

PREA Facility Audit Report: Final

Name of Facility: Stark Regional Community Correction Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/11/2025

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: 12/11/2025

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	10/27/2025
End Date of On-Site Audit:	10/28/2025

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

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:	3305882500

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

Facility Health Service Administrator On-Site	
Name:	Tiffine Pope
Email Address:	tpope@srccc.net
Telephone Number:	330-588-2500 x1575

Facility Characteristics	
Designed facility capacity:	159
Current population of facility:	166
Average daily population for the past 12 months:	145
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	19-70
Facility security levels/resident custody levels:	Level 1
Number of staff currently employed at the facility who may have contact with residents:	50
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:	15

AGENCY INFORMATION

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:	3305882500

Agency Chief Executive Officer Information:

Name:	Michael Beebe
Email Address:	mbeebe@srccc.net
Telephone Number:	330-588-2500 x1504

Agency-Wide PREA Coordinator Information

Name:	Christia Hurst	Email Address:	churst@srccc.net
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit: 2025-10-27

2. End date of the onsite portion of the audit: 2025-10-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?

Yes
 No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

Mercy Medical Center- SANE
Compass Rape Crisis Center
Bureau of Community Sanctions (BCS)-
Outside reporting agency

AUDITED FACILITY INFORMATION

14. Designated facility capacity: 159

15. Average daily population for the past 12 months: 145

16. Number of inmate/resident/detainee housing units: 4

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?

Yes
 No
 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	156
25. 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:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. 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
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. 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
30. 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:	3

<p>31. 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>32. 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>33. 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>2</p>
<p>34. 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>35. 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>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. 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>50</p>
<p>37. 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>15</p>

38. 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>4</p>
39. 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>During the onsite visit, there were no volunteers available to interview.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>15</p>
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <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
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The facility provided the auditor with a resident list that included the resident's name, race, gender, bed, and admission date.</p>
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No

<p>44. 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>45. 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>47. 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>1</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>

<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned 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>52. 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>3</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned 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>55. 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>2</p>

<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input 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>61. 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>

Specialized Staff, Volunteers, and Contractor Interviews

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. 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.

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

Yes

No

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

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

Yes

No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

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

Yes

No

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

Yes

No

<p>76. 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>77. 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>78. 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.

79. 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	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

80. 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	2	0	2	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	3	0	3	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.

81. 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

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

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

Sexual Harassment Investigation Outcomes

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had 5 allegations in the past twelve months. No allegation was referred for a criminal investigation. The facility had 6 reports that were initially labeled PREA allegations; however, once investigated, it was determined that the allegations were not sexual abuse or sexual harassment.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>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.</p> <p>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 facility has identified the Operations Compliance Director as the agency PREA Coordinator. She reports directly to the Director. The PREA Coordinator describes her responsibilities as oversight, quality assurance, and investigations into</p>

	<p>allegations of sexual abuse and sexual harassment. She will provide staff training on how to prevent, detect, report, and respond to allegations/incidents of sexual abuse and sexual harassment. She also provides residents education on PREA during orientation.</p> <p>The PREA Coordinator responsibilities include:</p> <ul style="list-style-type: none"> • Develops and maintains PREA operating procedures • 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 reports that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply.</p> <p>The auditor interviewed the Director during the onsite visit. He states that he has full confidence in the PREA Coordinator and provide her the support and assistance when needed to ensure compliance with the standards. The Director states that the PREA Coordinator ensure oversight, quality assurance, policy and standard compliance, and coordination of PREA reporting, documentation, and safety measures.</p> <p>Review:</p> <p>Policy and procedure</p> <p>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.

115.213	Supervision and monitoring
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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 patters, 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 145 residents, with the average age range between 19-70 years old. The average length of stay is 150 days. The staffing plan was based around the facility housing 159 residents. The facility houses adult felony offenders sentenced by the Common Pleas Courts of Holmes, Stark, Tuscarawas, and Wayne Counties.

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 Factor:

None

Adequate Staffing:

SRCCC has developed a staffing pattern to allow appropriate staff coverage and resident supervision. Each shift has a minimum staffing requirement that must be met in order for the prior shift to leave their designated posts. The minimum staffing levels are as follows:

Shift	Resident Supervisors
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 208 cameras strategically placed throughout the interior and exterior of the facility, 172 internal cameras and 36 external cameras. The facility has new cameras since the last audit:

- North Wing Parking Lot Shed
- North Wing Basketball Court
- Linen Closet
- Male Clinic Med Pass Room

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 PREA Coordinator lists the identified blind spot areas, and has made staff aware to conduct additional rounds in these areas.

Resident Supervisor staff are required to conduct rounds throughout the facility on an irregular schedule. During these rounds, the staff are expected to check for the resident's safety and appropriate behavior. The Operations Director reports that supervisory staff are required to conduct unannounced rounds, and document the round on the Employee Visitor Log.

Annual Review:

The facility conducted its annual review of the staffing plan in September 2025. The review included:

- Prevailing staffing patterns
- Deployment of video monitoring system and other monitoring technologies
- Resources the facility has available to commit to ensure adherence to the staffing plan

	<ul style="list-style-type: none"> • Modifications from previous staffing plan <p>The annual review is conducted annually by the PREA Coordinator. The Executive Director reviews and signs the plan.</p> <p>Review:</p> <p>Policy and procedure</p> <p>2025 Staffing Plan</p> <p>Camera monitor</p> <p>Building tour</p> <p>Interview with PREA Coordinator</p> <p>Interview with Operations Director</p> <p>Interview with Director</p>
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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</p>

gender as the resident.

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.

Facility policy requires that resident searches be performed only by trained staff members who can communicate professionally and conduct searches in a manner that preserves resident dignity. The policy prohibits degrading, or disrespectful remarks related to a resident's personal or physical characteristics and mandates that all searches be conducted with the greatest degree of dignity and respect possible.

The auditor reviewed the training curriculum provided to staff responsible for conducting pat searches and confirmed that it includes instruction on gender-appropriate pat search techniques, procedures for cross-gender and transgender searches, and guidance on maintaining respectful communication with LGBTI residents. Staff are taught to use professional language, avoid assumptions about gender identity or sexual orientation, and follow clear procedural steps to reduce the potential for embarrassment or misunderstanding during searches.

Resident Supervisors consistently reported being trained that pat searches must be conducted calmly, with clear communication, and without unnecessary physical contact. Staff interviews confirmed that same-gender staff conduct pat searches of female residents, and male staff do not perform pat searches on women.

The Chief Supervisor stated that he reinforce these expectations through routine quality-assurance rounds, observation of staff performance, and coaching when necessary to ensure that searches are conducted appropriately. Another supervisor noted that they personally train Resident Supervisors on proper pat-down procedures, report writing, interpersonal communication skills, and professional boundaries as part of their security training.

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 even 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 residents, with genders separated by wings and no contact permitted between them. The male unit spans two floors, with the upper floor arranged around a catwalk-style corridor lined with resident rooms. Both the upper and lower levels contain 20 rooms and bathrooms. In the male wing, the upper-level bathroom contains three individual shower stalls with curtains

designed with clear material at the top to allow staff to verify resident presence without infringing on privacy. This bathroom also includes two toilet stalls and two urinals. On the lower level, the bathroom has an open doorway, four individual shower stalls, two toilet stalls with doors, and three urinals. The facility has an additional bathroom on the lower level of the male unit. This bathroom has an open door to the dayroom with two toilet stalls with doors at the entrance, three urinals across from sinks, and 8 individual showers equipped with shower curtains in the back.

The female wing consists of a single housing level and includes the same requirement to opposite-gender staff to announce their presence. Staff will use a buzzer and then make a verbal announcement when entering. The female unit's bathroom has an open doorway, but the interior facilities are located around a corner and not visible from outside the entrance. The bathroom contains three toilet stalls with doors and three shower stalls equipped with curtains that have clear tops and bottoms to allow staff to confirm safety while still maintaining resident modesty.

Both the male and female housing units include holding cells equipped with a toilet-sink combination. Visibility to the toilet area is intentionally restricted by a privacy partition, ensuring residents are not exposed to cross-gender observation while still allowing adequate supervision.

During the onsite visit, residents consistently affirmed that the facility's knock-and-announce policy is followed by staff. Residents on both units reported that opposite-gender staff always announce their presence before entering rooms, hallways, or bathroom areas, using either a loud verbal announcement, such as "Male/Woman on the floor!", or activating the unit buzzer to alert residents. Female residents specifically stated that male staff do not enter the female bathroom at any time; instead, they remain outside the threshold and provide an audible announcement before conducting required security rounds. Male residents report that they are constantly reminded to shut the bathroom door that is visible from the dayroom to ensure their privacy and protect themselves from view of other residents and staff. Residents described the bathrooms as safe and private, with shower and toilet areas shielded by stall doors or curtains, and confirmed that they had not experienced nor witnessed any incidents of incidental or inappropriate viewing by staff.

Together, the physical layout, structural privacy measures, cross-gender announcement protocols, and facility responsiveness to identified privacy concerns demonstrate that SRCCC maintains an environment designed to protect resident privacy and maximize supervision.

Review:

Policy and procedure

Facility tour

Training curriculum

	<p>Training sign-in sheets</p> <p>Interview with Chief of Security</p> <p>Interview with Resident Supervisors</p> <p>Interview with residents</p>
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115.216	Residents with disabilities and residents who are limited English proficient
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <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 facility staff, security, program, and administration, were all questioned on their experience working with residents that are limited English proficient, blind/low vision, deaf/hard of hearing, have a physical, mental, or cognitive disability, or other issue that hinders their ability to understand their rights under the standards. Staff reported that SRCCC maintains a Spanish-language version of the resident handbook, with the ability to translate all material to any language spoken by the resident through Google Translate.</p> <p>The PREA Coordinator and others report that the facility has not received residents who cannot communicate in English, but the facility has received residents for whom English is a second language.</p> <ul style="list-style-type: none"> • “We had Hispanic individuals, but everybody has been either bilingual or can speak proficient English and understand, comprehend.”

Staff report that SRCCC has not housed residents who are legally blind, but they have had individuals reporting impaired vision. A case manager reported, "No actual blindness. If they say they can't see, we will have them evaluated medically." The resident will receive a medical evaluation and glasses or prescription updates may be needed.

Staff reported no history of working with residents who were deaf.

The staff report several methods of working with residents with low literacy or cognitive disabilities. Staff report they have several options for assisting depending upon the need of the resident. These methods include:

- Providing peer support
- Verbal instruction
- Rephrasing material
- Providing additional time

Residents who need additional instruction will meet one-on-one with a staff member who will adjust instruction to ensure the resident understands their rights.

- "I just asked what worked best for him."
- "I would include him in class so that he would not be embarrassed, but later would help him grasp what he could."
- "I will work individually to help them understand the material."

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.

The auditor interviewed residents who identified as having reading or cognitive disabilities, physical limitations, or limited English proficiency. None of these residents reported needing additional accommodations to understand or benefit from the facility's efforts to prevent, detect, or respond to sexual abuse or sexual harassment. All were able to clearly describe the facility's zero-tolerance policy, the various ways they can report concerns, and the availability of free support services for any resident who requests them.

Review:

Policy and procedure

Resident orientation materials

PREA education video

MOU with Compass Rape Crisis Center

	<p>PREA posters</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <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 <p>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. The HR Manager confirms that the PREA specific hiring questions are asked at the end of the interview. She states that the PREA Coordinator usually leads this part of the process. If an applicant is hired, the new staff member is informed of their ongoing responsibility to disclose any future allegations of sexual misconduct.</p> <p>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.</p> <p>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. She states, “Yes, especially if they're coming from another institution, I definitely do send out the PREA reference check.”</p> <p>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</p>

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.

During the HR Manager interview, she confirmed that background checks are completed on all new employees, contractors, and volunteers. Each year, she 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.

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.

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 HR Manager reviewed the promotion process with the auditor. She explained the process as:

- Post job opening by announcing them through email, and keeps the post open for seven days
- Applicants submit bids and go through a structured interview process
- The PREA specific hiring questions are asked at the end of the interview
- A review of annual evaluations and supervisors' recommendations are completed when considering internal applicants

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.

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.

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

	<p>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> <p>Policy and procedure</p> <p>Employee files</p> <p>Contractor/volunteer background checks</p> <p>Referral checks</p> <p>Continued affirmations</p> <p>Application interview questions</p> <p>Disciplinary records</p> <p>Promotion documentation</p> <p>Interview with Human Resource Manager</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The facility has not acquired any new facility, nor is it planning any substantial expansion or modification to the facility.</p> <p>The facility has new cameras since the last audit:</p> <ul style="list-style-type: none"> • North Wing Parking Lot Shed • North Wing Basketball Court • Linen Closet • Male Clinic Med Pass Room <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>
	<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. The Canton City Police Department states that it does not enter into agreements, but will respond to criminal investigation request from SRCCC. 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. <p>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.</p> <p>The facility has a Memorandum of Understanding (MOU) with the Compass Rape</p>

	<p>Crisis Center. According to the MOU, the center agrees to:</p> <ul style="list-style-type: none"> • 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. <p>The auditor communicated via email with Compass's Director. She confirms that the agency will provide these services to any resident victim at SRCCC free of charge.</p> <p>Any trained Victim Support Person on staff will provide the following services at the request of the victim:</p> <ul style="list-style-type: none"> • 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 <p>The facility offers victims of sexual abuse mental health services in-person or through telehealth via partnerships with community providers.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Canton City Police Department Investigation policy</p> <p>MOU with COMPASS Rape Crisis Center</p> <p>Victim Support Person training curriculum</p> <p>Interview with PREA Coordinator</p> <p>email with COMPASS Director</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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.

The auditor reviewed the facility's website, <https://starkregionalccc.com/prea/>, to ensure the facility's policy for administrative and criminal investigations was posted. The website states:

- Sexual misconduct among residents and by staff towards residents is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated.

The auditor reviewed the allegations from the past twelve months:

Investigation #1: The facility received an allegation of resident-on-resident sexual harassment. The allegation was administratively investigated and determined to be unsubstantiated.

Investigation #2: The facility received an allegation of resident-on resident sexual assault. The allegation was reported both to SRCCC staff and again when the resident was released from the facility and later incarcerated at the Stark County Jail. The allegation was administratively investigated and determined to be unsubstantiated.

Investigation #3: The facility received an allegation of resident-on-resident sexual abuse. The allegation was administratively investigated and determined to be unsubstantiated.

Investigation #4: The facility received an allegation of resident-on resident sexual harassment. The allegation was administratively investigated and determined to be unsubstantiated.

Investigation #5: The facility received an allegation of staff sexual harassment. The allegation was administratively investigated and determined to be unfounded.

The facility had Six allegations that were initially reported as PREA allegations; however, once looked into, the PREA Coordinator reports that the allegations did not meet the definition of PREA, and were unrelated to sexual abuse or sexual harassment.

Review:

Policy and procedure

Agency website

Investigation reports

Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy SEC 17 states that all new employees will receive instruction related to prevention, detection, response, and investigation of sexual misconduct during new employee orientation training and will be required to sign off, acknowledging receipt of such training. On an annual basis, all staff who have contact with residents will receive training on:

- 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 professionally 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

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

The annual training is facilitated by the PREA Coordinator. She provided the auditor with the PowerPoint she uses to provide this training. The training instruction includes:

- Definitions
- Agency zero tolerance policy
- Prevention, Detection, and Responding
 - Security checks
 - Observations
 - Blind spots
 - Office safety
 - Observing resident behaviors
- Resident orientation and assessments
- Receiving and reporting allegations
- First responder responsibilities
- Victim support
- No consensual sexual relationships

- Resident-resident allegations
- Staff-resident allegations
- Professional communication- LGBTQI residents
- Resident education
 - Resident handbook
 - Tablet
 - Kiosk
 - Compass Rape Crisis Center MOU
 - Translation- LEP and Disability assistance
 - Hotline numbers
- Types of reports
- Third party reports
- Staff mandatory reporting
- Allegations at previous facility
- No statute of limitations
- Coordinated Response
- Special risk assessment
- Evidence collection
- Forensic exam
- Medical treatment
- Investigation procedure
- Retaliation monitoring
 - Risk
 - Safety concerns
 - Harassment
 - Status checks
- Incident reviews
- Appropriate resident professional communication and boundaries
 - Professional, sensitive communication and interaction
 - Red flags
 - Inappropriate comments/conversations
 - Sexual request, favors, flashing, voyeurism, sexual exchange, sexual intimidation
- Special accommodations
 - housing
 - private showers
 - opposite gender pat searches
 - opposite gender clothing/makeup
 - alternate housing (male or female unit)
- Appropriate searches
- Dynamics of sexual abuse and sexual harassment in confinement (males and females)
- Common reactions of sexual abuse and sexual harassment victims (males and females)
- Detecting and responding to signs of threatened and actual abuse

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.

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

All staff interviewed during the onsite visit stated that they receive mandatory PREA training, facilitated by the PREA Coordinator, annually. Staff were able to describe their training, and stated that topics included reporting, separating, preserving evidence, pat searches, and monitoring of the residents. Staff state that during staff meetings, they will receive refresher training, especially if an incident occurred or a special accommodation for a resident is needed.

The PREA Coordinator described the agency's training practices, explaining that all staff receive cross-training on gender-specific PREA requirements because employees may work on either the male or female units depending on operational needs. Staff interviews support this: employees consistently stated they are trained on same-gender pat searches, cross-gender announcement requirements, and how to maintain resident privacy, particularly in restrooms and shower areas. Staff were also able to clearly articulate the steps required when responding to a PREA allegation—including separating the parties, preserving evidence, and notifying the shift supervisor and PREA Coordinator.

The auditor reviewed staff training files and verified that annual PREA training had been completed by all required staff. Employees confirmed that PREA instruction is provided during initial orientation and repeated each year, alongside training in related operational skills such as pat searches, report writing, and interpersonal communication. Supervisory staff noted that they reinforce these expectations through ongoing quality assurance practices, including spot-checking documentation and observing staff performance to ensure that PREA procedures are being followed.

	<p>The Human Resources Manager is responsible for tracking employee training. She explained that the PREA Coordinator provides the list of required annual training modules, including PREA content and any updates for the year. HR assigns staff to the required courses and tracks their completion using a spreadsheet system.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training records</p> <p>Training PowerPoint</p> <p>First responder duties PowerPoint</p> <p>Employee files</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with Human Resources Manager</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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.</p>

Minimally, all contractors and volunteers will be informed of the agency's policies and how to report allegations.

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.

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 includes:

- 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

The medical staff are contracted from Vital Core. The staff report that Vital Core provides specific PREA training related to detection, reporting, and medical care of sexual assault victims. Vital Core staff will receive this training in addition to the contractor training provided by SRCCC.

The Human Resource Manager tracks all training provided to contractors and volunteers.

Review:

Policy and procedure

Contractor training video

Contractor/volunteer signed acknowledgements

Aramark training curriculum

Interview with Aramark food service manager

Vital Core training curriculum

Interview with nurse

	Interview with Human Resource Manager
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115.233 Resident education

Auditor Overall Determination: Meets Standard
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Auditor Discussion

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.

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, treatment and counseling options, and their right to be free from retaliation for reporting incidents will be thoroughly explained. The facility provided the auditor with a copy of the resident handbook. The handbook contains the following information related to PREA:

- Rights to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse or sexual harassment
- Definitions of sexual abuse, sexual assault, and sexual harassment
- Investigations and possible disciplinary action
- Reporting allegations
 - Written
 - Verbally
 - Anonymously
 - Third-party
 - Outside hot line
 - SRCCC hot line
 - to any staff member, volunteer, or contractor
- Advocacy and emotional support
 - Stark County text help line
 - Compass Sexual Assault Crisis hotline
 - State and national rape crisis and support
- Establishing relationships

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.

All residents interviewed reported that during orientation group they were shown the “PREA video” and provided instructions on how to:

- Report allegations
- Keep themselves safe
- Access medical, mental health, and advocate services
- Rules, violations, and sanctions
- Maintaining appropriate boundaries

Some residents report learning about PREA prior to coming to SRCCC, but received the information again at intake and during orientation. Some of the comments from the residents include:

- “We've been advised by staff to don't leave the bathroom door open. It's like the PREA rules.”
- “The information is on the tablets. They have a lot of information about PREA on it.”
- “Most of the staff, they'll have meetings with us. Explain what you can and can't do. Offer to help with problems or concerns.”
- “They showed the PREA video during orientation group.”

All residents were able to discuss their PREA education and articulate their understanding of their rights to be free from sexual abuse and sexual harassment.

Orientation group is conducted by facility leadership including the PREA Coordinator, Operations Deputy Director, and sometimes even the Director of the facility. The auditor interviewed all three during the onsite visit. They report that during orientation group they review facility expectations, safety standards, privacy rules, searches, cross gender announcements, and show the PREA video.

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 PREA Coordinator reports that she will provide one-on-one assistance with any resident that needs additional assistance, auxiliary aids, and/or translation services.

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.

Review:

Policy and procedure

Resident handbook
Resident PREA education video
Resident PREA pamphlet
PREA posters
Facility tour
Keefe tablets
Kiosk system
Resident files
Interview with residents
Interview with PREA Coordinator
Interview with Operations Deputy Director
Interview with Director

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, who demonstrated a clear understanding of their investigative responsibilities and the training that prepares them for this role. They explained that PREA investigations at SRCCC are led by the PREA Coordinator, who receives all allegations and conducts or oversees</p>

	<p>the administrative process. Investigators discussed applying techniques from their training, including recognizing the spectrum of trauma responses in resident victims, conducting interviews in a trauma-informed manner, collaborating with other investigators and facility leadership, and providing detailed justification for investigative findings. They also emphasized the importance of evidence preservation and timely coordination with first responders.</p> <p>Investigators noted that their work often includes reviewing camera footage, interviewing involved parties, and examining whether factors such as staffing, physical plant conditions, or monitoring technology contributed to the alleged incident.</p> <p>Both investigators stressed that when an allegation involves a staff member and appears criminal in nature, they do not interview the staff member during the administrative investigation. Instead, they wait for the completion of the external criminal investigation before proceeding, ensuring that their administrative process does not interfere with law enforcement efforts.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training curriculum</p> <p>Administrative investigator training certificates</p> <p>Interview with administrative investigators</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<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.</p> <p>The facility has two contract nurses. During an interview of the nurse on duty during the onsite visit, she reports that she received PREA contractor training from the facility, and specialized medical training from Vital Core. 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 nurse reports that she has never provided services to a sexually abused resident.</p> <p>The agency provided the auditor with training certifications for all medical staff.</p> <p>Review:</p> <p>Policy and procedure</p> <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
	Auditor Overall Determination: Meets Standard
	<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> <ul 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

The policy does not allow the facility to discipline inmates for refusing to answer or for not disclosing complete information in response to questions concerning mental health, physical or developmental disabilities, or whether the inmate is perceived to be LGBTI or gender non- conforming, whether the inmate has previously experienced sexual victimization, or the inmate's perception of his/her own vulnerability.

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.

The Program Director reports that staff who are required to conduct risk assessments are trained on how to conduct the assessment tool, and assessments receive a quality assurance review to ensure assessments are completed timely and accurately.

The resident's assigned case manager is responsible for conducting the initial and 30-day reassessment. The auditor interviewed three case managers during the onsite visit. They discussed their process for collecting information and conducting the assessment. One case manager reports that prior to conducting the assessment, she will gather and review the following collateral information:

- Court documents
- Criminal history
- Sentencing information
- Violation information
- Arrest record

They also identify special needs ahead of screening, including medical needs, translation services, and gender identity. She reports that she tries to make the resident comfortable prior to asking the assessment questions. She explains the type of questions she will be asking and the confidentiality of the resident's

answers. The case managers report that most of the residents have been through the assessment process before, either at this facility or another confinement facility, and know what to expect. While the results are not shared with the resident, the resident is required to sign the completed assessment.

All three case managers report that they conduct the initial assessment, usually the same day as the resident's arrival. The reassessment is conducted between the 15-30 day. The case manager reports that the SecurManage database system has a task manager system that will alert the case manager and supervisor when the assessment is due. This system ensures the case manager does not forget to complete the assessments on time. The case managers report that a reassessment can also be conducted if the facility received additional related information or the resident is involved in a PREA allegation.

The PREA Coordinator is responsible for conducting quality assurance checks on risk assessments. She will pull random files and ensure the assessments were completed within the designated time period, and that the scores were accurate.

The residents that were interviewed report receiving a risk assessment, along with other assessments, during the intake process. Some residents did not recognize the term "risk assessment" but, did once some of the questions were mentioned. Those who did remember the process understood the necessity of the assessment in order to keep people safe. Four of the residents, who have been admitted to the facility at least on one other occasion, noted that they have been asked the PREA questions every time they have been housed at the facility.

The case manager reports that the screening is completed on SecurManage, the facility's resident database system. The system allows the facility to regulate who has access to the information in the screening. This ensures the sensitive screening information is not exploited.

Review:

Policy and procedure

Risk assessments

Resident files

Interview with case managers

Interview with residents

Interview with Program Director

Interview with PREA Coordinator

115.242	Use of screening information
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 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 PREA Coordinator. The PREA Coordinator 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="280 788 1461 990">The risk assessment 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.</p> <p data-bbox="280 1030 1477 1272">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 case managers report that every resident that reports a history of sexual victimization, are encouraged to accept free counseling services.</p> <p data-bbox="280 1312 1426 1429">The PREA Coordinator and others report that the information collected in the assessment is used to ensure residents are safe while at the facility. She reports that after an allegation or an assessment of vulnerability, staff may:</p> <ul data-bbox="354 1496 963 1617" style="list-style-type: none"> • Separate residents • Increase monitoring • Mental health and/or rape crisis services <p data-bbox="280 1657 1461 1854">Security staff reported that residents identified as vulnerable during the PREA risk screening process are placed in housing locations that provide greater visibility to the control desk and increased staff observation. They also stated that vulnerable residents are not housed with individuals identified as potentially abusive, and that room assignments are made with attention to compatibility and safety.</p> <p data-bbox="280 1895 1455 2051">The PREA Coordinator added that she ensures program and group facilitators are notified when residents of opposite risk classifications, such as those screened as vulnerable and those screened as potentially abusive, are scheduled to participate in the same programming. This allows facilitators to take precautions to maintain</p>

	<p>resident safety during movement and group activities.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Risk screening instrument</p> <p>Interview with Deputy Director of Operations</p> <p>Interview with PREA Coordinator</p> <p>Interview with Director</p> <p>Interview with residents</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>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:</p> <ul style="list-style-type: none"> • Verbally to any employee • In writing • SRCCC toll-free PREA hotline • Through a third-party • Calling DRC outside third party hotline free of charge <p>The auditor verified that the methods available were posted in various areas throughout the facility and listed in the client handbook. The handbook contains the following information related to PREA:</p> <ul style="list-style-type: none"> • Rights to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse or sexual harassment • Definitions of sexual abuse, sexual assault, and sexual harassment • Investigations and possible disciplinary action • Reporting allegations <ul style="list-style-type: none"> ◦ Written

- Verbally
- Anonymously
- Third-party
- Outside hot line
- SRCCC hot line
- to any staff member, volunteer, or contractor
- Advocacy and emotional support
 - Stark County text help line
 - Compass Sexual Assault Crisis hotline
 - State and national rape crisis and support
- Establishing relationships

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.

In addition to making a phone call to report allegations, the residents can also use the mail system to report allegations or make contact with rape crisis agencies. The auditor discussed the mail process with residents during the onsite audit. Residents that use the mail system report the following steps to send out mail:

- Write the letter
- Address the envelope
- Apply a stamp
- Add the facility's return address
- Seal the envelope
- Give it to staff for mailing

Mail is given to the administration department, who will pass the mail to the postman and accept any incoming mail. The resident report the process for receiving mail:

- Staff will post a list of resident who have mail
- Staff will open the mail in front of the resident, and inspect for contraband
- Residents will receive the contents of the envelope but not the envelope

The residents, who have received professional/legal mail, report that the whole envelope is given to them without being opened by staff. They report this in the context of receiving information from government agencies.

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.

No resident reported in issues with the phone or mailing system.

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.

All residents interviewed reported that during orientation group they were shown the "PREA video" and provided instructions on how to:

- Report allegations

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 list both internal and external hotline numbers and email addresses on the website.

Orientation group is conducted by facility leadership including the PREA Coordinator, Operations Deputy Director, and sometimes even the Director of the facility. The auditor interviewed all three during the onsite visit. They report that during orientation group they review facility expectations, safety standards, privacy rules, searches, cross gender announcements, and show the PREA video.

Staff interviewed consistently confirmed that they are required to report all allegations or suspicions of sexual abuse or sexual harassment, regardless of how the information is received, whether through a resident disclosure, third-party report, observed behavior, or even a "hint" of a concern. One Resident Supervisor stated that "any hint of any PREA, everything gets referred to the PREA Coordinator".

Review:

Policy and procedure

Resident handbook

Agency website

PREA posters

PREA pamphlet

Facility tour

Interview with residents

External reporting hotline

Interview with Director

	<p>Interview with PREA Coordinator</p> <p>Interview with staff</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 17 and SEC 18.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides residents with access to outside victim advocates for emotional support related to sexual abuse by supplying mailing addresses and telephone numbers for local, state, and national victim advocacy and rape crisis organizations, and by enabling residents to communicate with these agencies in as confidential a manner as possible. The resident handbook includes a full listing of outside support resources, including the Stark County 24-Hour Compass Sexual Assault Crisis Hotline, the state PREA hotline, and national rape-crisis support agencies. Posters in both English and Spanish are placed in conspicuous locations throughout the facility, providing contact information for Compass Rape Crisis Center and other advocacy resources.</p> <p>Compass Rape Crisis Center has supplied informational pamphlets for residents, describing the availability of anonymous emotional support services 24 hours a day, 365 days a year. The facility maintains an active MOU with Compass, under which the agency agrees to respond to SRCCC residents by phone or mail and to maintain confidentiality to the extent permitted by rape crisis center funding standards and state law. Facility policy requires that, before residents contact an outside advocacy agency, staff inform them of any limits to confidentiality, including the extent to which communication may be monitored and the facility’s mandatory reporting obligations.</p>

	<p>The PREA Coordinator confirmed that residents may send outgoing mail by placing it at the main post desk, and interviews with residents further verified that staff do not read resident mail. Residents reported that incoming mail is opened in their presence only to check for contraband, with envelopes retained for security purposes. Staff likewise stated that mail handling is limited to visual inspection, supporting confidentiality for correspondence with outside advocacy agencies.</p> <p>In addition, the Director reported that calls to outside reporting lines and rape crisis support organizations are not recorded, and residents confirmed that phones in the housing units provide access to outside numbers without monitoring. The auditor contacted the Compass Rape Crisis Center, and the operator confirmed that callers are informed that information shared with the agency is kept confidential within the bounds of applicable law. The facility reinforces this information at intake by advising residents of any monitoring limitations and mandatory reporting requirements.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with Compass Rape Crisis Center</p> <p>Resident handbook</p> <p>PREA posters PREA pamphlet</p> <p>Email Compass Rape Crisis</p> <p>Interviews with staff</p> <p>Interview with residents</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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</p>

	<p>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>To verify functionality, the auditor called the outside agency hotline number. A representative returned the call and confirmed that they serve as a reporting entity and would immediately forward any allegations to the PREA Coordinator.</p> <p>The facility also posts third-party reporting instructions, including toll-free hotlines and the PREA email address, in conspicuous areas throughout the building, including locations accessible to visitors.</p> <p>During interviews, residents demonstrated clear awareness of their ability to report sexual misconduct or retaliation on behalf of another resident, and they also understood that third parties, such as family members or outside advocates, could report allegations on their behalf. During staff interviews they state that they are trained to accept and report allegations no matter how they are received, whether directly, indirectly, anonymously, or from third-party sources.</p> <p>The facility did not receive any third-party allegations during the audit period.</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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <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</p>

to anyone other than the extent necessary.

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.

During onboarding, new employees sign acknowledgement of receiving the following information:

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

These enhance the employee's understanding and role in ensuring resident safety, conducting oneself in a respectable, professional manner, and responding to resident incidents, complaints, and reports appropriately. The Human Resource Manager reports that all staff are trained in reporting during onboarding and annually during training and staff meetings.

All supervisors interviewed were asked to explain how they train their staff to recognize signs of sexual abuse and maintain professional boundaries. Supervisors consistently stated that they model appropriate, respectful interactions with residents, emphasizing that staff must avoid overfamiliarity, communicate professionally, and treat all residents with consistency and fairness. They reported teaching staff to ask rather than demand, to intervene appropriately when residents—particularly female residents—experience disrespect or harassment, and to hold every resident to the same behavioral standard.

Staff are instructed in identifying “red flag” behaviors, including grooming, inappropriate conversations, boundary violations, and cross-gender privacy issues, and are reminded of their responsibility to immediately report any concerns, even when the violation involves a coworker. Supervisors further emphasized that violations of professional boundaries or PREA regulations are taken seriously and can result in significant disciplinary action, a message reinforced with staff through real examples used during training discussions.

All staff interviewed reported that they are trained to report any hint of a PREA allegation must be reported at once to the shift supervisor or the PREA Coordinator. Most staff members state that they would report the allegation directly to the PREA Coordinator, who is also the PREA investigator. Staff consider themselves mandated reporters of not just resident-on-resident incidents, but also reporters of staff misconduct, even if just suspected.

The Director reports to the auditor that every training is an opportunity to reinforce

	<p>reporting obligations. He provided examples of disciplining staff, including termination, for staff who fail to report inappropriate serious violations.</p> <p>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.</p> <p>The facility had five allegations during the past twelve months that were reported to staff. All allegations were referred to the PREA Coordinator for an investigation.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Employee files Training curriculum Training sign-in sheets Interview with staff Interview with PREA Coordinator Interview with Human Resource Manager
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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 residents is their highest priority, and that any concern raised about a resident’s safety is addressed immediately. They described a range of protective measures the facility may use depending on the circumstances of the allegation, including increasing staff monitoring of the resident, moving the resident to another dorm, placing the resident in the Temporary Protective Unit, and removing or reassigning staff pending review when the alleged abuser is an employee.</p>

	<p>The PREA Coordinator explained that the specific measures taken are dictated by the nature and credibility of the allegation, and that all allegations are received directly by her for assessment.</p> <p>Supervisors confirmed that staff are trained to separate involved parties at once, maintain visual supervision, notify supervisors, and implement retaliation monitoring to prevent any further contact between a potential victim and alleged perpetrator. They emphasized that, due to the size and structure of the facility, SRCCC is often able to immediately ensure no further interaction between the individuals involved.</p> <p>The Director indicated that when allegations involve staff, administrative action may include removing the staff member from the facility while the investigation proceeds.</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 Director</p> <p>Interview with Operations Supervisor</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <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 one allegation from the Stark County Jail that a current inmate</p>

	<p>reported that while housed at SRCCC he was sexually assaulted by another resident. The allegation was reported by the resident to SRCCC staff when he was housed at the facility. The allegation was reported and determined to be unsubstantiated. The resident was notified of the investigation outcome while at the facility and signed acknowledgement of the notification.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p>
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115.264 Staff first responder duties	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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> <ul style="list-style-type: none"> • 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 <p>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:</p>

- 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 is 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

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.

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.

Review:

Policy and procedure

First Responder training PowerPoint

First Responder flowchart

First Responder checklist

Interview with staff

Interview with PREA Coordinator

	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 Polices and Procedures and posted in the Control Monitoring Center.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated Response Plan</p> <p>Interview with PREA Coordinator</p>

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>Policy and procedure</p> <p>Employee Handbook</p> <p>Employee files</p> <p>Interview with Human Resource Manager</p>

115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <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 retaliation monitoring is a team effort, with her ensuring status checks are being completed on resident victims. The status checks included reviewing:</p> <ul style="list-style-type: none"> • Disciplinary records • Housing • Program changes • Negative performance reviews <p>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. She reports that she will meet with the resident privately to discuss any concerns about retaliation.</p> <p>The Operations Supervisor reports that all security staff are made aware when increased monitoring of a resident is necessary, even if the details as to why the monitoring has increased is not reported to them. The facility is small, but accommodations can be made, such as dorm movements. Protective measures can include:</p> <ul style="list-style-type: none"> • Increased monitoring • Moving dorms • Temporary Protective Unit placement (as needed) • Placing staff on administrative leave <p>Documentation of monitoring is completed in the resident's log.</p> <p>Review:</p> <p>Policy and procedure</p>

	<p>Retaliation monitoring</p> <p>Interview with Operations Supervisor</p> <p>Interview with PREA Coordinator</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <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> <ul style="list-style-type: none"> • 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 <p>The facility currently has two trained PREA investigators, with all investigations being currently investigated by the PREA Coordinator. During an interview with the PREA Coordinator, she described her investigation process. The steps include:</p> <ul style="list-style-type: none"> • Reviewing video footage • Conducting interviews • Evaluating policy and procedure compliance • Documenting findings

- Making criminal investigation referral

She reports that the facility does not use polygraph test or other truth telling devices to assess credibility. She states that credibility is not based on the person's status as a staff member or resident. The Coordinator reports that during the investigation (or at the beginning if it is a case of sexual assault) if it appears as if criminal behavior has taken place, she will make a request for a criminal investigation from the Canton City Police Department. She is responsible for maintaining contact with the Department in order to stay abreast of the investigation.

The Canton City Police Department is the agency with the legal authority to conduct criminal investigations. This department would be responsible for collecting physical evidence/DNA in cases of sexual assault, processing crime scenes, and making a referral for criminal prosecution. The outcome of a criminal investigation will be reported to the agency, as well as the report.

The PREA Coordinator is responsible for maintaining and securing all information collected during the course of an investigation, including the final report, for as long as the abuser is incarcerated, or for staff abusers, until the employee is no longer employed, plus five years.

Review:

Policy and procedure

Investigation reports

Administrative investigator training certificates

Interview with PREA Coordinator

115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <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 facility conducted five administrative investigations during the past twelve months. All notifications listed:</p> <ul style="list-style-type: none"> • Victim's name • Date of notification • Outcome of investigation • Date case was opened • Reasoning for determination • Signature of resident • Signature of staff providing notification <p>Policy states that the obligation to make such report under this standard shall be terminated if the resident is released from the agency prior to an investigation determination.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p>

	<p>Notice of investigation outcome reports</p> <p>Interview with PREA Coordinator</p>
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115.276	Disciplinary sanctions for staff
	<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, and if the determination outcome is substantiated, the staff member's employment will be terminated.</p> <p>The auditor reviewed employee files during the onsite visit. Employees that received disciplinary action had a disciplinary report placed in their file. The Disciplinary report includes:</p> <ul style="list-style-type: none"> • Specific violation • Action taken • Employee comments <p>The PREA Coordinator reports that resident safety is of the highest priority. When discussing disciplinary action related to substantiated allegations, she reports that staff violations of the agency PREA policy result in termination, including staff members who know about the behavior and do not report it. The Coordinator provided an example of the facility firing the entire third shift for multiple boundary failure that jeopardized the safety and security of the facility, staff, and residents.</p>

	<p>This demonstrates that seriousness in which the facility deems resident safety.</p> <p>Numerous staff interviewed report that during PREA training, they are informed that failure to act, report, or follow protocol can result in disciplinary action, up to and including termination. All staff report that staff sexual misconduct violations will result in termination.</p> <p>The facility had one allegation against a staff member in the past twelve months. The allegation was determined to be unsubstantiated.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Employee handbook Employee files Disciplinary action Investigation reports Interview with PREA Coordinator Interview with Human Resources Manager Interview with staff
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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 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.</p> <p>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.</p> <p>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.</p> <p>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. The facility provided the auditor with a copy of the resident handbook. The handbook states:</p> <ul style="list-style-type: none"> • Agency PREA policy • Definitions of sexual abuse and sexual harassment • Definition of establishing a relationship • Investigation protocol <p>If termination is the disciplinary action associated with a violation of the agency PREA policy, the facility will prepare a discharge summary and submit the summary</p>

to the judge and the resident's defense attorney. The revocation hearing shall serve as the disciplinary hearing for the resident, and shall be the sole responsibility of the court. If the behavior was determined to be criminal, the incident will be reported to the Canton City Police Department for a criminal investigation. The Department will made the determination if a referral for criminal prosecution is warranted.

The residents that were interviewed during the onsite visit, report that during intake, staff reviewed parts of the handbook at intake with a full review during orientation group, and serious misconduct leads to removal from the program. The residents described the disciplinary process as:

- “they tell you what you can't do, what they don't tolerate”
- “the director here, he does not play about that (PREA). He'll boot you right out of here”
- “bullying and stuff like that are not tolerated”

The facility investigated four allegations against residents. Three of the incidents were determined to be unsubstantiated, while one was determined to be unfounded.

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:

Policy and procedure

Resident handbook

Investigation reports

Interview with residents

Interview with PREA Coordinator

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Agency policy MED 1 states that all offenders have unimpeded access to health care and to a system for processing complaints regarding health care. 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.

The facility trains all staff on how to assist victims of sexual abuse with obtaining unimpeded access to emergency medical treatment and crisis intervention services. The training includes:

- If this is an assault that just occurred, call 911
- Get the victim immediate medical attention by taking them to the onsite Medical Department
- Transport victim to Mercy Medical Center for a SANE forensic exam
- Contact onsite Victim Support Person if requested by the victim
- Notify PREA Coordinator, Security Supervisor, Chief of Security, and Deputy Director of Operations

The PREA Coordinator reports that staff VSP will be available to residents at their request. Should the facility request a Rape Crisis Advocate, the facility has an MOU with COMPASS Sexual Assault Education, Prevention, and Support to provide advocacy when residents are taken to a local hospital for sexual assault forensic exams. COMPASS agrees to provide the following services:

- Provide hospital accompaniment
- Provide follow-up services
- Maintain confidentiality as required
- Crisis intervention services

The facility partners with ComQuest for mental health services. A licensed therapist comes on-site two days per week. Residents may see the therapist weekly for ongoing counseling. Residents may also receive telehealth mental health services from AVO Behavioral Health and Recovery. Residents who begin with counseling via telehealth through AVO may continue with the same counselor after release if they so choose.

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:

- 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,

	<p>pregnancy testing/contraception and prophylactic treatment will be provided with appropriate follow-up</p> <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>Several residents noted that they are shown the PREA video as part of orientation, and that the materials provided includes information on the availability of free medical and mental-health services related to incidents of sexual abuse.</p> <p>Staff interviews confirm that the First Responder Duties require that victims be informed of on-site medical care, transport to Mercy Medical Center for forensic examination, and access to a Victim Support Person upon request.</p> <p>The facility did not have a sexual abuse/assault allegation where medical, mental health, or rape crisis was involved.</p> <p>Review:</p> <p>Policy and procedure</p> <p>First Responder training curriculum</p> <p>MOU with COMPASS</p> <p>Nursing Sexual Assault Workflow</p> <p>Interview with PREA Coordinator</p> <p>Interview with staff</p> <p>Interview with residents</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires the facility to offer 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.

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.

Facility staff are trained on how to complete the first responder duties and the agency's Coordinated Response 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)

	<p>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.</p> <p>Staff also reported that mental-health referrals are routinely made when residents disclose past or recent victimization, including trauma stemming from sexual abuse. When discussing trauma or past victimization, case managers and program staff routinely offer mental-health referrals, telehealth counseling options, or connections to rape crisis services in the community. In at least one interview, a resident was specifically advised that seeking services through the local rape crisis center would allow them to continue therapy with the same provider after release. Other residents confirmed that mental-health support is available without cost when provided by the contracted on-site therapist funded by the local mental-health board.</p> <p>Residents are able to accept or decline services at any point during their stay.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Sexual Abuse Flow Chart</p> <p>MOU with Rape Crisis</p> <p>Interview with staff</p> <p>Interview with residents</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 Director, Programs Deputy Director, Deputy Director, Director of Operations Compliance, and Contract Nurse. The Sexual Abuse Incident Review will be forwarded to the Director 30 days from the</p>

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.

According to agency policy and as well as the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation:

- 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

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.

The facility has had two allegations of sexual abuse in the past twelve months. The facility provided the auditor with both Sexual Assault Incident Review reports. The report collects the following information:

- Date investigation opened
- Date investigation was closed
- Investigation outcome
- SAIR members
- Changes to policy or practice
- Incident motivation
- Physical barriers
- Adequate staffing levels
- Augmentation/deployment of monitoring technology
- Recommendations

The facility only made one recommendation based on an incident review. The recommendation was to increase monitoring when groups of residents are gathered closed together.

The auditor spoke with all the members of the SAIR team. The team members report that they use a SAIR form that list the required review items and how the facility plans to address any contributing factor that may have led to the abuse. The team states that they will implement procedures that will allow the facility to

	<p>better prevent, detect, or respond to incidents of abuse. The Director reports that facility management is always reviewing and addressing ways to ensure the residents are safe.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Sexual Assault Incident Review forms</p> <p>Investigation reports</p> <p>Interview of SAIR team members</p>
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115.287	Data collection
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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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.

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 PREA reporting form captures detailed information, including:

- Definitions
- Resident-to-Resident non-consensual acts reported
- Resident-to-resident attempted non-consensual acts reported
- Resident-to-Resident sexual harassment allegations reported
- Staff-to-Resident sexual misconduct reported
- Staff-to-Resident sexual harassment allegations reported

The auditor reviewed the agency's annual report, which contains the following allegation data:

Resident-to-Resident Non-Consensual Acts Report	
Substantiated	0
Unsubstantiated	1

Unfounded	0
Resident-to-Resident Attempted Non-Consensual Acts Reported	
Substantiated	0
Unsubstantiated	1
Unfounded	0
Resident-to-Resident Sexual Harassment Allegations Reported	
Substantiated	0
Unsubstantiated	2
Unfounded	0
Staff Sexual Misconduct Reported	
Substantiated	0
Unsubstantiated	0
Unfounded	0
Staff Sexual Harassment Reported	
Substantiated	0
Unsubstantiated	0
Unfounded	1

The PREA Coordinator reports that the Department of Justice has not made a request for this information.

Review:

Policy and procedure

FY 25 annual report

Agency website

Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

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:

- 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.

The auditor reviewed the agency's website and confirmed that the most recent annual report is posted. The facility post the annual report for the current and previous year so that a comparison can be made. 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.

The report includes:

- Definitions
- Aggregated incident data
- Identified problem areas
 - Ensure increased rounds by security staff in identified blind spots
 - Educate and ensure residents are closing the bathroom stall in the restroom facilities open to and observable by the dayroom
- Corrective action taken
 - Chief of Security and Shift Supervisors physically present on male and female wings, monitoring security staff rounds, resident activity, and blind spots
 - Unannounced rounds are documented by Supervisors on physical Employee Visitor Log
 - Security Supervisor observation rounds, both physically and by viewing the camera system to monitor staff rounds and detect any instances of sexual misconduct
 - New cameras have been added to the male dayroom linen closet and male honor dorm and are monitored daily

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>Review:</p> <p>Policy and procedure</p> <p>PREA Annual Report FY 24 and FY 25</p> <p>Agency website</p>
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115.289	Data storage, publication, and destruction
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <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 facility has posted reports for fiscal year 2024 and fiscal year 2025. 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> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Annual report</p> <p>Interview with PREA Coordinator</p>

115.401	Frequency and scope of audits
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	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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 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 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

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.

Review:

Agency website

Interview with PREA Coordinator

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or	yes

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

	expressively, using any necessary specialized vocabulary?	
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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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 (f)	Hiring and promotion decisions	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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.)	yes
115.221	Evidence protocol and forensic medical examinations	

(a)		
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim	yes

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

	investigation is completed for all allegations of sexual harassment?	
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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

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

	resident is transferred to a different facility?	
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 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)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing	yes

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

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

	toward other residents?	
	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: Whether the resident's criminal history is exclusively nonviolent?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na

	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241	Screening for risk of victimization and abusiveness	

(h)		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	no
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data	yes

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

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

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

(f)		
	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