

PREA Facility Audit Report: Final

Name of Facility: Stark Regional Community Correction Center

Facility Type: Community Confinement

Date Interim Report Submitted: 09/30/2024

Date Final Report Submitted: 03/30/2025

| 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: 03/30/2025 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Murray, Kayleen |
| Email: | kmurray.prea@yahoo.com |
| Start Date of On-Site Audit: | 08/12/2024 |
| End Date of On-Site Audit: | 08/13/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Stark Regional Community Correction Center |
| Facility physical address: | 4433 Lesh Street Northeast, Louisville, Ohio - 44641 |
| Facility mailing address: | 4433 Lesh Street, Louisville, Ohio - 44641 |

| Primary Contact |
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| | |
|--------------------------|-------------------|
| Name: | Christia I. Hurst |
| Email Address: | churst@srccc.net |
| Telephone Number: | 3305882500 X1503 |

| Facility Director | |
|--------------------------|---------------------|
| Name: | Michael Beebe |
| Email Address: | mbeebe@srccc.net |
| Telephone Number: | 330-588-2500, X1504 |

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

| Facility Health Service Administrator On-Site | |
|--|--------------------------|
| Name: | Leah Carreon |
| Email Address: | LCarreon@VitalCoreHS.com |
| Telephone Number: | (330) 430-3809 |

| Facility Characteristics | |
|--|---------------------------------|
| Designed facility capacity: | 154 |
| Current population of facility: | 154 |
| Average daily population for the past 12 months: | 130 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Both womens/girls and mens/boys |

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| In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5) | |
| Age range of population: | 19-70 |
| Facility security levels/resident custody levels: | n/a |
| Number of staff currently employed at the facility who may have contact with residents: | 48 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 4 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 10 |

| AGENCY INFORMATION | |
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| Name of agency: | Stark Regional Community Correction Center Authority |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 4433 Lesh Street Northeast, Louisville, Ohio - 44641 |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | |
|--|--|
| Name: | |

| | |
|--------------------------|--|
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|---|----------------|-----------------------|------------------|
| Name: | Christia Hurst | Email Address: | churst@srccc.net |

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

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| 1. Start date of the onsite portion of the audit: | 2024-08-12 |
| 2. End date of the onsite portion of the audit: | 2024-08-13 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Mercy Medical Center- SANE Compass Rape Crisis Center BCS- Outside reporting agency |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 154 |
| 15. Average daily population for the past 12 months: | 130 |
| 16. Number of inmate/resident/detainee housing units: | 4 |
| 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

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| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 150 |
| 19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 20. 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: | 4 |
| 21. 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 |
| 22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 24. 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: | 2 |

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| <p>25. 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>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>1</p> |
| <p>28. 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>29. 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 had one resident that reported staff voyeurism.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>30. 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>48</p> |
| <p>31. 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>2</p> |

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| <p>32. 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>7</p> |
| <p>33. 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>During the onsite visit, there were no volunteers available to interview.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>15</p> |
| <p>35. 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>36. 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, and identified any resident that was identified as meeting a target category.</p> |
| <p>37. 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> |

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| <p>38. 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>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>5</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>40. 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>0</p> |
| <p>40. 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> |

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| <p>40. 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>41. 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>4</p> |
| <p>42. 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>42. 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>42. 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>43. 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>1</p> |

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| <p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>44. 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>44. 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>45. 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>2</p> |
| <p>46. 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>46. 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> |

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| <p>46. 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>47. 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>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>1</p> |
| <p>49. 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>49. 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> |

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| <p>49. 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>During the onsite visit, the auditor toured the facility and was able to confirm that there were no residents housed in the facility's isolation cells.</p> |
| <p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>The facility did not have a resident that reported sexual abuse; however, a resident reported staff voyeurism. That resident was interviewed using the resident that reported abuse protocols.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>51. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>9</p> |
| <p>52. 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 checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Staff of both genders and all races were interviewed.</p> |
| <p>53. 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> |

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| <p>53. 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 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 checked="" 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>54. 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. The staff available during the onsite visit were interviewed.</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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>7</p> |
| <p>56. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>57. 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> |

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| 58. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 59. 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) |

60. 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

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| | <input type="checkbox"/> Other |
| 61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 62. Enter the total number of CONTRACTORS who were interviewed: | 3 |
| 62. 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 checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 63. Provide any additional comments regarding selecting or interviewing specialized staff. | No text provided. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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| 64. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the site review an active, inquiring process that included the following: | |
| 65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 66. 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 68. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| <p>69. 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 SecurManage 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>70. 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>71. 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 SecurManage 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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

74. 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 |

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

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

76. 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 |

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

| | |
|---|---|
| <p>78. Explain why you were unable to review any sexual abuse investigation files:</p> | <p>The facility did not have investigations of sexual abuse or sexual harassment. The facility had several allegations reported; however, once the administrative investigator reviewed the report, it was determined by the facility not to meet the definition of PREA.</p> |
| <p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" 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>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p> |
| <p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |

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| <p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>86. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>The facility did not have investigations of sexual abuse or sexual harassment. The facility had several allegations reported; however, once the administrative investigator reviewed the report, it was determined by the facility not to meet the definition of PREA.</p> |
| <p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |

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| <p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |

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| 94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | The facility did not have investigations of sexual abuse or sexual harassment. The facility had several allegations reported; however, once the administrative investigator reviewed the report, it was determined by the facility not to meet the definition of PREA. The facility had one resident onsite that reported staff voyeurism; however, the investigation into that allegation was not complete. The resident was able to speak to the auditor during the onsite visit and describe his view of the investigation process. |
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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| 95. 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 |
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Non-certified Support Staff

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| 96. 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. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|---|--|

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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 | |
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| 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>SRCCC has a zero tolerance policy (SEC 17), that requires the facility to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all residents by maintaining a program of prevention, detection, response, investigation, and tracking. Sexual misconduct among residents and by staff toward residents is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment will be administratively and/or criminally investigated. Staff that have been found to have violated the agency's zero tolerance policy will be subject to disciplinary actions up to and including termination. Contractors or volunteers who engage in sexual misconduct with residents will be prohibited from contact with residents and will be reported to law enforcements agencies unless the activity was clearly not criminal.</p> <p>The PREA Coordinator responsibilities include:</p> <ul style="list-style-type: none"> Develops and maintains PREA operating procedures |

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| | <ul style="list-style-type: none"> • Monitors resident screening procedures and investigations • Monitors PREA-related program services, educational material, and training • Submits investigation reports to the Ohio Department of Rehabilitation and Correction (ODRC) in an accurate and timely manner • Conducts facility walkthroughs in order to address any safety issues • Collect and report outcome measures for annual reports <p>The PREA Coordinator is the agency's Operations Compliance Director. She reports directly to the Executive Director. She is new to the facility, but not to maintaining the PREA standards. She reports that she is responsible for maintaining compliance with PREA, ACA, and BCS standards. She states that she has enough time and authority to develop, implement, and oversee the agency's efforts to comply.</p> <p>The auditor interviewed the Executive Director during the onsite visit. He reports that he has full confidence in the PREA Coordinator and provides her with support and assistance when needed to ensure the facility is in compliance with the standards. He reports to the auditor that the PREA Coordinator is responsible for ensuring that staff and residents have received all information needed to report and respond to allegations of sexual abuse and sexual harassment. She assists in the training of staff, conducts administrative investigations, monitors for retaliation, and assist with developing safety plans for high risk residents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility table of organization</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p> |
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| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | N/A: The PREA Coordinator reports to the auditor that the facility houses residents on behalf of Ohio Department of Rehabilitation and Correction and does not contract with other facilities to house offenders. |

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

Auditor Discussion

The facility has a staffing plan that addresses the physical layout of the facility, adequate staffing levels, composition of resident population, prevalence of substantiated and unsubstantiated allegations of sexual abuse, other relevant factors, and deviations to the staffing plan. The facility is required to review the staffing plan on an annual basis and assess the effectiveness of the plan, prevailing staffing patterns, the deployment of monitoring systems and other monitoring technologies, and resources to ensure adequate staffing levels.

The facility provided the auditor with their most recent staffing plan, along with the annual review report. The staffing plan includes:

Physical Layout:

The facility is a 46,000 sq ft community based correctional facility. The facility was constructed in 1992, and was renovated in 2000 to include a female wing. The facility is designed to house 154 male and female felony offenders. The facility has identified dorms and beds that are assigned for high risk offenders.

Composition of Resident Population:

The facility has an average population of 120 residents, with the average age range between 20-66 years old. The average length of stay is 122 days. The staffing plan was based around the facility housing 154 residents. The facility houses residents from the Ohio Department of Rehabilitation and Correction.

Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse:

A review of substantiated and unsubstantiated allegations is reviewed to identify any trends that would warrant any facility or programmatic changes to the staffing plan. The facility had two unsubstantiated allegations of sexual abuse.

Any other relevant factors:

None

Adequate staffing:

The facility has a staffing plan that provides for adequate coverage and resident supervision. Each shift has a minimum staffing requirement that needs to be met in order for the prior shift to leave their designated post. The minimum staffing levels are as follows:

| Shift | Resident Advisors |
|--------------|--------------------------|
| 1st Shift | 5 (minimum 4) |
| 2nd Shift | 5 (minimum 4) |

| | |
|-----------|---------------|
| 3rd Shift | 4 (minimum 3) |
|-----------|---------------|

The facility is required to be staffed to maximize the use of personnel in conjunction with the needs of our residents, including how best to protect residents against sexual abuse. The facility employs enough security staff members to cover each shift, which includes supervisory staff to meet those staffing requirements. The facility has at least one female Resident Advisor on duty for each shift.

The PREA Coordinator reports that the facility had not deviated from the staffing plan. She states that should the facility need to fill a position, staff will be offered overtime hours to fill positions. The Chief of Security is responsible for ensuring the facility is adequately staffed.

Video Monitoring System and Other Monitoring Technologies:

The facility has two-hundred and four cameras strategically placed throughout the interior and exterior of the facility. The system has audio on access doors when the buzzer is pushed. The facility has cameras located in all common areas and has a retention period of 14-28 days depending upon the activity in those areas.

The facility has a SecurScan system that tracks security checks conducted by RAs. The Chief of Security states that RA staff are required to conduct rounds throughout the facility on an irregular schedule, and that he makes unannounced rounds. The SecurScan system will create reports that will allow the Chief to ensure the checks are being conducted as required.

Staff are trained on identified blind spot areas, and how to conduct increased surveillance in these areas.

The facility is funded by the Ohio Department of Rehabilitation and Correction, and has the resources to ensure adequate staffing levels.

Annual Review:

The facility conducted its annual review of the staffing plan in August of 2023. The review included:

- Prevailing staffing patterns
- Deployment of video monitoring system and other monitoring technologies
- Ensuring adequate staffing levels
- Composition of facility population
- Substantiated and unsubstantiated allegations of sexual abuse
- Other factors

The annual review is conducted annually by the PREA Coordinator. The Executive Director reviews the staffing plan and address any recommendations.

Review:

Policy and procedure

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|-----------------------------------|
| Staffing plan 2023 |
| Floor plan |
| Camera monitor |
| Building tour |
| Interview with PREA Coordinator |
| Interview with Chief of Security |
| Interview with Executive Director |

| 115.215 | Limits to cross-gender viewing and searches |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy sec 8 states that residents are informed that they will be subject as a condition of the SRCCC residency during intake procedures and as part of their admission processing. The policy prohibits, except in exigent circumstances, or when performed by medical practitioners, SRCCC prohibits cross-gender strip searches or cross-gender visual body cavity searches. Female residents are not permitted to receive cross-gender pat searches except in exigent circumstances. Female residents are not restricted from participation in regular programming or social passes in order to comply with this specification.</p> <p>Frisk Search- Only be conducted by a SRCCC staff member of the same gender as the resident and who has completed training in conducting resident searches</p> <p>Strip Search- Only be conducted after probable cause has been established by SRCCC staff for reasons outlined in policy and where more than a frisk search has been deemed as necessary. Can only be conducted by a SRCCC staff member or medical personnel of the same gender as the resident.</p> <p>Body Cavity- Only be conducted after justifiable cause has been documented and after receiving authorization from the Director to secure a warrant for same. Can only be conducted by medically trained personnel under private and sanitary conditions. Can only be conducted by medical personnel who are of the same gender as the resident.</p> <p>The facility staffing plan requires at least one female RS staff on duty at all times. No female resident has been preventing from leaving the facility for program activities due to lack of female staff.</p> <p>Policy SEC 19 does not allow for transgender/intersex residents to be searched for the sole purpose of determining a resident’s genital status. Searches are to be</p> |

conducted in a professional and respectful manner and in the least intrusive manner possible.

The policy only allows the searching of residents from trained staff members, who can communicate professionally. All searches will be conducted with the greatest possible degree of dignity afforded to the resident. Degrading remarks concerning a resident's personal or physical characteristics will not be tolerated.

The auditor reviewed the training curriculum that was used to train staff members who are responsible for conducting pat searches. The training included instructions on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents. These training also include instructions on how to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

The auditor interviewed the Chief of Security. He reports that pat search training is conducted during onboarding. New hires first watch a PREA Resource Center search training video, then shadow an experienced staff member conducting searches. They are supervised while performing searches themselves and must demonstrate proficiency before being allowed to conduct searches independently. As part of his supervisory role, he is required to conduct camera view checks, which involve reviewing staff conducting pat searches to ensure that the searches are compliant with agency policy. He reports that the facility conducts pat searches on residents that return to the facility after community access, and four random pat searches a day.

Staff interviewed reported that they have been trained on how to conduct frisk, strip, cross-gender, and transgender searches. However, they stated that they are not permitted to conduct cross-gender or body cavity searches. Before conducting a strip search, staff must obtain authorization from a supervisor, complete a strip search acknowledgment form, and have the resident sign a consent form prior to the search.

During the onsite visit, the auditor interviewed twenty residents. The residents reported that at some point during their stay, they had undergone a strip search at intake and a pat search. None of the residents expressed any issues or concerns with the pat search procedures. Additionally, the auditor observed a pat search during the visit, which was conducted in full accordance with the facility's policy.

Policy SEC 17 states SRCCC will ensure all residents are able to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances. The policy states that if a male staff member enters the bedroom hallway of the female wing, he must first activate the opposite gender audible alert button, or in the event the alarm is inoperable, announce "male on the wing." The same procedure will be followed for female staff entering the male dorm. The female restrooms must be cleared out prior to male staff entering to conduct security checks. Female staff entering male restrooms for security checks, will announce "female in the restroom" prior to entry.

The facility houses both male and female offenders, with genders separated by wings and no contact between them. The male unit spans two floors, with the top floor featuring a catwalk surrounded by rooms, and both floors containing 20 rooms and a bathroom. A thin line is painted on the floor near the dorm rooms and bathrooms to indicate where opposite-gender staff must announce themselves before crossing, allowing residents privacy while changing or using the bathroom.

In the male wing, the bathrooms on the top floor have three individual shower stalls, each equipped with curtains that are clear at the top, along with two toilet stalls and two urinals. On the first floor, the bathroom has an open entrance, four individual shower stalls, two toilet stalls with doors, and three urinals. During the tour, the auditor noted that one of the urinals in the first-floor bathroom was visible from outside the restroom. Although this restroom is set back from the dayroom and not in a high-traffic area, the facility agreed to install a curtain partition to ensure privacy for residents using the urinal. Before the auditor left the onsite visit, the facility installed the curtain to block the view of the urinal. The bathrooms offer the appropriate amount of privacy, consistent with security needs.

The female wing is only single level, but also have the line around the dorm rooms and bathrooms as boundary markers. The single bathroom in the female housing unit has an open doorway. The facilities are around the corner and are not visible from the doorway. The bathroom is equipped with three toilet stalls with doors and three shower stalls. The shower stalls have curtains with clear tops and bottoms.

The male and female housing units have holding cells that are equipped with a toilet sink combo. The view of the toilet area is blocked by a partition.

During the onsite visit, residents were interviewed about the facility's knock and announce policy. All residents confirmed that opposite-gender staff consistently knock and announce themselves before entering rooms or bathrooms. Female residents specifically noted that male staff working on the female unit have never entered the bathroom. Instead, they announce "male on the floor" or ring a buzzer before conducting a security check. Residents reported that the bathrooms feel safe and private, and no incidents of incidental viewing were reported.

The agency has implemented a policy to ensure the proper housing, search, and showering accommodations for any transgender or intersex resident. Under this policy, transgender or intersex residents would be offered options such as showering at different times or using the clinic for additional privacy. The policy strictly prohibits staff from physically examining a transgender or intersex resident solely for the purpose of determining genital status.

At present, the facility does not have any identified transgender or intersex residents.

Review:

Policy and procedure

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| | <p>Facility tour</p> <p>Training Curriculum</p> <p>Training sign-in sheets</p> <p>Interview with Chief of Security</p> <p>Interview with RA staff</p> <p>Interview with residents</p> <p>Interview with HR Manager</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>Agency policy SEC 17 states that staff must make provisions for residents not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information provided. SRCCC will ensure residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual misconduct. Residents are not utilized for assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties, or the investigation of the resident's allegation.</p> <p>The facility has an MOU with Compass Rape Crisis Center to assist residents understand their rights under the PREA standards through the use of Language Line. Language Line provides interpreters, including sign language interpreters, to assist residents. The services are available over the phone, through telehealth, or in-person. For limited literacy, all interactions are made with the assumption of limited literacy, so every interaction is verbal.</p> <p>The auditor spoke with the Community Connections Supervisor, who is responsible for providing residents with PREA-related information during the orientation group, including the resident handbook and rules and regulations. The CCS explained that he reviews all sections of the handbook with residents and informs staff of any resident's need for additional services. He also mentioned that, to date, he has not encountered a resident who required a translator or auxiliary aid to benefit from the program. The CCS spoke of past residents that needed extra assistance. He states that provisions included working one-on-one with the resident, but no other assistance was needed.</p> |

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| | <p>During orientation group, residents will be shown the PREA Resource Center’s inmate education video, PREA- What You Need to Know, which is available in English and Spanish and with closed caption. The facility has posters throughout the building in both English and Spanish. At the conclusion of orientation group, all residents are required to sign and date an acknowledgement of understanding.</p> <p>The auditor interviewed residents who identified as having a reading or cognitive disability, physical disability, or limited English proficiency. None of the residents in these categories expressed a need for additional services to benefit from the agency's efforts to prevent, detect, or respond to sexual abuse or sexual harassment. All interviewed residents were able to describe the facility’s zero-tolerance policy, reporting options, and the free services available to any resident who requests them.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident orientation materials</p> <p>PREA education video</p> <p>MOU with Compass Rape Crisis Center</p> <p>PREA posters</p> <p>Interview with Community Connections Supervisors</p> <p>Interview with residents</p> |
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| 115.217 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy PERS 1 prohibits hiring or promoting anyone who may have contact with the residents and prohibits the services of any contractor who may have contact with residents who has:</p> <ul style="list-style-type: none"> • 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 agency requires all job applicants to disclose any past allegations of sexual misconduct, both in the community and while working in an institutional setting. This information is discussed during the interview process. If an applicant is hired, the new staff member is informed of their ongoing responsibility to disclose any future allegations of sexual misconduct.

Policy requires the agency to conduct background checks for all prospective employees, contractors, and volunteers, or alternatively, the contractor or volunteer must provide a background check. These record checks are repeated every five years. The auditor interviewed a representative from the Human Resources Department, who explained that each year the department runs a report on the entire facility and submits background checks for any staff members approaching the five-year recheck window. This process ensures that all staff receive the required updated background check, which is then placed in the employee's file. Background checks are conducted by the Stark County Sheriff's Office.

Additionally, during annual personnel evaluations, employees are required to affirm that they have not engaged in, or attempted to engage in, sexually abusive or harassing behavior, either criminally or civilly. This continued affirmation helps maintain a safe and compliant working environment.

The auditor reviewed employee files. The auditor was able to review and confirm that staff received an initial background check and a five-year recheck. The auditor was also provided with background checks for contract and volunteer staff.

The HR Manager also reported that the Human Resources Department conducts referral checks for all new hires. These checks specifically document whether the potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse. This process helps ensure that individuals with a history of sexual misconduct are not hired, contributing to the safety and integrity of the facility.

The facility provided documentation demonstrating that they conduct reference checks on employees who have previously worked in institutional settings. These checks are performed to determine if the individual has ever had a substantiated allegation of sexual abuse or resigned during an ongoing investigation into such an allegation. This thorough vetting process helps ensure that employees with a history of sexual misconduct are not hired, reinforcing the facility's commitment to maintaining a safe environment.

The representative stated that during the hiring process, applicants are questioned about any criminal or administrative sexual misconduct allegations at multiple stages: on the application, during the telephone interview, and again during the in-person interview. This comprehensive screening ensures that the facility thoroughly vets potential hires to prevent individuals with a history of sexual misconduct from being employed.

Any employee seeking promotion within the facility is required to complete a bid application and undergo an interview for the position. As part of the promotion

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| | <p>process, the department head reviews the employee's personnel file, with particular attention to any disciplinary actions. Facility policy specifically prohibits the promotion of any employee who has violated the facility's PREA policies, ensuring that individuals with a history of non-compliance are not advanced to higher positions of responsibility.</p> <p>Policy PRES 37 requires the facility to document any request from outside confinement facilities requesting PREA reference checks on potential employees. The HR department will honor all requests for employment verification for former employees, unless legally prohibited. If requested by an institutional employer, the HR department will provide information regarding any substantiated allegations of sexual abuse or sexual harassment involving the former employee. This ensures transparency and helps prevent individuals with a history of sexual misconduct from gaining employment in similar settings.</p> <p>The auditor conducted a review of randomly selected employee files and confirmed that each file contained the required documentation, including initial and five-year updated background checks, continual affirmations to disclose any sexual misconduct, referral checks, disciplinary records, and documentation of the promotion process. All files reviewed demonstrated full compliance with the facility's standards, ensuring that proper procedures were followed in each case.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Employee files Contractor/volunteer background checks Referral checks Continued affirmations Application interview questions Disciplinary records Promotion documentation Interview with Human Resource Manager |
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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The facility has been through various remodels since the last PREA audit in 2020. |

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| | <p>The remodels include new resident housing units, bathrooms, and dorm rooms. The PREA Coordinator contributed to the planning, development, and review of the new resident areas. She was able to ensure that these areas maximize the facility's ability to prevent, detect, and respond to allegations of sexual abuse and sexual harassment. The auditor was able to view these areas, along with the camera views into these new areas, during the onsite visit.</p> <p>During the remodels, the facility has placed cameras in areas that allow for clear views into common areas, and limits the blind spots.</p> <p>The PREA Coordinator will continue to conduct regular reviews of the facility to assess the facility's technology monitoring. She will make recommendations to the Executive Director as needed.</p> <p>Review:</p> <p>Facility floor plan</p> <p>Facility tour</p> <p>Camera invoice</p> <p>Interview with PREA Coordinator</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>Policy SEC 18 requires SRCCC to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior are referred to the legal authorities, specifically the Canton City Police Department, for investigation, while non-criminal allegations are handled internally. SRCCC documents all such referrals. Criminal allegations are investigated according to Canton City Police Department policy (LEXIPOL).</p> <p>The LEXIPOL policy outlines the following procedures:</p> <ul style="list-style-type: none"> • When possible, a victim of rape will be interviewed by an officer trained in crisis intervention. • Officers are prohibited from requiring or asking a victim of sexual assault to submit to a polygraph examination as a condition for investigating or prosecuting the case. |

- The crime scene and any relevant evidence must be preserved for both initial and follow-up investigations.
- Officers must interview all available victims, witnesses, complainants, and suspects.
- A medical examination of the victim will be requested as part of the investigation.

The facility does not conduct forensic medical examinations; any resident requiring such an exam is transported to Mercy Medical Center. Although the hospital does not enter into formal agreements for services, it provides a Sexual Assault Nurse Examiner (SANE) who is trained to complete the Ohio Department of Health Sexual Assault/Abuse Evidence Collection Kit for both male and female patients. These nurses have received additional training from Rape Crisis and are members of the Stark County Sexual Assault Response Team. Victims are not responsible for any financial costs related to the examination.

The facility has a Memorandum of Understanding (MOU) with the Compass Rape Crisis Center. According to the MOU, the center agrees to:

- Accompany and support the victim through the forensic examination process.
- Accompany and support the victim during investigatory interviews.
- Provide emotional and crisis support.
- Offer information on community resources.
- Provide psycho-educational support groups as needed.
- Provide follow-up services, including legal advocacy and face-to-face crisis intervention.
- Supply flyers and brochures with contact information for the organization.

The auditor called the Rape Crisis Hotline number from the resident phones in the dayroom. The auditor was connected with a live operator who was able to confirm the services provided to residents, and those services are provided free of charge.

The facility has three trained Victim Support Person staff. If an advocate from the Rape Crisis Center is unavailable, a trained support person will:

- Act as a support person at the hospital, during police interviews, and escorts to court proceedings
- Report any retaliation made known or witnessed
- Make referrals for one-on-one counseling or community counseling services

The facility provided the auditor with the curriculum and completion certificates for the Victim Support Person training.

The facility was able to interview one of the Victim Support Persons during the onsite visit. She reports that she has not had any request for Victim Support.

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| | <p>Review:</p> <p>Review:</p> <p>Policy SEC 18</p> <p>Canton City Police Department Investigation policy</p> <p>MOU with Red Cross Rape Crisis Center</p> <p>Interview with Administrative Investigators</p> <p>Interview with PREA Coordinator</p> <p>Mercy Medical Center SANE policy</p> <p>Interview Red Cross Rape Crisis Center Advocate</p> <p>Victim Support Person training curriculum</p> <p>Victim Support Person training certificates</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 18 requires the facility to refer all allegations of sexual abuse to law enforcement promptly. Canton City Police will investigate a criminal allegation.</p> <p>The auditor reviewed the facility’s website, https://starkregionalccc.com/prea/, to ensure the facility’s policy for administrative and criminal investigations was posted.</p> <p>The auditor reviewed the allegations from the past audit cycle. The facility had several allegations reported through the PREA reporting system; however, the allegations resulted in “no case of PREA.” The PREA Coordinator reviewed the allegations reported through the system with the auditor.</p> <p>RECOMMENDATION:</p> <p>The facility post on its website language that states that all allegations of sexual abuse and sexual harassment will be administratively and/or criminally investigated; however, the agency does not explicitly publish on its website its policy and practice that ensures allegations of sexual abuse or sexual harassment are referred from investigation to an agency with the legal authority to conduct criminal investigations. The facility needs to publish its explicit policy or a link to</p> |

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| | <p>the policy to ensure the public has access to the criminal referral process.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p> |
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| 115.231 | Employee training |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy SEC 18 requires all new employees to receive instruction related to the prevention, detection, response, and investigation of sexual misconduct during new employee orientation training.</p> <p>The facility provided the auditor with the PowerPoint used for annual training. The training sufficiently covers section a.1-10 of standard 115.231. After completing training, the staff member documents their training by signing a sign-in sheet. The training topics include:</p> <ul style="list-style-type: none"> • 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 and procedures • Resident’s right to be free from 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 professional with resident, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities <p>The auditor was able to review the training files of staff during the onsite visit. Staff receive training concerning the PREA topics through NIC, in person training facilitated by the PREA Coordinator, and online training through the PREA Resource Center. The training provided is enough to meet the required training topics, and all staff are required to have this training prior to working with residents.</p> |

In addition to the required training dictated by the standard, staff are also trained on the following related topics:

- Strip and pat searches
- UA collection
- Special surveillance
- Code of ethics
- Policy and procedure
- Client Abuse & staff neglect
- Grievance procedures
- PREA- Cultural differences
- Communication skills
- Standards of conduct
- Program rules and regulations
- Signs & symptoms of mental illness
- First responder duties
- Coordinated response plan

The facility provides annual training on sexual misconduct, and in between trainings, employees who have contact with residents receive refresher information on sexual abuse and sexual harassment during Operations and Program departmental meetings.

The auditor interviewed programming and security staff, all of whom confirmed that they received onboarding and annual training, which included PREA-related topics. Staff reported that they also receive PREA training during regular staff meetings. In addition to the annual PREA training, staff receive training on first responder duties, pat search techniques, and professional management of LGBTI residents.

The PREA Coordinator explained the agency's training practices, noting that all staff are cross-trained on PREA gender-specific topics because they may work with both male and female residents.

The auditor reviewed staff training files and verified that the required annual PREA training had been completed by all relevant staff.

The Human Resources Manager is responsible for tracking training. She reports that the PREA Coordinator provides the list of required training annually, and the source of the training. She assigns staff training and tracks the training through a spreadsheet.

Review:

Policy and procedure

Training records

Training curriculum

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| | <p>Employee files</p> <p>Interview with staff</p> <p>Interview with Human Resource Manager</p> <p>Interview with PREA Coordinator</p> |
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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy PROG 15 states that all contractors and volunteers will be trained prior to engaging in services provided directly to the residents. The training includes:</p> <ul style="list-style-type: none"> • an overview of the goals and objectives of SRCCC • Mission • Philosophy • Values and beliefs • Confidentiality • Client rights • Emergency procedures • Standard precautions, • Security • PREA • Unlawful harassment <p>Policy SEC 18 requires all contractors and volunteers who have contact with residents to receive training on the agency’s policies and procedures relating to sexual abuse and sexual harassment. The level and type of training provided will be based on the services provided and amount of contact with the residents. Minimally, all contractors and volunteers will be informed of the agency’s policies and how to report allegations.</p> <p>All contractors and volunteers are required to watch a training video developed by the Ohio Department of Rehabilitation and Corrections. The video provides a comprehensive education on PREA, and the responsibilities of the contractor/ volunteer while working at the facility. The auditor was provided a copy of the video and signed training acknowledgements.</p> <p>The facility uses Aramark Food Service to provide meals to its facilities. The staff at Aramark that work in any type of confinement facility will receive PREA training from Aramark. The auditor spoke with the Aramark employee on duty during the onsite visit. He verified their training and their responsibilities under their work agreement to uphold the agency's zero tolerance policy. The training provided by the company</p> |

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| | <p>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 an incident • Aramark's harassment policy and why it is important • Manipulation and PREA • Personal VS Personable <p>The Human Resource Manager tracks all training provided to contractors and volunteers.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Contractor training video</p> <p>Contractor/volunteer signed acknowledgements</p> <p>Aramark training curriculum</p> <p>Interview with Aramark food service manager</p> <p>Interview with Human Resource Manager</p> |
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| 115.233 | Resident education |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Policy SIR 2 states that upon admission, residents will be issued the Resident Handbook. The handbook will be reviewed with each resident regarding the agency's zero tolerance policy for sexual misconduct. The residents will be notified how to report incidents or suspicions of sexual abuse or harassment, their right to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. Residents will also be informed how the facility is required to respond to such incidents. Residents that are unable to effectively read and comprehend materials presented concerning PREA, will have the Resident Handbook and other such materials read to them.</p> <p>Within the resident's first 30 days in the program, they will attend an orientation class where key topics such as prevention, self-protection, reporting procedures,</p> |

treatment and counseling options, and their right to be free from retaliation for reporting incidents will be thoroughly explained.

During the orientation, residents will also view the PREA Resource Center's "Inmate Education Video: PREA—What You Need to Know," and the reporting steps will be reviewed with the attendees to ensure they understand the available resources and methods for reporting sexual abuse or harassment.

The facility provided the auditor with documentation of the resident signing acknowledgement of receiving the resident handbook and PREA education.

During the onsite visit, the auditor observed numerous posters in both English and Spanish throughout the facility. These posters provided residents, visitors, and staff with information on how to report allegations, including phone numbers and addresses for reporting agencies.

The resident handbook contains a section outlining the residents' rights and responsibilities under PREA standards. It informs residents of their right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The handbook also details various reporting options, including how to report anonymously and to outside agencies, as well as access to free medical, mental health services, and emotional support services from rape crisis advocates.

The Community Connections Supervisor conducts an orientation group. He reports that he reviews the PREA education video with the residents and then the printed material that contains specific facility and local rape crisis information. He states that he is required to read through the information to ensure that residents that cannot read or have limited abilities are informed of their rights under the PREA standards.

As described in standard 115.216, the facility ensures that residents with physical, mental, or cognitive disabilities, as well as those who are limited English proficient, receive appropriate PREA education.

The auditor interviewed several residents, questioning them about the information they received concerning PREA during intake. The residents confirmed that they received PREA-related information upon arrival and again during the orientation group. When asked about reporting options, the residents were able to list them and understood that they had the ability to report anonymously if needed. Most residents report not paying much attention to the PREA education due to the repeated nature in which they receive this information.

Review:

Policy and procedure

Resident handbook

Resident PREA pamphlet

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| | <p>Resident education video</p> <p>Resident Posters</p> <p>Facility tour</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Resident files</p> <p>PREA Acknowledgements</p> |
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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 18 requires all administrative investigators to receive specialized training. The training should include:</p> <ul style="list-style-type: none"> • techniques for interviewing sexual abuse victims, • proper use of Miranda and Garity warnings, • evidence collection in a confinement setting, • required evidence to substantiate a case for administrative action or criminal referral. <p>The facility has two administrative investigators who received training from the National Institute of Corrections.</p> <p>The auditor was able to review the curriculum material, which was appropriate for the requirements of this standard.</p> <p>The auditor interviewed both administrative investigators. They were able to discuss their training, and how they use this information to conduct administrative investigations. The investigators discussed the techniques they learned from their training, including understanding the spectrum of trauma as it relates to resident victims, collaborating effectively with other investigators, providing thorough justifications for investigation outcomes, and preserving evidence for collection. They emphasized that if an allegation involves a staff member and appears to be criminal in nature, they would not interview the staff member. Instead, they would wait until the criminal investigation is complete before beginning the administrative investigation.</p> <p>The PREA Coordinator, who is also a trained administrative investigator, confirmed</p> |

that the agency is prohibited from collecting physical evidence, such as DNA, in cases of sexual assault. The facility's role is to protect the scene and ensure it is preserved until the police arrive to handle evidence collection.

| 115.235 | Specialized training: Medical and mental health care |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy MED 1 states that the facility will ensure all medical and mental health care practitioners have been trained in:</p> <ul style="list-style-type: none">• Assessing signs of sexual abuse and sexual harassment• How to preserve evidence of sexual abuse• How to respond effectively and professionally to victims of sexual abuse and sexual harassment <p>SRCCC will maintain documentation that the medical and mental health practitioners have received the training referenced in this standard, either from the facility or elsewhere.</p> <p>The facility does not have any staff, contractor, or volunteer who provides onsite mental health services. However, the facility has three contractor nurses. The auditor was able to interview one of the nurses during the onsite visit. The nurse reports that in addition to the PREA contractor video that the agency provides, the company, Vital Core, provides specific PREA training related to medical care of sexual assault victims. The nurse reports that she has never provided services to a sexually abused resident.</p> <p>The auditor was provided with the training curriculum for the medical staff. The training included:</p> <ul style="list-style-type: none">• Detecting and Assessing• Reporting• Responses• Forensic Exam Evidence• Sexual Assault Response Team• Trauma Informed Care Approach• Youth Victims <p>The agency provided the auditor with training certifications for all medical staff.</p> <p>Review:</p> <p>Policy and procedure</p> |

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| | <p>Training Curriculum</p> <p>Training Certificate</p> <p>Contractor PREA training acknowledgement</p> |
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| 115.241 | Screening for risk of victimization and abusiveness |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy SEC 17 states that all residents will be assessed for risk of victimization or abusiveness within 72-hours of arrival at the facility. This includes new intake or transfer residents. The Case Manager will administer the screening instrument and considers the following:</p> <ol style="list-style-type: none"> a. Whether the resident has a mental, physical, or developmental disability b. The age of the resident c. The physical build of the resident d. Whether the resident has a prior conviction for sex offenses against an adult or child e. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, gender non-conforming, or intersex f. Whether resident has previously experienced sexual victimization g. The residents own perception of vulnerability h. Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse <p>The policy does not allow for residents to be disciplined for refusing to answer or not disclosing complete information to questions a, d, f, or g. The staff member is required to mark those responses as “refused to answer.”</p> <p>The auditor was given a copy of the risk assessment instrument. After the screening is complete, the screener will score the instrument based on the resident’s answers. The resident can receive a classification of abuse, victim, potential abuser, potential victim, or no classification. The classification is based on the subject opinion of the screener and not an objective score based on how the resident answered the questions.</p> <p>The Deputy Director reports that staff who are required to conduct risk assessments are trained on how to conduct the assessment, and have annual retraining to</p> |

ensure consistency. The facility has assigned the Community Connections Supervisor to complete the initial risk assessment for male residents while the case manager conducts the reassessment, or any additional assessment based on new information. The case manager for female residents conduct both the initial and reassessment.

The Community Connections Supervisor (CCS) explained that he prioritizes building rapport with residents before conducting any assessment questions. He informs the resident that the purpose of the assessment is to ensure their safety while at the facility. If a resident provides information indicating that they may be more vulnerable to victimization or pose a risk to abuse another resident, this information is reported to the PREA Coordinator and the Deputy Director of Operations to ensure that appropriate accommodations are made. The CCS also emphasized that he aims to reduce any feelings of guilt or shame related to past victimization, encouraging residents to seek help through available counseling services.

The case managers are responsible for conducting thirty-day reassessments of residents. They report that they review the initial assessment to ensure it aligns with the information received from the referring agency. Case managers confirmed that they have been trained on how to properly conduct assessments. Additionally, the Deputy Director of Operations performs a quality assurance check on both the initial assessments and the thirty-day reassessments to ensure accuracy and consistency.

The case managers on the female wing report, they are responsible for both the initial and reassessment. They state that they received training on how to conduct the assessment and that their supervisor is required to review the assessment to ensure the assessment was completed on time and assigned the correct classification. The case managers report that during subsequent meetings with residents, they will inquire about their safety, and see if any changes to the resident's classification needs to be made.

The residents that were interviewed during the onsite visit report receiving a risk assessment at intake and another with their case manager at a later date. A few of the residents were unsure if they received a risk assessment, but were able to confirm after a few of the questions from the assessment were read.

Once the initial assessment is completed, it will be forwarded to the Deputy Director. The Deputy Director will file the form in the resident's medical file. The form will be returned to the case manager prior to the 30-day deadline to complete the reassessment. After the reassessment is complete, the form will once again be forwarded to the Deputy Director, who will file the assessment in the resident's medical file. This ensures the sensitive screening information is not exploited.

The auditor was able to review initial and reassessments during the onsite visit.

CORRECTIVE ACTION:

The assessment currently being used for initial and reassessments are not

objective. The staff member assigned to complete the assessment has complete discretion to classify a resident as vulnerable or abusive. The facility must develop a scoring system to ensure all staff member's completing the assessment classify residents based on the same criteria.

FACILITY RESPONSE:

To address the lack of objectivity in the resident assessment process, the facility has implemented a standardized scoring system to guide staff in determining victimization and predatory risk levels. The auditor was provided with an updated assessment form, objective criteria are now used to classify residents:

Residents with 0 "Yes" responses to victim risk factors are classified as Non-Victim.
Residents with 1 "Yes" response to question 1 are classified as Known Victim.
Residents with 2 or more "Yes" responses are classified as Potential Victim.

Similarly, on the predator risk side:

Residents with 0 "Yes" responses are classified as Non-Predator.
A "Yes" to question 1 indicates a Known Predator.
2 or more "Yes" responses indicate a Potential Predator.

In addition, the form highlights that if a resident is a known victim, known predator, or identifies as transgender or intersex, considerations are required. Staff must now document whether housing, program, education, and/or work considerations were needed, promoting consistent decision-making and enhancing resident safety.

The facility provided the auditor with completed assessments from October, November, December, and January. The assessments were completed with the new objective forms and shows a consistent use of assessing and providing considerations when necessary.

This structured, criteria-based approach ensures all staff assess residents using the same objective standards, reducing bias and increasing reliability across all assessments.

Review:

Policy and procedure

Risk assessments

Resident files

Interview with Deputy Director of Operations

Interview with Community Connections Supervisor

Interview with case managers

Interview with residents

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| 115.242 | Use of screening information |
| | <p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1474 748">Policy SEC 18 states that screening information is made available to appropriate staff to ensure that housing, programming, and community assignments are managed in a way that minimizes the risk of residents being sexually victimized. The screening process aims to keep residents at high risk of being sexually victimized separate from those at high risk of being sexually abusive. If a resident is classified as a victim, potential victim, abuser, or potential abuser during either the initial or reassessment, the case manager must immediately notify the Deputy Director. The Deputy Director will then determine the appropriate actions to take based on the information collected, and these actions will be documented on the assessment form.</p> <p data-bbox="280 792 1410 860">During the onsite visit, the auditor was shown the designated PREA rooms/beds intended for residents identified through the screening process.</p> <p data-bbox="280 904 1474 1106">The auditor inquired about how the facility uses the information gathered from the risk assessments. If a resident wishes to address an issue identified during the screening, the case manager can offer relevant programming or refer the resident to community counseling services. Room assignments are determined based on the outcomes of the PREA screening assessment to ensure the safety of all residents.</p> <p data-bbox="280 1151 1474 1420">Security staff interviewed reported that vulnerable residents are assigned to dorms with high visibility to the control desk and are not placed in rooms with residents identified as potentially abusive. The PREA Coordinator added that group facilitators are informed when residents of opposite classifications—such as those identified as vulnerable and those identified as potentially abusive—are assigned to the same group. This allows facilitators to take necessary precautions to ensure the safety of vulnerable residents during group activities.</p> <p data-bbox="280 1464 1474 1868">Facility policy requires that the housing assignment for transgender or intersex residents be coordinated by the Executive Director, ensuring that the resident’s health and safety are prioritized and that the placement does not create management or security problems. The views of the transgender or intersex resident are given serious consideration during the classification process, and these views are documented. The Executive Director also determines the appropriate showering area for transgender or intersex residents. The facility has a private shower in the intake area, or can assign a private time for showering within the unit. Once a decision on placement is made, the facility prepares and notifies staff to ensure the safe management of the resident.</p> <p data-bbox="280 1912 1474 2069">The facility currently does not have any transgender or intersex residents. However, the auditor interviewed residents who identified as gay or bisexual. All interviewed residents reported that they have not experienced any discrimination and did not feel as though they were placed in a housing unit or dorm based on their sexual</p> |

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| | <p>orientation.</p> <p>The facility does not have a dedicated unit for LGBTI residents, but those who identify as LGBTI are housed in a safe and appropriate dorm or bed, where staff maintain a clear line of sight to ensure the resident’s safety.</p> <p>The auditor conducted a web search of the agency and found no lawsuits, consent decrees, or legal judgments against the agency.</p> <p>CORRECTIVE ACTION:</p> <p>Because the facility does not currently conduct objective risk assessments, it cannot ensure that all residents are appropriately classified. This gap creates the risk that vulnerable residents, who are not properly identified, may be housed with residents who are potentially abusive. To address this, the facility will need to develop and implement an appropriate scoring system for the risk assessment process. This system will help ensure that residents are accurately classified, and that protective measures are put in place to maintain the safety and well-being of all residents.</p> <p>FACILITY RESPONSE:</p> <p>The facility has developed an objective risk assessment tool and has used it consistently to ensure residents are classified correctly. The form prompts staff to consider housing, program, education, and work assignments for residents identified as known victims, known predators, or those who identify as transgender or intersex. These changes are designed to promote resident safety and align the facility's practices with PREA standards by reducing the risk of inappropriate housing assignments.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Facility tour Risk screening instrument Interview with Deputy Director Interview with PREA Coordinator Interview with Executive Director Interview with residents |
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| 115.251 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Policy SEC 18 states that the facility must provide multiple ways to report sexual abuse and sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. The policy allows for residents to report anonymously and lists the following as ways a resident can report:

- Verbally to any employee
- In writing
- SRCCC toll-free PREA hotline
- Through a third-party
- Calling DRC outside third party hotline free of charge

The auditor verified that the methods available were posted in various areas throughout the facility and listed in the client handbook. The handbook lists the phone numbers for all the reporting entities. Each unit is equipped with several phones that residents are able to use in order to report (including anonymously) sexual abuse and sexual harassment. Residents are also able to report allegations directly to any staff member, contractor, volunteer, or to/on behalf of a third party. Residents are reminded during intake, orientation, and during case manager meetings that all reports will be taken seriously and investigated.

The external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The outside reporting agency's hotline number is also answered by a machine. The message requests the caller leave detailed information about the incident and that, if they so choose, they can remain anonymous. The call to the outside reporting agency was returned the same day.

The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a return call from the Assistant Chief Director, the day after the hotline request was made. When calling the rape crisis hotline, there are selectable options for different types of support. The auditor selected an office worker to discuss the services provided to the residents. During the conversation, the auditor inquired about whether the services are free of charge, the confidentiality of the information shared, and the hotline's mandated reporting responsibilities.

The auditor reviewed the agency website and the contact information listed to complete a report for an allegation of sexual abuse and sexual harassment. The agency lists both internal and external hotline numbers and email addresses on the website.

During the tour, the auditor observed several postings in conspicuous areas throughout the facility that provided reporting information for local, state, and national organizations. These postings included the names, phone numbers, and addresses for all listed organizations. Residents have the option to send mail directly to these reporting agencies. The Deputy Director of Special Program

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| | <p>Services confirmed that residents can drop off outgoing mail at the main post desk. Both outgoing and incoming mail are handled confidentially and are not read by staff, ensuring privacy for residents.</p> <p>The Community Connections Supervisor is responsible for resident orientation reports that all residents are informed of the various ways to report allegations of sexual abuse, sexual harassment, and retaliation. Residents can report verbally or written to any staff member at any time. Those reports will be immediately forwarded to the PREA Coordinator.</p> <p>The residents that were interviewed were able to list several ways they could report. The residents were able to identify at least one staff member they felt comfortable with addressing any PREA related issue.</p> <p>Staff interviewed confirmed that they are required to report all allegations of sexual abuse or harassment, regardless of how the allegations are received. They stated that they feel comfortable reporting directly to their supervisors, but also have the option to report allegations directly to the PREA Coordinator. This ensures multiple avenues for reporting, promoting accountability and swift response to any concerns.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Resident handbook Agency website PREA posters PREA pamphlet Facility tour Interview with residents External reporting hotline Interview with Deputy Director of Special Program Services Interview with Community Connections Supervisor Interview with staff |
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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p>N/A: The PREA Coordinator advised the auditor that the agency does not have administrative procedures to address resident grievance regarding sexual abuse. The agency has an explicit policy and procedure, SEC 18, that addresses all aspects of the agency's compliance with the PREA standards. The Coordinator states that should a resident file a grievance alleging sexual abuse or sexual harassment, the allegation will be investigated under agency policy SEC 18.</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>The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential manner as possible. Policy requires staff to notify residents, prior to giving them access, of the extent to which the communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>The facility has placed posters in English and Spanish around the building in conspicuous places that provide the telephone number and address to the local victim advocate and emotional supportive services agency. A review of the resident handbook shows a listing of the addresses and telephone numbers to local, state, and national victim advocate agencies.</p> <p>Compass Rape Crisis Center has provided pamphlets that inform residents of their ability to contact this agency for anonymous support and services available 365 days a year, 24 hours a day. The pamphlets include contact information for the agency. The facility has a MOU with Compass Rape Crisis Center to respond to request from SRCCC residents for emotional supportive services through mail or by phone. The MOU states that Compass will maintain confidentiality, as required by funding standards and guidelines for rape crisis centers.</p> <p>The Deputy Director of Special Program Services confirmed that residents can drop off outgoing mail at the main post desk. Both outgoing and incoming mail are handled confidentially and are not read by staff, ensuring privacy for residents. She reports that the phones located in the housing units do not record phone calls made to external reporting or rape crisis support phone numbers.</p> <p>The auditor contacted the Compass Rape Crisis Center. The operated stated that anyone who calls the agency is informed that all information is kept confidential. The facility informs the residents at intake the extent to which communications with these agencies will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory</p> |

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| | <p>reporting laws.</p> <p>*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with Compass Rape Crisis Center</p> <p>Resident handbook</p> <p>PREA posters</p> <p>PREA pamphlet</p> <p>Phone call - Compass Rape Crisis operator</p> <p>Interviews with staff</p> <p>Interview with residents</p> |
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| 115.254 | Third party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Facility policy SEC 18 state a resident may report allegations of sexual misconduct or retaliation to an outside entity. Third party reporting may be made on behalf of a client using the SRCCC PREA line. On the agency's website, is information on how anyone can make a third-party allegation of sexual abuse or sexual harassment on behalf of a resident. Any allegation made via a third party will be forwarded to the PREA Coordinator, who will initiate an administrative investigation.</p> <p>In addition to the website, the facility notifies the emergency contact person of every resident the facility's zero tolerance policy. They inform the contact that all residents have the right to be free from sexual misconduct and retaliation. The contact is then provided with the numbers of the facility and the outside entity that they can call to report allegations on behalf of a resident. The auditor reviewed several notifications.</p> <p>The auditor called the outside agency hotline number, and a representative returned the call, confirming that they are a reporting agency and would forward all allegations to the PREA Coordinator.</p> <p>The facility has posted notices in conspicuous areas, including locations frequented</p> |

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| | <p>by visitors, detailing how a third-party can report sexual abuse or sexual harassment on behalf of a resident. These notices include toll-free hotline numbers and the email address listed on the agency's website.</p> <p>During interviews, residents demonstrated an understanding that they could report allegations of sexual misconduct or retaliation on behalf of another resident. They also understood that outside individuals could report allegations on their behalf, ensuring multiple avenues for reporting.</p> <p>The facility did not receive a third-party allegation of sexual abuse or sexual harassment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Emergency contact notification letter</p> <p>Resident handbook</p> <p>PREA posters</p> <p>PREA hotline number- internal/external</p> <p>Interviews with residents</p> |
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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>SRCCC policy SEC 18 requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion, or information regarding an incident of sexual misconduct occurring at SRCC or another confinement facility. Staff, contractors, and volunteers will also report retaliation against resident or staff who report such incidents. The information will be strictly limited to administration, medical, and case manager. Staff will not reveal any information related to a sexual abuse report to anyone other than the extent necessary.</p> <p>Policy PERS 27 states that staff will report, without reservation, any corrupt or unethical behavior which could affect either a resident or the integrity of the organization.</p> <p>The auditor reviewed employee files during the onsite audit. Each staff file contains a signed acknowledgment of receiving the following information:</p> |

- Unlawful harassment acknowledgment
- Code of ethics
- Federal confidentiality statement
- Personnel policies and procedures
- Client rights and grievances
- PREA annual acknowledgement
- Client abuse/neglect acknowledgement

During onboarding and annual training, staff are provided instructions on how to report resident sexual abuse and harassment.

All supervisors that were interviewed were questioned on how they train their staff on how to recognize the signs of sexual abuse and maintaining professional boundaries. The supervisors report that they role model appropriate resident interactions. Staff are taught that over familiarity is not tolerated; ask residents, don't demand; assist female residents with disrespectful residents; hold everyone to the same standard; and be firm, fair, and consistent. Staff are trained on "red flag" behavior, and their duty to report, even their coworkers, any violations of agency policy.

During interviews with treatment and security staff, they confirmed that during New Employee Orientation, they are informed of their obligation to report all reports, regardless of the method of reporting, as well as any suspicions or incidents of sexual abuse, sexual harassment, and retaliation. This training ensures that staff understand their critical role in maintaining a safe environment and promptly addressing any PREA-related concerns.

The Community Connections Supervisor reports that during the intake process, he informs residents that all staff, contractors, volunteers, and interns are considered mandated reporters, and are obligated to report all knowledge, reports, and suspicions of sexual abuse and sexual harassment. The reports would go directly to the facility's PREA Coordinator, and if criminal, to the local legal authority. The State of Ohio does not require institutions or facilities licensed by the state in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services (Chapter 5101:2-20 and 5101:2-20-01). The facility does not accept residents that are under the age of 18 and does not have a duty to report to child protective services.

The facility nurse confirmed that she also informs residents of her duty to report any signs or reports of sexual abuse.

The facility did not have any reports of sexual abuse or sexual harassment; however, there were reports of other violations made through the system. Any report that was made to a staff member by a resident was reported to the PREA Coordinator.

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| | <p>Policy and procedure</p> <p>Employee files</p> <p>Training curriculum</p> <p>Interview with nurse</p> <p>Interview with Community Connections Supervisor</p> <p>Interview with staff</p> |
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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>SEC 18 requires the agency to take immediate action to protect a resident when the facility learns of a substantial risk of imminent sexual abuse. The PREA Coordinator states that the agency can take action to protect any resident by moving the alleged victim or abuser to a different dorm (can also move floors in the male housing unit). The facility can move a staff member to the male or female unit or place on administrative leave during an investigation.</p> <p>Facility administration report that the safety and security of the resident is of the highest priority. The facility would address any concern a resident would have about their safety. The measures could include placing a resident on increased monitoring, placing a resident in a temporary protective unit, moving dorms, and/or placing a staff member, if the alleged abuser, on administrative leave. The PREA Coordinator reports that the measures taken would be dictated by the circumstances of the allegation.</p> <p>The PREA Coordinator states that no resident reported being at imminent risk for sexual abuse during this audit cycle.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p> <p>Interview with administrative staff</p> |

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| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |

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| | <p>Auditor Discussion</p> <p>Policy SEC 18 states that should a resident report that he/she was sexually abused while confined at another facility, it will be reported to the Deputy Director and in his/her absence the Director. This abuse allegation will be reported to the confinement facility where it is alleged to have occurred no later than 72 hours. The notification must be documented.</p> <p>The PREA Coordinator reports that the facility has not received an allegation from a resident that they were sexual abused or harassed while confined at another confinement facility.</p> <p>Policy also states that should SRCCC receive a notification from another confinement setting regarding abuse alleged to have occurred while a resident was housed here, it will be investigated according to all SRCCC PREA policies.</p> <p>The facility received an allegation from another community-based corrections facility. The allegation was reported to the facility's Executive Director, who then forwarded it to the PREA Coordinator to initiate an administrative investigation. The PREA Coordinator contacted the reporting facility to arrange an interview with the alleged victim. However, the alleged victim refused to participate in the investigation and declined to name the alleged abuser. The alleged victim also mentioned that an attorney would be contacting the facility regarding the allegation, but no attorney has reached out to the facility to date.</p> <p>Due to the lack of information, the facility is currently unable to proceed with the investigation. The PREA Coordinator confirmed that if additional information becomes available in the future, the facility would move forward with an administrative investigation to address the allegation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Emails to and from reporting facility</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>Policy SEC 18 outlines first responder duties for any allegation of sexual abuse. The policy instructs first responders to:</p> |

- Separate the alleged victim and abuser
- If there is a crime scene, preserve and protect it by clearing all residents and unnecessary staff from the area until law enforcement can assume responsibility of the crime scene
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any action 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, do not allow the alleged abuser to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating
- Staff shall not collect evidence or disturb the crime scene as much as possible
- Document all accounts of first responder duties via a Special Incident Report
- Provide supportive services.

The facility provided the auditor with the PowerPoint presentation shown to staff during PREA training. The training states that staff should follow these steps when acting as a first responder:

- Place the alleged abuser in the Temporary Protection Unit
- Do not place the alleged abuser in a holding cell where they would have access to water
- Stay with the victim to make sure they are safe
- Call and report details to Shift Supervisor
- Make a detailed report
- Keep information need to know/confidential
- Do Not attempt to collect any evidence
- Preserve and protect the crime scene until evidence can be collected
- Ask the victim not destroy any evidence
- Ensure the abuser cannot do anything to destroy evidence
- If this an assault that just occurred, call 911
 - Get the victim immediate medical attention- take the victim to the onsite medical department
 - Victim is to be transported to Mercy Medical Center for a SANE forensic exam
 - If there is a crime scene, call the Canton Police Department
 - Notify the victim a Victim Support Person is available
 - Contact the onsite Victim Support Person if requested by the victim
 - Notify the PREA Coordinator, Security Supervisor, Chief of Security, and Deputy Director of Operations
- Document the incident as soon as it is safe to do so

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| | <p>The training is given during onboarding training, and again during annual training. The auditor was given a copy of the training curriculum and sign-in sheets. Staff interviewed were able to identify all first responder duties.</p> <p>The auditor reviewed the First Responder Flow Chart which includes first responder steps for security and non-security staff. The auditor also reviewed the First Responder Checklist. After an incident or allegation of sexual abuse, staff are required to document how they performed the first responder steps.</p> <p>The staff state that they are trained on the appropriate steps to take during training, and that they can always contact a supervisor to get direction if necessary.</p> <p>Review:</p> <p>Policy and procedure</p> <p>First Responder training PowerPoint</p> <p>First Responder flow chart</p> <p>First Responder checklist</p> <p>Interview with PREA Coordinator</p> <p>Interview with staff</p> |
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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 18 outlines the coordinated response plan as the following:</p> <ul style="list-style-type: none"> • Staff complete the first responder steps • Operations Manager will be immediately notified of such allegation and will direct evidence preservation/collection, hospital transportation, contact Canton City Police Department, and Stark County Rape Crisis Center. • A forensic medical exam will be conducted at Mercy Medical Center • Operations Manager will attempt to make available to the victim a victim's advocate from the rape crisis center. • Canton City Police Department will investigate a criminal allegation according to the organization's policies. <p>The coordinated response plan is contained on the facility's electronic public drive under SRCCC Policies and Procedures/Security Policies and Procedures and posted in the Control Monitoring Center.</p> |

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| | <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated Response Plan</p> <p>Interview with PREA Coordinator</p> |
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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>N/A: The facility does not have a union, nor do they enter into agreements with employees. The agency is an “At Will” employer. Staff members sign an “At Will” employer acknowledgement during onboarding.</p> <p>Review:</p> <p>PERS 1</p> <p>Employee Handbook</p> <p>Interview with Human Resource Manager</p> |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 18 states that SRCCC will protect all residents and staff who report sexual misconduct or cooperate with a sexual misconduct investigation from retaliation by other residents or staff. For at least 90 days following a report of sexual abuse, the Operations Compliance Director will assign staff to monitor the conduct and treatment of residents and staff who reported sexual abuse or been the victim of said abuse. If any indication of retaliation, by residents or staff occur, SRCCC will act promptly to remedy such retaliation. Staff, contractors, and volunteers will report retaliation against residents or staff who report such incidents. All reports of sexual misconduct and retaliation will be administratively investigated and the findings and notifications documented in writing.</p> <p>The PREA Coordinator reports that the monitoring will include periodic status checks, and a review of the resident’s disciplinary records, housing, program</p> |

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| | <p>changes, or negative performance reviews and reassignments of staff. If any indication of retaliation, by residents or staff, occur, SRCCC will act promptly to remedy such retaliation. Remedies can include, but are not limited to, room changes, transfer of custody, and removal of staff or residents from contact with the victim.</p> <p>The PREA Coordinator or a designated staff member is responsible for conducting retaliation monitoring. The PREA Coordinator explained that either she or her designee will meet privately with the resident or staff member to discuss any concerns about retaliation. If any concerns are raised, they are addressed immediately. The monitoring process, status checks, any reports of retaliation, and the corrective measures taken are all documented.</p> <p>According to policy, the agency’s obligation to monitor retaliation ends if the allegation is determined to be unfounded. However, the PREA Coordinator reported that, if necessary, the facility is willing to continue monitoring past the standard 90-day obligation to ensure the safety and well-being of the individual.</p> <p>The facility has not had an allegation of sexual abuse, and therefore has not needed to enact retaliation monitoring protocols.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Retaliation monitoring form</p> <p>Interview with PREA Coordinator</p> |
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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 18 requires that all reports of sexual misconduct and retaliation be administratively investigated, with findings and notifications documented in writing. If evidence suggests that an incident may be criminal, the case is immediately referred to the Canton City Police. SRCCC will continue to support the police investigation by providing all relevant information and staying informed throughout the investigation. The departure of the alleged victim or abuser from SRCCC employment or custody does not terminate the investigation.</p> <p>The policy also mandates that the facility document the investigation in a written report, which is retained by the administrative investigators for the duration of the alleged abuser's residency or employment at SRCCC, plus five years. The investigative form includes:</p> |

- Names of all victims, witnesses, and abusers
- Names of first responding staff
- Date, time, and location of the incident
- Type of incident
- Completion of first responder duties
- Description of the incident
- Medical and/or counseling treatment (SANE services/Rape crisis)
- Statements from all available sources
- Law enforcement referral
- Available evidence
- Investigation determination
- Disciplinary action

The auditor reviewed the training curriculum and certificates for all administrative investigators, confirming that training was provided by the Moss Group. The training covered interviewing techniques for sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria required to substantiate cases for administrative action or prosecution referral.

The investigative process, including referrals and outcome determinations, was described to the auditor. The PREA Coordinator stated that administrative investigators are prohibited from using polygraph tests or other truth-telling devices during investigations, and they are also barred from conducting criminal investigations. All criminal investigations are handled by the Canton City Police Department, while administrative investigators remain in contact with the criminal investigators to stay informed about the case's progress.

The administrative investigators reviewed all allegations reported at the facility during the past audit cycle (referenced in standard 115.222). Investigators confirmed that they are not to question a suspected abuser during a criminal investigation. Administrative investigations commence only after the criminal investigation has concluded or with permission from legal authorities. The investigators are responsible for maintaining and securing investigation reports for as long as the abuser is incarcerated, or for staff abusers, until the employee is no longer employed, plus five years for both cases.

Review:

Policy and procedure

Investigation form

Interview with PREA Coordinator

Interview with Administrative Investigator

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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Facility policy SEC 18 states that the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.</p> <p>The auditor interviewed the facility’s administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p> |

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| 115.273 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 18 states that following an investigation into a resident’s allegation of sexual abuse, the facility will inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, the facility will request the information from the investigatory agency in order to inform the resident. The facility will also notify the resident whenever:</p> <ul style="list-style-type: none"> • The employee is no longer working at the resident’s assigned facility • The employee is no longer employed by the agency • The agency learns the employee has been convicted on a charge related to sexual abuse within the agency • The agency learns the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility • The agency learns that the alleged resident abuser has been convicted on a charge related to sexual abuse in the facility <p>The obligation to make such report under this standard shall terminate if the resident is release from the agency prior to an investigation determination.</p> <p>The facility notified the residents of the investigation outcome through a letter by from the PREA Coordinator.</p> <p>Review:</p> |

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| | <p>Policy and procedure</p> <p>Resident Notice form</p> <p>Interview with PREA Coordinator</p> |
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| 115.276 | Disciplinary sanctions for staff |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy SEC 18 states that employees are subject to disciplinary action, up to and including termination, for failing to comply with SRCCC's PREA policies, including engaging in retaliatory acts against staff or residents who file complaints. Policy PERS 22 further outlines employee discipline, emphasizing that disciplinary actions are handled on a case-by-case basis, with the totality of circumstances considered. When appropriate, the facility uses a four-tier progressive discipline process:</p> <ul style="list-style-type: none"> • Instruction and cautioning • Written reprimand • Suspension • Termination <p>The facility's employee handbook outlines this progressive disciplinary policy and specifies that any staff member found to have engaged in sexual abuse will be terminated. If a staff member resigns or is terminated due to such violations, the facility will report the incident to law enforcement and any relevant licensing bodies.</p> <p>The auditor interviewed the Human Resource Manager, who confirmed that it is standard practice to place a staff member on administrative leave during the course of an investigation.</p> <p>All employee files contained acknowledgments of receiving the employee handbook and the agency's zero-tolerance policy. For employees who had been disciplined, the files included documentation of the pre-disciplinary hearing, the hearing's results, and an employee disciplinary report. If applicable, there was also an acknowledgment of Garrity rights. The employee disciplinary report contained:</p> <ul style="list-style-type: none"> • Specific violation • Action taken • Employee comments <p>The facility did not have any substantiated allegations against any staff member.</p> <p>Review:</p> |

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| | <p>Policy and procedure</p> <p>Employee Handbook</p> <p>Employee files</p> <p>Interview with Human Resource Manager</p> <p>Interview with PREA Coordinator</p> |
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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 17 states that contractors or volunteers who engage in sexual misconduct with residents will be prohibited from contact with residents and will be reported to law enforcement agencies unless the activity was clearly not criminal. Substantiated sexual misconduct by a contractor or volunteer will be reported to relevant licensing bodies. SRCCC will take appropriate measures to terminate a contract or volunteer arrangement, or will demand the offending employee of a contractor will be excluded from providing services. SRCCC will take appropriate measures and consider whether to prohibit further contact with residents in the case of any other violation of agency policies by a contractor or vendor.</p> <p>There have been no allegations 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> |

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| 115.278 | Disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy SEC 17 requires all residents to face disciplinary action up to and including termination from the program following a substantiated allegation of resident to resident sexual abuse and sexual harassment or a criminal finding of guilt for resident to resident sexual abuse. The policy requires the agency to consider whether a resident's mental disabilities or mental illness contributed to his/her</p> |

behavior, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents with similar histories, when determining what type of sanction, if any, should be imposed.

Policy SEC 18 states that disciplinary action up to program termination may be taken when it is determined a resident purposely and maliciously made a false report of sexual misconduct. Disciplinary action cannot be levied based solely on the fact that the allegations could not be substantiated, or the resident later recants the allegation. Each case will be carefully evaluated on its merits, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred. Disciplinary action is prohibited for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Policy DISC 4 states that administrative or criminal findings of resident-on-resident sexual abuse is a Major Rule Violation, and Major Rule Violations are grounds for immediate termination from the program.

The PREA Coordinator reports that residents are provided a resident handbook during intake and the handbook is reviewed with every resident during orientation group. This includes the rules and regulations of the facility. PREA Allegations are identified as Major Rule Violations in the resident handbook. She reports that any resident found to have sexually abused another resident will be terminated from the facility. All other substantiated allegations of sexual harassment will be disciplined according to the agency's progressive discipline policy. She states that if sexual harassment incidents are egregious or repetitive, the agency will terminate the resident. The agency does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

During the onsite visit, the auditor interviewed residents, and all affirmed that they received a handbook at intake. The rules and disciplinary policies regarding sexual abuse and sexual harassment were reviewed with them. All residents interviewed demonstrated a clear understanding of the agency's Zero Tolerance Policy and the serious consequences of engaging in sexual misconduct.

Policy DISC 4 states that all sexual activity between residents is prohibited, but is not sexual abuse if it is determined the activity is not coerced. The facility did not have an incident of resident-on-resident consensual sexual activity.

Residents will be disciplined for sexual contact with a staff member, only upon finding that the staff member did not consent to such contact. The facility did not have an incident of non-consensual resident-to-staff sexual harassment or abuse.

There were no allegations of resident-on-resident sexual abuse or sexual harassment during the past twelve months.

Review:

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| | <p>Policy and procedure</p> <p>Resident handbook</p> <p>Orientation Curriculum</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p> |
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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy mandates that alleged victims of sexual assault are offered timely and unimpeded access to emergency medical treatment and crisis intervention services, all free of charge. These services include timely information about and access to sexually transmitted infection prophylaxis and emergency contraception. The policy ensures that services are provided regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p>The Chief of Security and/or the PREA Coordinator must be notified of any such allegation and will oversee evidence preservation and collection, arrange hospital transportation, and contact the Canton City Police Department and the Stark County Rape Crisis Center.</p> <p>The facility ensures that an alleged victim of sexual abuse has access to a forensic medical examination at no financial cost, with the examination conducted at Mercy Medical Center. Mental health services for victims will be provided by Comquest.</p> <p>The auditor was able to speak to a victim support person during the onsite visit. The support person confirmed the services she would provide to residents that experience sexual victimization. She reports that she is available to residents at their request, and would conduct regular check-ins with the residents until services were no longer needed.</p> <p>The medical staff at the facility will not complete a forensic medical exam; however, they will complete a nursing clinical guideline flow sheet after any incident of sexual abuse. The onsite medical staff are responsible for:</p> <ul style="list-style-type: none"> • Explaining that a sexual assault nurse examiner will conduct exam at local hospital/crisis center and provide aftercare recommendations • Reassure the victim that mental health counseling, STI counseling, pregnancy testing/contraception and prophylactic treatment will be provided with appropriate follow-up |

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| | <ul style="list-style-type: none"> • Follow-up visit to hospital/clinic as needed • Reassure victim that a safe environment will be provided through security measures <p>The PREA Coordinator confirmed that all medical and mental health services are delivered by community providers. The scope, duration, and type of services provided are determined by the medical or mental health provider, and these services are offered at no cost to the resident.</p> <p>Residents report that during orientation group, they receive PREA education that includes the availability of free medical and mental health services related to incidents of sexual abuse.</p> <p>The facility did not have an allegation of sexual abuse during the past twelve months.</p> <p>Review</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Manager</p> <p>Interview with Victim Support Person</p> |
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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility offers community-based medical and mental health counseling services for residents who have been sexually abused while in jail, lockup, or a juvenile facility. According to policy, the evaluation and treatment of such victims must include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care after the resident is transferred to another facility or released from custody.</p> <p>The policy also specifies that, in the event of pregnancy resulting from sexually abusive penetration while incarcerated, the resident will be provided with timely and comprehensive information about, and access to, all lawful pregnancy-related medical services. The facility has not experienced any incidents of sexual abuse involving sexually abusive penetration to date.</p> <p>During PREA training, staff are notified of the facility's PREA Coordinated Response</p> |

Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health treatment. The PREA Coordinator reports that all ongoing medical and mental health care will be at the discretion of the medical provider and is at no cost to the resident.

The onsite medical staff are responsible for:

- Explaining that a sexual assault nurse examiner will conduct exam at local hospital/crisis center and provide aftercare recommendations
- Reassure the victim that mental health counseling, STI counseling, pregnancy testing/contraception and prophylactic treatment will be provided with appropriate follow-up
- Follow-up visit to hospital/clinic as needed
- Reassure victim that a safe environment will be provided through security measures

The Victim Support Person is responsible for:

- Accompanying the victim to the hospital
- Supporting the victim through the forensic medical examination
- Supporting the victim through the investigation interview
- Providing emotional support
- Providing information and referrals

Rape crisis is responsible for:

- Accompanying and supporting the victim through the forensic examination process
- Accompanying and supporting the victim through the investigatory interview
- Provide emotional and crisis support
- Provide information on community resources
- Provide psycho-educational support groups as needed
- Provide follow-up (legal advocacy and face-to-face crisis intervention services)

The PREA Coordinator reports that the facility has not housed a resident that is a known resident-on-resident abuser. Should the facility become aware that a resident has previously abused another resident, the facility would make a referral for a mental health assessment in order to address any underlying issues. The facility does not provide treatment for known abusers. Any available services would be provided by community agencies.

The facility has offered services to residents that admitted to a history of sexual victimization, whether in the community or in other confinement facilities. Residents are able to accept or decline services at any point during their stay.

Review:

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| | <p>Policy and procedure</p> <p>Interview with Victim Support Person</p> <p>Sexual Abuse Flow Chart</p> <p>Rape Crisis</p> <p>Interview with PREA Coordinator</p> |
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| 115.286 | Sexual abuse incident reviews |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>SRCCC policy SEC 18 states that the facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review team will include the Operations Manager, Operations Director, Deputy Director, and Contract Nurse. The Sexual Abuse Incident Review will be forwarded to the Director 30 days from the investigation conclusion. The Director will review the report to determine the feasibility of implementing any recommendation made by the Review Team. If recommendations are not feasible, the Director will document the reasons for same.</p> <p>According to agency policy and as well as the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation:</p> <ul style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse • Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse • Assess the adequacy to staffing levels • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff <p>The report is forwarded to the Executive Director, who assesses the feasibility of implementing the recommendations and determines the necessary steps to ensure they are carried out. If any recommendations are deemed not feasible, the Executive Director documents the reasons for not implementing the changes.</p> <p>During the onsite visit, the auditor interviewed several members of the Review</p> |

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| | <p>Team. They explained that part of their process involves reviewing any dynamics that may have contributed to the allegation and addressing any physical barriers that could have led to the incident. The PREA Coordinator is responsible for ensuring that all feasible recommendations are fully implemented.</p> <p>The facility has not had an allegation of sexual abuse or sexual harassment in the past twelve months. The Executive Director and the PREA Coordinator both reviewed the process and the report form with the auditor during the onsite visit. They report that the executive team is always reviewing policy and procedures and how it is applied practically within the facility.</p> <p>The facility provided the auditor with the Sexual Abuse Incident Review form. The form list a summary of the allegation and findings, the considerations of the committee as listed above, collateral information, and committee recommendations. The approved recommendations or reasons for not approving recommendations.</p> <p>Review:</p> <p>Policy SEC 13</p> <p>Sexual Abuse Incident Review form</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p> <p>Interview with Chief of Security</p> |
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| 115.287 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Facility policy ADM 7 requires the tracking of accurate and uniform data for every allegation of sexual abuse, with the information aggregated at least annually. The PREA Coordinator confirmed that all PREA-related reports are collected, reviewed, and retained. The agency uses the Ohio Department of Rehabilitation and Corrections PREA reporting form as their primary collection tool, and they also complete the Department of Justice’s Survey of Sexual Victimization (SSV) Form.</p> <p>The auditor reviewed the data collection forms and confirmed that the information gathered is comprehensive enough to fulfill the requirements of the Survey of Sexual Victimization. The Ohio Department of Rehabilitation and Corrections PREA reporting form captures detailed information, including:</p> |

- Resident-to-Resident sexual abuse
- Resident-to-Resident sexual harassment
- Staff-to-Resident sexual abuse
- Staff-to-Resident sexual harassment
- Administrative investigations
- Criminal investigations
- Retaliation incidents
- Staff training related to PREA
- Resident education on PREA standards
- Initial and 30-day risk screening for residents

This ensures a thorough and organized approach to monitoring and addressing sexual abuse and harassment incidents within the facility.

The auditor reviewed the agency's annual report. The report contains the following aggregated allegation data:

| Resident-on-Resident Sexual Abuse | |
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| Substantiated | 0 |
| Unsubstantiated | 0 |
| Unfounded | 0 |
| Resident-on Resident Sexual Harassment | |
| Substantiated | 0 |
| Unsubstantiated | 0 |
| Unfounded | 0 |
| Staff-on-Resident Sexual Misconduct | |
| Substantiated | 0 |
| Unsubstantiated | 0 |
| Unfounded | 0 |
| Staff-on Resident Sexual Harassment | |
| Substantiated | 0 |
| Unsubstantiated | 0 |
| Unfounded | 0 |

The PREA Coordinator reports that the facility received allegations through the PREA

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| | <p>reporting system that were not actual sexual abuse or sexual harassment allegations. She states that those reports are not including in the aggregated data.</p> <p>The PREA Coordinator reports that the Department of Justice has not made a request for this information.</p> <p>Review:</p> <p>Policy and procedure</p> <p>ODRC PREA reporting form</p> <p>Facility website</p> <p>FY 24 Annual PREA report</p> |
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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility’s policy ADM 7 requires the agency to use the information collected under PREA standard 115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This process includes:</p> <ul style="list-style-type: none"> • Identifying problem areas, • Taking corrective actions on an ongoing basis, and • Preparing an annual report that outlines findings and corrective actions for each facility and the agency as a whole. <p>The auditor reviewed the annual report and confirmed that it includes a comparison of the current year’s data with data from previous years. This comparison allows the agency to track trends, evaluate the impact of corrective actions, and ensure continuous improvement in addressing and preventing sexual abuse and harassment.</p> <p>Identified Problem Areas:</p> <ul style="list-style-type: none"> • Ensuring increased rounds by security staff in identified blind spot areas • Educate and ensure residents are closing the bathroom stall in the restrooms <p>Corrective Action Taken:</p> <ul style="list-style-type: none"> • Shift Supervisor present on floor monitoring security staff rounds and blind |

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| | <p>spots</p> <ul style="list-style-type: none"> • Checklist implemented for Shift Supervisors to notate rounds and submit to the Chief of Security • Security Supervisor observation rounds, both physically and by viewing the camera system to monitor staff rounds • New cameras have been added to the male and female wings and are monitored daily <p>The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility. The information in the report has been reviewed and approved by the facility's executive director. The facility will post the annual report on the agency web page.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA Annual Report FY 24</p> <p>Agency website</p> |
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| 115.289 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Agency policy REC 4 states that SRCCC will ensure that PREA incident based and aggregated data are securely retained. Confidential PREA investigative files are maintained in a secured location. The agency will maintain sexual abuse data collected for 10 years after the initial collection, as it is related to PREA standard 115.289. All written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>The auditor accessed the agency's website, https://starkregionalccc.com/prea/, to ensure the agency has posted its annual report. The annual reports are completed based upon fiscal year. The information in the report is collected by the facility's PREA Coordinator, who then aggregates the information and prepares the annual report. The report is then submitted to the Executive Director for approval.</p> <p>The information collected under standard 115.287. The auditor reviewed the report and confirmed that it does not contain any information that could jeopardize the safety and security of the facility. Additionally, there was no personal identifying information included in the report, ensuring that residents' privacy and the facility's integrity are maintained while providing transparency.</p> |

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| | <p>CORRECTIVE ACTION:</p> <p>The facility provided the auditor with a copy of the most recent annual report. The report contains all the required information; however, the report is not posted on the agency's website. The facility needs to post the annual report in order to comply with this standard.</p> <p>FACILITY RESPONSE:</p> <p>The facility has posted the most recent copy of its annual PREA report on its website. The auditor was able to access the website and ensure the report is posted.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SRCCC website</p> <p>PREA Annual Report FY 24</p> |
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| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The agency post its final PREA report on the agency website. The auditor reviewed the agency website and ensured the final audit report from the last audit cycle was posted. The agency only has one facility and is required to have the facility audited the first year of each cycle. The facility did not have an audit during year one of the current audit cycle due to turn over in all major administrative roles. The audit report from the previous audit is posted as required.</p> <p>During the onsite visit, the auditor conducted interviews with administration, residents, and facility staff in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Residents Guide. Full access to the facility was granted to the auditor, who was escorted by agency administration and facility management. Every area of the facility, including all interior and perimeter sections, was accessible to the auditor. The tour covered housing units, dorms, bathrooms, group rooms, the dining room, staff offices, storage closets, and the administration area. During the walkthrough, the auditor was able to engage in informal conversations with both staff and residents and observed the interactions between them.</p> <p>Prior to the onsite visit, the auditor received agency and facility documentation through the PREA OAS web-based audit system. Additional requested documentation was provided during the visit. The auditor also reviewed electronic</p> |

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| | <p>documentation, including camera footage and the SecurManage resident database system, to gain further insights into facility operations and compliance with PREA standards.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility, including locations commonly accessed by residents, staff, and visitors. The notices provided the auditor’s mailing and email addresses to facilitate communication. The PREA Coordinator also emailed the auditor photos of the posted audit notices to confirm their placement. The auditor did not receive any confidential information from staff or residents prior to the onsite visit, nor were there any requests from staff or residents to be interviewed before the audit.</p> <p>Review:</p> <p>Agency website</p> <p>Onsite visit</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency has published on its agency website, https://starkregionalccc.com/prea/, the final PREA report. The final PREA report for SRCCC from the previous audit is currently posted. The PREA Coordinator states that he understands the requirement of having all final reports posted.</p> <p>In the state of Ohio, all final audit reports are also posted on the Ohio Department of Rehabilitation and Corrections website, https://www.drc.ohio.gov/prea.</p> <p>Review:</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p> |

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

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

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

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| | perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |
| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 | |

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| (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.) | yes |
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the | yes |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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.) | na |

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| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How 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.) | na |
| | 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.) | na |
| | 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.) | na |
| 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.) | na |
| | Do medical and mental health care practitioners contracted by | yes |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 | |

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| (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 | |

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

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

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

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 | |

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| (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 |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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 | |

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| | 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 |

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| 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 |

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| 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.) | no |
| 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 |

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| | 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 |