheets</p> <p>Block training</p> <p>Employee files</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Police states that all volunteers and contract personnel will receive orientation appropriate to their assignments and additional training as needed. All volunteers and contractors who have contact with residents will be notified of the facility's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. The level and type of training provided to volunteers and contractors will be based on the services they provide and the level of contact they will have with residents. All volunteers and contractors will sign verification that they understand the training that they have received regarding the PREA policies.</p> <p>The facility provided the auditor with the volunteer and contractor training video. The video was produced by the Ohio Department of Rehabilitation and Corrections. The video provides information on how to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment.</p> <p>After receiving training, the volunteer or contractor will sign verification that they have received and understand their responsibilities under the zero tolerance policies.</p> <p>The facility uses Aramark Food Service to provide meals to its facility. The staff at</p>

	<p>Aramark that work in any type of confinement facility will receive PREA training from Aramark. The auditor spoke with both Aramark employees on duty during the onsite visit. Both contractors verified their training and their responsibilities under their work agreement to uphold the agency's zero tolerance policy. The training provided by the company includes the topics:</p> <ul style="list-style-type: none"> • What is PREA • Definitions of sexual harassment, sexual abuse, sexual contact, and consent • How does PREA apply to Aramark • How does Aramark comply with PREA- Responsibilities of an Aramark employee under PREA • Reporting a PREA incident • Aramark's harassment policy and why it is important • Manipulation and PREA • Personal VS Personable <p>Review:</p> <p>Policy and procedure</p> <p>DRC Contractor/volunteer training video</p> <p>Training acknowledgements</p> <p>Aramark training curriculum</p> <p>Interview with contractors</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The facility is required by policy to provide each resident with education on the facility's policy and procedures regarding sexual abuse, sexual harassment, and their right to be free from retaliation for reporting such incidents. During intake, each resident will receive information explaining the facility's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, to be free retaliation for reporting such incidents, and regarding facility policy and procedures for responding to such incidents.</p> <p>The facility will provide resident education in formats accessible to all residents including those who are limited English proficient, or otherwise disabled as well as resident who have limited reading skills (see standard 115.216). The information provided to the residents will also be continuous and readily available or visible</p>

through posters, pamphlets, and resident handbook.

Residents are required to sign acknowledgement of receiving education and written materials.

The facility provided the auditor with the resident education video and written information provided to residents, including a resident handbook. The video provides general information regarding the rights under the PREA standards. The video was produced by Just Detention International. After watching the video, residents will be provided the written information and given facility specific information regarding their rights and services provided.

The written information includes:

- Ways to report allegations
- Internal and external reporting contact information
- Ways to prevent sexual abuse
- Services offered free of charge
- What to do if you were abused
- What happens after a report of sexual abuse or sexual harassment
- What is considered sexual abuse or sexual harassment
- Making false allegations
- Third-party reporting options
- Rules/sanctions
- Grievances/complaints

The Intake Coordinator is responsible for providing PREA education to all residents at intake. The coordinator reports that he will first ensure that the residents are able to read, write, and understand the information. If the resident cannot or is limited English proficient, he will work with the Clinical Services Manager to obtain assistance for the resident. If the resident needs more assistance than is available at the facility, the Clinical Services Manager will coordinate with community partners to provide assistance to the resident.

The residents, interviewed both formally and during informal conversations, were asked about the information they received concerning PREA. The residents reported receiving information on reporting, location of PREA posters, and watched the "PREA video." Most of the residents reporting being familiar with PREA and how to report allegations. The residents report in addition to receiving information and watching the video, they are assigned a "Big" (resident mentor) at intake. The "Big" is responsible to assisting the resident in getting adjusted to the program. A part of the responsibilities of being a "Big" is to review the handbook, PREA reporting options, and how to complete a grievance/compliant form. Most of the residents report that the "Big" program is extremely helpful and assisted with a safe adjustment to the facility.

The auditor reviewed resident files. The auditor was able to verify residents' acknowledgement of receiving PREA information during intake.

	<p>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 procedure</p> <p>PREA education video</p> <p>PREA brochure</p> <p>Resident handbook</p> <p>Resident PREA acknowledgements</p> <p>Resident file</p> <p>PREA posters</p> <p>Interview with residents</p> <p>Interview with Intake Coordinator</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility requires staff who conduct administrative investigations to receive specialized PREA investigation training prior to conducting an investigation. The training must include:</p> <ul style="list-style-type: none"> • Techniques for interviewing sex abuse victims • Proper use of Miranda and Garity warnings • Sexual abuse evidence collection in confinement settings • Criteria and evidence required to substantiate a case for administrative action or prosecution referral <p>The facility provided the auditor with the training completion certificate for three staff members. The staff received training provided by the Moss Group, Inc. The auditor has the training curriculum (PowerPoint presentation) provided by the Moss Group, Inc. The training is sufficient to cover the requirements by this standard. The training modules include:</p> <ul style="list-style-type: none"> • PREA investigation standards

	<ul style="list-style-type: none"> • First responder and evidence collection • Understanding trauma • Legal issues and agency liability • Reports and credibility • Interview techniques • Understanding sexual harassment • Report writing • Investigative outcomes <p>During the onsite visit, the auditor was able to speak with two of the three administrative investigators. The administrative investigators were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. The investigators report that should an investigation indicate criminal behavior, they will immediately stop the investigation and contact the local legal authority.</p> <p>The administrative investigators understand the rules under the Garity laws; however, the investigators would not question an employee if a crime has been committed. All administrative investigations would resume after a criminal investigation or with permission from the local legal authority.</p> <p>Review:</p> <p>Review:</p> <p>Moss Group, Inc. training curriculum</p> <p>Training certificates</p> <p>Interview with administrative investigators</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The facility will ensure that all medical and mental health care staff are trained regarding the facility’s policies and procedures on sexual abuse and sexual harassment. The specialized training for medical and mental health care workers will include:</p> <ul style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment • How to protect physical evidence • How to respond effectively and professionally to victims of sexual abuse and

	<ul style="list-style-type: none"> sexual harassment • How to and to whom to report allegations or suspicions of sexual abuse and sexual harassment <p>The policy requires the medical and mental health personnel to also receive required employee training as described in standard 115.231.</p> <p>The facility has a contract nurse that provides triage services to the residents. Should a resident be in need of a medical forensic exam, the resident would be transported to St. Rita’s Mercy Medical Center for such exam.</p> <p>The facility has two staff members that offer mental health services. These staff members have completed both specialized mental health training and WORTH Center employee training. The specialized training was presented by the National Institute of Corrections (NIC).</p> <p>The facility provided the auditor with the appropriate training certificate for medical and mental health staff.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training certificates</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy requires all residents to receive a PREA risk screening within 72 hours of their arrival to the facility. The screening will assess the residents risk of being sexually abused by other residents or sexual abusive towards other residents. The assessment will be conducted using an objective screening instrument which will consider, at a minimum, the following criteria:</p> <ul style="list-style-type: none"> • Whether the resident has a mental, physical, or developmental disability • The age of the resident • The physical build of the resident • Whether the resident has previously been incarcerated • Whether the resident’s criminal history is exclusively nonviolent • Whether the resident has prior convictions for sex offenses against an adult or child • Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming

- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

The policy does not allow for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Policy requires a reassessment of the resident's risk for victimization or abusiveness to be completed within 30 days of the resident's arrival in the facility. The facility will also conduct a reassessment if it receives additional relevant information, a request, or an incident of sexual abuse. The information collection from the assessment will only be disclosed to relevant personnel to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The facility uses the same assessment tool for the initial and rescreening assessment of risk. The tool collects the information requested by this standard. The auditor and the PREA Coordinator discussed making the screening tool more objective by creating a scoring system that will classify residents as potential abusers or potential victims. The Coordinator, along with facility leadership, were able to review and update the screening tool. The new tool now has a scoring system and documents accommodation strategies and recommendations.

The Intake Coordinator is responsible for conducting the initial risk assessment. He reports that he conducts the assessment, along with other assessments in the privacy of his office, usually after the resident has been given a handbook and reviewed the "PREA video." He will review the agency's zero tolerance policy; explain the assessment and its purpose; the invasive nature of some questions, and that if the resident chooses not to answer the questions, there were no consequences for not answering; and the privacy related to the information provided. He will go through each question, elaborating when necessary, and providing definitions of terms used in the questions. The Coordinator reports that if a resident is assessed as being vulnerable or abusive, he will contact the Clinical Services Manager so appropriate accommodations to ensure safety can be made. He reports that no resident has refused to answer the risk assessment questions.

The case managers are responsible for conducting the 30-reassessment or reassessments due to referral, request, sexual abuse incident, or receiving additional relevant information.

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

	<p>The PREA Coordinator reports that if a resident has been identified as vulnerable, he will meet with the resident to have a conversation about counseling services that are available. He reports that residents are informed that services are free of charge and that residents can request these services at any time.</p> <p>The auditor interviewed 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 an unsubstantiated 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.</p> <p>The Clinical Services Manager conducts a quality assurance check on initial and reassessments. He stated that he reviews all assessments for timeliness and accuracy.</p> <p>The auditor reviewed initial and reassessments. The instrument was completed appropriately, documented classification status based on score, and comments from the screener. The assessment date was compared to the resident's intake date to ensure all assessments reviewed were completed within the required time frame.</p> <p>The Program Director discussed with the auditor the facility's security protocols to ensure that information provided on the risk assessment is not used against the resident. He states that after an assessment is completed, the assessment will be placed in the resident's electronic file. The file is assessable to treatment staff, with other staff being provided the classification when necessary for housing, work, programming, and educational purposes. The details of assessment are not shared.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Risk assessments Interview with Intake Coordinator Interview with case managers Interview with residents Interview with Clinical Services Manager
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy requires the center to use information obtained from the risk screening be used to make decision on the resident's housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The types of assignments are made on a case-by-case basis.

The Intake Coordinator reports that after completing a risk assessment, or if a resident voices his/her own concerns for their safety, he will contact the Clinical Services Supervisor so that the facility can develop a safety plan for the resident.

The safety plan includes:

- Resident's view of his/her safety
- Risk assessment classification
- Separate shower consideration
- Male/female housing unit consideration
- Opposite gender searches
- Opposite gender clothing/grooming items
- Special programming considerations

After the plan identifies the areas where accommodations need to be addressed, the plan documents how the facility will provide housing (unit, dorm, bed), programming (education, groups, work), and mental health referral.

The PREA Coordinator states that he will work with both programming and security staff to develop an appropriate plan to keep residents safe. The facility has rooms and/or beds identified that are to be used to house residents identified as either high risk for vulnerability or abusiveness. Those of opposite classification will not be placed in the same dorm or in the same program groups. Staff may be aware of a resident's classification in order to provide a safer environment, but will not be aware of the details of the resident's risk assessment.

The PREA Coordinator, who is also the Clinical Supervisor, states that residents who have identified as having previous sexual abuse during risk screening will be referred to the counselor for services should they wish to address the past trauma. The residents can also be referred to various treatment groups offered by the facility to address any underlying issues to their risk classification.

The policy states that the facility cannot 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 PREA Coordinator and the Executive Director both spoke to the auditor about the facility's process for housing residents that identify as transgender or intersex. They report, once the facility becomes aware that a transgender/intersex resident will be arriving at the facility, they begin to review information that can assist with ensuring the safety of the resident. The accommodations discussed would include, dorm and bed placement, as well as allowing the resident to shower privately. The PREA Coordinator will meet with the resident to address any concerns for safety, gender search preference, and preferred pronouns.

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 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 to those assigned at birth. No staff member reported being uncomfortable with working with residents that identify as LGBTI.

The auditor met with residents during the onsite visit that identify as gay, lesbian, bisexual, transgender, or intersex. The residents report feeling safe, and did not feel as if their dorm assignment was based on their sexuality.

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. The auditor performed an internet search and confirmed that the facility is not under any consent decree, legal settlement, legal judgment.

Review:

Policy and procedure

Safety plan form

Risk assessment forms

Interview with residents

Interview with staff

Interview with PREA Coordinator

115.251	Resident reporting
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 582">The residents at WORTH Center are able to report sexual abuse and sexual harassment without fear of retaliation. The policy states that all residents will be able to privately report sexual abuse and sexual harassment without fear of retaliation by other residents or staff. The facility must provide multiple ways for resident reporting including internally, externally, anonymously, verbally, in writing, or through a third party.</p> <p data-bbox="280 622 1477 949">The facility informs the resident during intake and continually provides the reporting information in the resident handbook, the reporting options and contact information. Policy requires the facility to provide at least one way to report sexual abuse or sexual harassment to a public or private entity that is not a part of WORTH Center and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to the PREA Coordinator, allowing the resident to remain anonymous. The residents can use the following methods to report allegations of sexual abuse, sexual harassment, or retaliation:</p> <ul data-bbox="352 1016 1370 1509" style="list-style-type: none"> • Verbally to any staff member • In writing to any staff member • Anonymously • Calling the WORTH Center toll-free reporting line • Emailing the WORTH Center reporting line • External reporting toll-free hotline number (Crime Victims Rape Crisis Services) • External reporting email (Crime Victims Rape Crisis Services) • Allen County Sheriff's Office (free from resident phones) • Having a family member report • Through the kiosk system • Through resident tablets <p data-bbox="280 1550 1477 1921">The auditor was provided the written material to give to the residents. The material provided all reporting options and including the contact information. The auditor was also able to see postings throughout the facility with reporting options and contact information listed during the onsite visit. The facility has telephones, kiosk, and tablets available to the residents so that they may privately report allegations of sexual harassment, sexual abuse, or retaliation. The residents are told in written material that they can report allegations to any staff member verbally or in writing. The residents are informed that they do not need a formal system to report the allegation and that the facility does not impose a time limit on reporting.</p> <p data-bbox="280 1962 1414 2074">The auditor tested the internal phone and email system post onsite visit. 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</p>

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 Coordinator on record for each facility under the BCS's umbrella whenever there is a report to the hotline.

During resident interviews, they report that during the intake process, PREA posters are pointed out to them by staff during the tour of the facility. They state that reporting information is readily available to them in the handbook they received at intake and the PREA brochure given to them. The residents report that reporting information has always been posted and not just put up for the audit. When questioned about available reporting methods, the residents report having direct access to staff of all levels, and being able to report directly to them. Some residents report that they would not report sexual abuse or sexual harassment and just "handle it" on their own, but that option is not due to the facility or the reporting options available. When questioned about anonymous reporting, the residents state they understand all ways of reporting, including anonymously, to any staff member, in writing, or through a third-party (family members).

The facility had six allegations that were verbally reported to staff for themselves or as a third-party reporter for another resident. All allegations reported were administratively investigated.

During the onsite visit, the auditor was able to see various posting in English and Spanish informing the residents of the phone numbers, website address, and email address to internal and external reporting entities. The auditor tested both the toll-free hotline number and the email report link to ensure residents could use these options to report allegations.

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 feel like they can approach the PREA Coordinator with their own suspicions or to make a private report.

Review:

Policy and procedure

Resident handbook

PREA posters

PREA brochure

Reporting numbers

	<p>Interviews with staff</p> <p>Interviews with residents</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy and procedure states that residents have the right to file a grievance on any condition within the facility, without fear of reprisal from staff. Residents may file emergency grievances for any claim regarding an allegation of sexual abuse. The procedure includes:</p> <ul style="list-style-type: none"> • No imposed time limit on when a resident may submit a grievance regarding an allegation of sexual abuse Residents are not required to use an informal grievance process or to otherwise attempt to resolve, with staff, an allegation of sexual abuse • The agency will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing • Computation of the 90 days will not include time consumed by residents in preparing any administrative appeal • The agency may claim an extension of time to respond for up to 70 days, if the normal time period for responses is insufficient to make an appropriate decision. The agency will notify the resident in writing of any such extension and provide a date by which a decision will be made • At any level of the administrative process, including the final level, if the resident does not receive a response within the allotted firm for a reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level • The agency can discipline residents for bad faith allegations of sexual abuse <p>The policy allows for third-party assistance for emergency grievances. Third parties include other residents, staff members, family members, attorneys, and outside advocates. These parties are permitted to assist residents in filing a request for administrative remedies related to allegations of sexual abuse, and will also be permitted to file such request on behalf of residents. If the third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request, that the alleged victim agree to have the request filed on his or her behalf, and may also require that the alleged victim personally pursue any subsequent steps in the administrative process. If the resident declines to have the request processed on his or her behalf, the agency will document the resident's decision.</p> <p>The policy requires the facility to take immediate corrective action to any</p>

	<p>emergency grievance. The initial response must be within 48 hours and a final agency decision within 5 calendar days. Both responses will document the agency's determination on whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>The PREA Coordinator reports that most resident provide staff with a verbal report prior to documenting the allegations in a written report or grievance. He reports that no matter how allegations are received, the facility will implement safety precautions, and begin an administrative investigation. The Coordinator reports that no resident alleged being at risk of imminent abuse.</p> <p>Residents were questioned on their knowledge of the grievance system and if they have ever filed a grievance. All residents report being given instruction on the grievance system and how to file a grievance that alleges sexual abuse or sexual harassment. The residents report knowing the location of the grievance forms and having unfettered access to the forms and drop location. No resident interviewed reported filing a grievance concerning sexual abuse or sexual harassment. Residents that reporting filing a grievance, state that the grievance was responded to in a timely manner and handled appropriately.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with residents</p> <p>Interview with staff</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Facility policy requires the facility to provide residents access to outside emotional support services. The facility will provide the residents with the mailing address and telephone number, including toll-free hotline numbers where available. Residents will be allowed to privately contact the agency to allow for confidential communication. Prior to providing the resident contact, the resident will be made aware of a staff member's mandatory reporting obligation and the extent to which communication will be monitored.</p> <p>The facility provided the auditor with brochures given to the residents during intake. The brochure provides the name, contact numbers, and mailing address of local, state, and national rape crisis organizations. The Intake Coordinator informs the residents that communication between these organizations will be provided in the</p>

	<p>most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters.</p> <p>The facility provides the toll-free hotline number and address for the Crime Victims Rape Crisis Services Center. The facility has a MOU with this agency to provide this information to the residents. This information is listed in the resident handbook, PREA brochure received at intake, and on PREA posters throughout the facility.</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 residents confirmed during interviews that they received a handbook and a brochure with PREA information. The residents were unsure of the emotional support information; but stated that they can always look at their handbook or a facility poster to obtain that information. They were aware that all services related to PREA, including medical and mental health, are provided to residents free of charge.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>PREA posters</p> <p>PREA brochure</p> <p>Interview with residents</p> <p>MOU with Crime Victim Services</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy requires the facility to provide information on how to report incidents of sexual abuse or sexual harassment on behalf of a resident. The information on how to report will be made available on the facility’s website and on posters located in the facility lobby. All third party allegations of sexual abuse, sexual harassment, or retaliation for reports of sexual abuse or sexual harassment will be administratively and/or criminally investigated.</p> <p>The auditor reviewed the agency’s website, https://www.worthcenter.org/prea.html,</p>

and reviewed the posted information on how a third party could report an allegation of sexual abuse or sexual harassment. The auditor was also able to view this information on posters in the main lobby during the onsite visit. The information includes:

- Calling WORTH Center reporting line
- Emailing WORTH Center reporting line
- Contacting outside reporting agency via phone or email

The facility had several resident third-party reports and one report from an outside agency. The reports were forwarded to the administrative investigator.

The facility has posted in conspicuous places, including where visitors would frequent, notices on how a person can make a third party report of sexual abuse or sexual harassment on behalf of a resident. The notice includes the toll-free hotline numbers and the email address listed on the agency website. The auditor noted the various locations of reporting posters, including public locations during the facility tour.

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

Review:

Policy and procedure

Facility website

PREA posters

Facility tour

Investigation reports

Telephone interview with BCS Assistant Chief

Interview with residents

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy states that all staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, retaliation against residents or staff who have reported any such incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff members will report to supervisory staff who will forward the report to the Executive Director. Staff are not allowed to reveal any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigative, and other security and management decisions.

All staff, including medical and mental health staff, are considered mandatory reporters and as such are required to report sexual abuse. Medical and mental health staff will inform the residents of their duty to report and the limitations of confidentiality at the initiation of services.

Staff who wish to report privately can report knowledge, suspicions, or information regarding sexual abuse, sexual harassment, or retaliation directly to the PREA Coordinator or Executive Director.

The facility provided the auditor with the training curriculum and sign-in sheets. The training is a power presentation that is facilitated by the PREA Coordinator. The training includes information on how to report, who to report to, and what should be reported. The training identified red flag behavior and instructions for informing residents of their duty to report all knowledge, suspicions, and information of sexual abuse and sexual harassment.

The auditor reviewed five (5) employee files. The files contained documentation on the type of information employees receive on the facility's zero tolerance policies. Staff are required to sign and date and acknowledgement of receiving this information which includes:

- Zero tolerance acknowledgment
- Demonstrating professional behavior
- Employee handbook
- Personnel policies
- Continued affirmation

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 clinical staff with licensure report that all clients sign documentation concerning informed consent before meeting with any mental health or medical staff.

The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that the PREA Coordinator report all allegations to the

	<p>designated state or local services' agency should the victim be under the age of eighteen or a vulnerable adult.</p> <p>No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Employee files</p> <p>Interviews with staff</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy states that if the facility receives information alleging a resident is in substantial risk of imminent sexual abuse, the resident will be placed in administrative segregation for his/her own safety. The facility will provide an initial response to the risk within 48 hours and will issue a final decision within 5 calendar days. The facility will determine if the resident is in substantial risk of imminent sexual abuse and will document the action taken in response to the report.</p> <p>The PREA Coordinator reports that the facility has several ways to protect residents at risk for sexual abuse and to prevent retaliation. The protection measures include, but are not limited to, dorm moves, placing residents in administrative segregation, allowing residents to sleep in group rooms in clear sight of staff, and close observation.</p> <p>The Executive Director reports that should an allegation of sexual abuse be against a staff member, the facility would place that staff member on administrative leave. Depending upon the severity of the allegation, the facility can also assign the staff member to work inside central control. This eliminates the staff member's direct contact with residents. The Director states that the type of protection measures used will depend upon the circumstances of the allegation.</p> <p>The auditor reviewed seven investigation reports. The reports document the separation accommodations made in each situation in order to ensure resident safety. These protections include moving residents to different dorm rooms, assigning residents to different bathrooms or prohibiting residents from being in the</p>

	<p>bathroom at the same time, and/or requiring residents to refrain from interacting with one another. While these protection measures were put in place during and/or after investigations, no resident reported feeling at risk of imminent abuse.</p> <p>During resident interviews, the auditor was able to speak with a resident who reported sexual harassment. The resident indicated that the PREA Coordinator spoke with him about his concerns, and creating a safe space within the facility. The PREA Coordinator spoke with him again at the request of the auditor in order to address additional concerns and set up counseling appointments.</p> <p>The facility will err on the side of safety when it comes to ensuring the safety of all residents. Staff are trained on how to deploy appropriate protection measures for situations of possible abuse, bullying, or retaliation.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Investigation reports Interview with PREA Coordinator Interview with Executive Director Interview with resident reporter of sexual harassment
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility is required by policy to notify other confinement facilities of any allegation of sexual abuse that allegedly occurred in their facility. After the facility receives notice that a resident was sexually abused or sexually harassed while confined at another facility, the Executive Director will notify the head of the other facility or appropriate central office of the agency where the abuse occurred no later than 72 hours after receiving the allegation.</p> <p>The facility will maintain documentation that the notification was sent.</p> <p>The Executive Director reports that the facility did not report an allegation of sexual abuse or sexual harassment to another confinement facility. He states that residents are asked about any previous sexual abuse in confinement settings during the initial risk assessment and again during the reassessment.</p>

	<p>The Executive Director reports that the facility did not receive an allegation of sexual abuse or sexual harassment from another facility. He states that any allegation received through this channel will be sent to an administrative investigator and the PREA Coordinator. He states that all allegations, regardless of how reported, will be administrative and/or criminally investigated. The facility did receive a report from a probation officer from a former resident. The facility investigated the allegation and determined it to be unfounded.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility has a plan in place that dictates how staff are to respond to incidents of sexual abuse. The plan states that upon learning of an allegation that is resident was sexually abused, the first security staff member to respond is required to:</p> <ul style="list-style-type: none"> • Separating the alleged victim and abuser • Preserving and protecting any crime scene until appropriate steps can be taken by local law enforcement to collect any evidence • If the abuse occurred within a time period that still allows for the collection of physical evidence, staff request/ensure that the victim and abuser not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating • If the first staff member is not a Resident Advisor, the staff shall notify the Resident Supervisor on duty <p>The security and non-security staff are trained on the facility's first responder plan. The duties are reviewed with staff during onboarding and annual training. The auditor was provided the training and the sign-in sheets.</p> <p>The auditor interviewed security and non-security staff on the responsibilities they are required to complete after an allegation or incident of sexual abuse. All staff members were capable of reciting the first responder duties of:</p> <ul style="list-style-type: none"> • Separating the victim and abuser

	<ul style="list-style-type: none"> • Protecting the scene • Ensuring/requesting no physical evidence be destroyed by the abuser/victim <p>The staff members that upon hearing any allegation, depending upon the specific set of circumstances, they immediately find a way to separate the victim and alleged abuser. They state the facility has never had a sexual assault incident or an incident of sexual abuse where the first responder plan has been fully enacted.</p> <p>The facility has not had an allegation of sexual abuse or sexual harassment during this audit cycle that required protection of a crime scene, calls to medical personnel. The facility has separated the alleged abuser from the victim during all investigations.</p> <p>Review:</p> <p>Policy and procedure</p> <p>First responder plan</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Investigation report</p> <p>Interview with staff</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires the facility to have a coordinated response plan that coordinates actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual assault or abuse. The coordinated response plan states:</p> <ul style="list-style-type: none"> • Security staff responder will implement the first responder duties (standard 115.264) • In instances of emergency medical conditions, the medical staff will be notified and if medical staff is not on site, the shift manager will utilize the medical protocol manual until emergency personnel arrive. The shift manager will request that the resident be transported to St. Rita’s Medical Center. Any evidence collected will be preserved and turned over to the sheriff department as part of the criminal investigation • A staff member will accompany the resident to the hospital to ensure that a

	<p>forensic exam is conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The resident will be informed by the shift manager of his/her ability to have a victim advocate from the Rape Crisis Center accompany them throughout the investigatory process</p> <ul style="list-style-type: none"> • The staff member who accompanies the resident to the hospital will report hourly to a member of the Administrative Team as to the status of the resident • The Director of Operations and Security will call the Allen County Sheriff Department to report and request a criminal investigation. The Director of Operations and Security will contact the other members of the Administrative Team to request an emergency meeting at the facility • The incident report as well as any other documentation acquired will be given to the PREA Coordinator to include in the Administrative Investigation • The PREA Coordinator will contact the Rape Crisis Center to coordinate available services for immediate needs as well as follow up needs • The PREA Coordinator will mobilize staff mental health practitioners for de-escalation of residents and staff • The PREA Coordinator will work in conjunction with the staff member at the hospital to ensure that the alleged victim will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Treatment services will be provided to the victim without cost and whether or not she/he names the abuser or cooperates with the investigation arising out of the incident • Upon return from the hospital the alleged victim will also be offered continuous counseling services off site at no cost to them • The alleged abuser and any other residents affected by the incident will be offered counseling services • For at least 90 days following the incident, the conduct and treatment of all residents/staff involved will be monitored by the PREA Coordinator, case manager, and resident supervisory staff <p>The coordinated response plan is posted in locations available to staff.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated response plan</p> <p>First responder plan</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>N/A: The Executive Director reports that the facility does not have a union and does not enter into contracts with employees. The facility is an “at will” employer. Employees are notified of the facility’s “at will” status in the employee handbook. The auditor was given an employee handbook for review.</p> <p>Review:</p> <p>Employee handbook</p> <p>Interview Executive Director</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy states that all residents and staff of the WORTH Center have the ability to report sexual abuse and sexual harassment or cooperate in an investigation into sexual abuse or sexual harassment without the fear of retaliation. The PREA Coordinator is responsible for monitoring residents and staff who report sexual abuse or cooperate in investigation into sexual abuse to ensure retaliation is not being conducted.</p> <p>For at least 90 days following the incident, the conduct and treatment of all residents/staff involved will be monitored. Resident victims/witnesses will also receive periodic status checks. The checks include:</p> <ul style="list-style-type: none"> • Resident incident reports • Housing or programming changes • Progress reports • Behavioral observations • Rule violations <p>Monitoring of staff who report sexual abuse or cooperate in an investigation into sexual abuse include:</p> <ul style="list-style-type: none"> • Changes in performance • Absenteeism • Punctuality • Significant change in mood • Increased report writing <p>Should the facility suspect retaliation against a resident or staff member, changes</p>

	<p>will be made in order to protect those involved. The protection measures can include changes in dorm rooms, cleaning duties, programming, dining, recreation, and/or bathroom assignment.</p> <p>Retaliation monitoring can continue past 90-days if the situation warrants.</p> <p>The facility is required to provide counseling services to residents or staff who fear retaliation. The counseling services will be provided at no cost to the resident or staff member.</p> <p>The auditor was able to speak to one resident who is currently undergoing retaliation monitoring for reporting sexual harassment. The allegation was administratively investigated and determined to be unsubstantiated. The residents involved in the allegation have been separated by dorm and bathroom, and have been told to not interact with one another. The resident reports that he has met with the PREA Coordinator on “several occasions” to discuss any concerns he had connected to the allegation and his perception of safety. He reports that he has not experienced retaliation since he reported the incident; however, he does still have some general concerns. He reports that the staff have changed dorms and bathrooms, but in addition to the accommodations, he would like to have some counseling sessions. The auditor was able to have the resident speak with the PREA Coordinator, and address his concerns and request for counseling services.</p> <p>The facility provided the auditor with the retaliation monitoring reports for all substantiated and unsubstantiated allegations. The reports did not document any concerns about retaliation.</p> <p>The policy allows for monitoring to end if the allegation was determined to be unfounded.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p> <p>Interview with resident who reported sexual harassment</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Facility policy requires an administrative and/or a criminal investigation for all

allegations of sexual abuse and sexual harassment. The facility will ensure that administrative investigations are conducted by properly trained individuals. The administrative investigators are required to:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report

Should there also be a criminal investigation, the policy requires the facility to:

- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The Program Director will be responsible for keeping records of these referrals and the outcomes of police investigations
- Document referral and outcome data in the annual report, compiled by the PREA Coordinator

The facility had seven investigation during the past twelve months. The auditor reviewed the investigation report. The report captured the following information:

- Alleged victim's name
- Alleged abuser's name
- Alleged abuser's status (resident or staff)
- Date and time of incident
- Date and time of report
- How allegation was reported
- Type of allegation
- Witnesses
- Statements
- Video evidence
- Protection measures
- Determination

The policy does not allow for the termination of an investigation if the alleged abuser is no longer at the facility.

The facility did not have any allegations that needed to be referred to the Allen County Sheriff's Office for a criminal investigation. The facility will cooperate with the sheriff's office and remain informed about the progress of the criminal investigation. See standard 115.222 for details of each investigation.

The auditor reviewed the training curriculum and certificates of completion for all

	<p>administrative investigators. The training was conducted by the Moss Group and included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The process of investigation, referral, and outcome determination was described to the auditor. The PREA Coordinator states that the facility prohibits administrative investigators from requiring a polygraph examination or other truth telling device during an investigation. He states that all investigators are also prohibited from conducting any type of criminal investigation. All criminal investigations are conducted by the local legal authority, and the administrative investigators will remain in contact with the criminal investigators in order to remain informed about the progress of the investigation.</p> <p>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. DNA collection from any alleged victim will be collected at St. Rita's Mercy Hospital.</p> <p>The PREA Coordinator will collect all documentation and evidence relevant to the investigation and store in a secure location for as long as the person is employed or incarcerated, plus five years.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training certificate</p> <p>Investigation report</p> <p>Interview with administrative investigators</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy does not allow for a standard higher than preponderance of the evidence will be used to determine whether allegations of sexual abuse or sexual harassment are substantiated. Preponderance of the evidence is measured as 51%.</p> <p>The auditor interviewed the administrative investigators on the standard of proof used to substantiate an allegation. The investigators all report a standard of 51%.</p>

	<p>The auditor reviewed all allegations the facility had and verified the standard used to make a determination.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with administrative investigators</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The policy requires the facility to inform all residents who make sexual abuse allegations the outcome of the investigation. If there was a criminal investigation, the facility will request information from the Allen County Sheriff’s Office, and provide the information to the PREA Coordinator to that the resident can be informed of the investigation outcome.</p> <p>Notifications for substantiated and unsubstantiated allegations will include:</p> <ul style="list-style-type: none"> • If the alleged staff member is no longer posted in the resident’s facility • If the alleged staff member is no longer employed with the agency • If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility • If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility <p>The facility requires notification be sent to each resident victim at the conclusion of each investigation. The resident is required to sign an acknowledgement of receiving notification.</p> <p>The facility provided the auditor with six PREA investigation resident notification of outcome forms. The forms included all required information, and captured the resident's signature and date of notification. One notification documented the resident's refusal to sign the acknowledgement. The form would also document if the resident was no longer at the facility and could not receive such notification.</p> <p>The PREA Coordinator reports that he is responsible for providing resident with</p>

	<p>outcome notification.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Allegation outcome notifications</p> <p>Interview with PREA Coordinator</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy states that all employees violating the facility’s policies of sexual abuse or sexual harassment will be subject to disciplinary sanctions up to and including termination at the discretion of the Executive Director. Disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commiserate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>Termination will be the presumptive sanction for staff who have engaged in sexual abuse. 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 facility outlines the disciplinary policy and procedures in the employee handbook. The auditor was given a copy of the employee handbook for review. The handbook prohibits staff from sexually abusing and harassing residents or retaliating against staff and resident who participate in sexual abuse or harassment investigations. The handbook states that violations to facility policies can include discipline up to and including termination. Staff sign acknowledgment of receiving a copy of the handbook.</p> <p>The auditor reviewed employee files during the onsite visit. The files document receipt of agency handbook, zero tolerance polices, and code of conduct. The auditor was also able to view any disciplinary action taken against staff. The facility did not have a violation for sexual misconduct against a staff member.</p> <p>The Executive Director reports that staff accused of sexual abuse will be placed on administrative leave during the investigation. If the allegation is determined to be substantiated, the facility will terminate the staff member's employment.</p>

	<p>The facility did not have any founded allegations against a staff member.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Employee files</p> <p>Interview with HR Manager</p> <p>Interview with Executive Director</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy states that any contractor or volunteer who engages in sexual harassment or sexual abuse will be removed from the facility, prohibited any further access, and reported to law enforcement and licensing bodies unless the activity was clearly not criminal. The facility will contact the contracting agency for substantiated allegations.</p> <p>The PREA Coordinator reports that the facility has not had an allegation of sexual abuse or sexual harassment against a contractor or volunteer.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy subjects disciplinary action against any resident who has been found to have engaged in resident-to-resident sexual abuse or resident-to-resident sexual harassment. Disciplinary sanctions will be on a case-by-case basis and will take into consideration the resident's mental disabilities or mental illness, disciplinary history, and the crime committed. Termination from the program is the presumptive sanction for substantiated allegations of sexual abuse. If the resident is not</p>

terminated, the facility will offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motives for the abuse.

Consensual sexual activity between residents, while prohibited by facility rules, does not constitute sexual abuse, unless coercion was used. The facility will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The PREA Coordinator reports that any resident found to have substantially sexually abused another resident will be terminated from the program and returned to the county jail until they can be returned to their home county. All other types of violations would be subject to discipline according to the disciplinary sanctions laid out in the handbook.

The facility has had several sexual abuse and sexual harassment allegations with resident abusers. The facility had one substantiated sexual harassment allegation. The resident was terminated unsuccessfully from the program. The facility had several investigations that were determined to be unsubstantiated; however, other violations were determined to be substantiated, and those residents were disciplined according to facility policy. The facility had two allegations where the residents were found to be in consensual relationships. The facility prohibits such relationships, and the residents were disciplined according to agency policy.

The facility warns residents in the handbook and in the PREA brochure against making patently false allegations of sexual harassment and sexual abuse.

The auditor reviewed resident files. The files contained signed acknowledgements of receiving a resident handbook, watching the PREA education video, and understanding the zero tolerance policies.

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."

The facility has not disciplined a resident for making a patently false allegation or for a non-consensual relationship with a staff member.

Review:

Policy and procedure

Resident handbook

Resident files

Investigation reports

Interview with residents

Interview with PREA Coordinator

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>WORTH Center policy states that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services and will be offered continuous mental health counseling. All services will be consistent with the community level of care at no cost to the victim. Policy requires the services to be provided whether or not the victim names the abuser or cooperates in the investigation arising out of the incident.</p> <p>The services provided would include:</p> <ul style="list-style-type: none"> • Forensic medical exam by a SAFE or SANE • Offered a victim advocate or emotional support services • Crisis intervention • Hospital accompaniment • Pregnancy testing • Time information about and timely access to emergency contraception • Time and comprehensive information about and timely access to all lawful pregnancy related medical services • Sexually transmitted infections prophylaxis <p>The PREA Coordinator reports that while the facility has contract medical staff, all residents experiencing incidents of sexual abuse will receive treatment from St. Rita's Mercy Medical Center. The hospital has partners with the Crime Victim Services Rape Crisis Services Center who will provide advocate services. The facility has mental health on staff that has the ability to provide appropriate services. Should the resident request, mental health services can be provided by a community provider. The coordinator reports the length and scope of services with be determined by the provider.</p> <p>The PREA Coordinator reports that staff are trained on the facility's coordinated response plan, which includes how to offer unimpeded access to both emergency and ongoing medical and mental health care.</p> <p>The facility has not had an incident of sexual abuse where the resident was in need of medical, mental health, or rape crisis services.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU</p> <p>Interview with PREA Coordinator</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="280 237 983 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 564 349">Auditor Discussion</p> <p data-bbox="280 394 1474 595">The policy requires the facility provides community medical and mental health counseling services for residents who have been sexually abused in a jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility.</p> <p data-bbox="280 629 1474 875">Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer a pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. 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 data-bbox="280 909 1453 1155">Policy also requires the facility to provide a mental health evaluation for all known resident-on-resident abusers as soon as possible, but within 60-days upon learning of such abuse history. The Clinical Services Manager will ensure the resident is offered treatment when deemed appropriate by mental health practitioners. The PREA Coordinator reports to the auditor that the facility has not housed a resident that is a known resident-to-resident abuser.</p> <p data-bbox="280 1189 1437 1267">The facility has not had a resident that has needed services due to being sexually abused while in a prison, jail, lockup, or juvenile facility.</p> <p data-bbox="280 1301 392 1335">Review:</p> <p data-bbox="280 1368 576 1402">Policy and procedure</p> <p data-bbox="280 1435 352 1469">MOU</p> <p data-bbox="280 1503 735 1536">Interview with PREA Coordinator</p>

115.286	Sexual abuse incident reviews
	<p data-bbox="280 1760 983 1794">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1839 564 1872">Auditor Discussion</p> <p data-bbox="280 1917 1458 2074">Policy requires an administrative review at the conclusion of the investigation. The review will take place within 30 days of the conclusion of all investigation of sexual abuse that have been determined to be unsubstantiated or substantiated. The review is required to include an analysis of:</p>

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Whether the allegation or incident was motivated by:
 - Race
 - Ethnicity
 - Gender identity
 - Sexual orientation
 - LGBTI status or perceived status
 - Gang affiliation
 - Other group dynamics
- Assess staffing levels
- Assess video technology and blind spot areas in the facility

The report of the review will include any findings inclusive of recommendations for improvement, changes to existing policies and procedures, and changes to resident supervision. The facility will document its reasons for not implementing recommendations.

The facility's SART members include the Executive Director, Deputy Director, Clinical Services Manager, administrative investigator, and any other staff as needed.

The facility provided the auditor with all SART reviews for allegations requiring a review in the past twelve months. The facility had seven allegations with four SART reviews. All reviews were completed within thirty days of the completion of the investigation. The reviews did not produce any recommendations.

The auditor interviewed the Executive Director during the onsite visit. When questioned about his role in the SART, he states that his main responsibility is to remove any barriers to implementing recommendations made. His goal is to ensure the facility has everything it needs in order to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The PREA Coordinator is responsible for ensuring any recommendations made by the SART are implemented. If there is a reason why the recommendations cannot be implemented, the PREA Coordinator states that he will document the reasons for not implementing the recommendations, and what mitigating factors the facility has been able to implement in order to protect residents from sexual abuse and sexual harassment.

Review:

Policy and procedure

SART review form

Interview with PREA Coordinator

Interview with Executive Coordinator

115.287 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

The policy requires the facility to collect accurate, uniform data for every allegation of sexual abuse and review such data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

The data collected will 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.

The facility uses the Survey of Sexual Victimization for Other Corrections Facilities as its data collection instrument.

FY 23 annual report on sexual abuse data:

Allegations	Substantiated	Unsubstantiated	Unfounded	Total
Staff-Resident Sexual Harassment	0	0	0	0
Staff-Resident Sexual Abuse	0	1	0	0
Resident-Resident Sexual Harassment	0	1	0	1
Resident-Resident Sexual Abuse	0	1	2	3
Contractor/Volunteer-Resident Sexual Harassment	0	0	0	0
Contractor/Volunteer-Resident Sexual Abuse	0	0	0	0

The information on the form is aggregated and listed in the facility's annual report.

The report is posted on the facility's website, <https://www.worthcenter.org/prea.html>. The auditor accessed the facility's website and reviewed the FY 2023 annual report.

The PREA Coordinator reports that the facility has not had a request from the Department of Justice to provide this information.

Review

Policy and procedure

	<p>PREA annual report FY 2023</p> <p>Facility website</p> <p>Interview with PREA Coordinator</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The policy requires the facility to review the data collected in standard 115.287 to assess and improve the effectiveness of the facility’s prevention, detection, and response policies, practices, and training to include:</p> <ul style="list-style-type: none"> • Identifying problem areas • Tacking action on an ongoing basis • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole • A comparison of the current year’s data and corrective actions with those from prior years • Assessment of the facility’s progress in addressing sexual abuse <p>The annual report will be approved by the Executive Director and posted to the facility’s website. The annual report is not allowed to include personal identifiers or other information that would jeopardize the safety and security of the facility.</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, identified problem areas, corrective actions, and the facility’s progress in addressing sexual abuse. The facility had a reduction in the number of reports from FY22. The facility continues to ensure all staff and residents are education on all the ways to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p>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>Review:</p> <p>Policy and procedure</p> <p>Facility website</p> <p>PREA annual report</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1458 584">Policy and procedure requires the facility to collect data requested in standard 115.287 and that this information will be aggregated, and made available to the public through the agency’s website. The information posted to the agency’s website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p data-bbox="280 622 1484 824">The auditor accessed the facility's website at https://www.worthcenter.org/prea.html, to ensure that the facility has posted its annual report. The annual report is completed based on a fiscal year and the statistic information is included in the report. The PREA Coordinator collects and aggregates the information for the report, and it is approved by the Executive Director.</p> <p data-bbox="280 862 1465 1019">The PREA Coordinator reports he will collect and securely retain this information for ten years. He states that he collects the information in order to develop an annual report and make the information available to the public through the facility’s website.</p> <p data-bbox="280 1057 1481 1176">The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p data-bbox="280 1285 389 1319">Review:</p> <p data-bbox="280 1357 576 1391">Policy and procedure</p> <p data-bbox="280 1429 496 1462">Facility website</p> <p data-bbox="280 1500 475 1534">Annual report</p> <p data-bbox="280 1572 740 1606">Interview with PREA Coordinator</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 1890 564 1924">Auditor Discussion</p> <p data-bbox="280 1968 1458 2087">The facility post the final audit report for its facility on the facility’s website, https://www.worthcenter.org/prea.html. The auditor reviewed the website to confirm the facility has posted the final report from the previous cycle’s audit. The</p>

	<p>facility is a single facility and is required to have their audit completed during year one of each cycle.</p> <p>The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook’s Effective Strategies for Interviewing Staff and Resident Guide.</p> <p>The auditor was given full access to the facility during the onsite visit. The Executive Director and PREA Coordinator 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 residents during the walk through and saw how staff interacted with residents.</p> <p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA OAS web based audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed paper and electronic documentation during the onsite visit. This includes camera views and the resident database system.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. These places included areas resident, staff, and visitors would frequent. The notices included the auditors mailing and email addresses. The PREA Coordinator emailed the auditor photos of audit notice postings. The auditor did not receive confidential information from staff or residents prior to the onsite visit. The auditor did not receive a request to be interviewed by staff or residents during the onsite visit.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has published on its website, https://www.worthcenter.org/prea.html , the final audit report for the facility from 2020. The auditor reviewed the website and verified that the report was posted.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

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

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

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

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

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

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