

PREA Facility Audit Report: Final

Name of Facility: Talbert House Community Correctional Center

Facility Type: Community Confinement

Date Interim Report Submitted: 06/10/2023

Date Final Report Submitted: 07/24/2023

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: 07/24/ 2023

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	04/27/2023
End Date of On-Site Audit:	04/28/2023

FACILITY INFORMATION	
Facility name:	Talbert House Community Correctional Center
Facility physical address:	5234 State Route 63, Lebanon, Ohio - 45036
Facility mailing address:	

Primary Contact	
Name:	Tommie Johnson
Email Address:	tommie.johnson@talberthouse.org
Telephone Number:	513-6893150

Facility Director	
Name:	Tommie Johnson
Email Address:	tommie.johnson@talberthouse.org
Telephone Number:	513-689-3150

Facility PREA Compliance Manager

Facility Characteristics	
Designed facility capacity:	110
Current population of facility:	100
Average daily population for the past 12 months:	105
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	18-70 +
Facility security levels/resident custody levels:	minimum security
Number of staff currently employed at the facility who may have contact with residents:	35
Number of individual contractors who have contact with residents, currently	0

authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Talbert House, Inc. Executive Office
Governing authority or parent agency (if applicable):	
Physical Address:	2600 Victory Parkway, Cincinnati , Ohio - 45206
Mailing Address:	2600 Victory Pkwy, Cincinnati, Ohio - 45206
Telephone number:	5137517747

Agency Chief Executive Officer Information:	
Name:	Neil Tilow
Email Address:	neil.tilow@talberthouse.org
Telephone Number:	5137517747

Agency-Wide PREA Coordinator Information			
Name:	Cathy Jo Vanderpool	Email Address:	cjvanderpool@talberthouse.org

Facility AUDIT FINDINGS
Summary of Audit Findings
<p>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.</p> <p>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</p>

include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-27
2. End date of the onsite portion of the audit:	2023-04-28

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Atrium Medical Center SANE program SANE of Butler County SAfe on Main- rape crisis

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	110
15. Average daily population for the past 12 months:	98
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	98
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>32</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility does not have any volunteers or contractors.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>16</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided the auditor with a list of current residents and identified residents in targeted categories, along with other demographic information.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>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>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>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. No resident interviewed stated that they had made a report of sexual harassment or sexual abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor did not view anyone housed in the holding cell/administrative segregation cell during the onsite visit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

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

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

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not have any volunteers or contract staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor was given full access to the facility during the onsite visit. 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.</p> <p>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>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views and SecurManage resident database system.</p>
<p align="center">SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	3	4	4
Staff-on-inmate sexual harassment	3	0	3	0
Total	7	3	7	40

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	3	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	3	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	3
Staff-on-inmate sexual harassment	0	0	1	2
Total	0	0	2	5

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-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 staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal 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>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input 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)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Community Correction Center (CCC) adheres to Talbert House policy 12.04.01 (revised January 2023) that requires the facility to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all clients by maintaining a program of prevention, detection, response, investigation, and tracking. Sexual misconduct among clients and by staff towards clients is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated. Upon hire all staff have a continuing affirmative duty to disclose any misconduct.</p> <p>The policy includes definitions of:</p> <ul style="list-style-type: none"> Sexual Abuse Sexual Harassment Zero Tolerance <p>The policy also includes the specific ways agency procedures detect, protect, report,</p>

and respond to incidents of sexual abuse and sexual harassment.

- Safeguards to prevent sexual abuse and sexual harassment
- Hiring requirements
- Staff and resident reporting
- Administrative and criminal investigations
- Disciplinary procedures
- Retaliation monitoring
- Documentation
- Outcome measures

The agency has two agency-wide PREA Coordinators. The Compliance Business Partner and the Clinical Practice Director for the Corrections Service Line serves in this role. Both coordinators report that they have sufficient time and authority to ensure each Talbert House facility under the Corrections Service Line complies with the PREA standards. The Clinical Practice Director has been the PREA Coordinator since 2014, while the Compliance Business Partner has operated in this role since 2022. They are supervised by the Vice President of Integration and Clinical. Both PREA Coordinators are supported in all areas of developing and implementing policies, procedures, and protocols that allures all facilities ae in compliance with the PREA standards. The coordinators duties include working with each facility PREA Compliance Manager to ensure staff and clients receive the appropriate training, point of contact for all allegations of sexual abuse and sexual harassment, monitoring risk screening procedures, developing safety plans for high risk clients, collecting data for reporting PREA outcome measures, and insuring all allegations receive an administrative and/or criminal investigation.

The Associate Director has been identified as the facility's PREA Compliance Manger. The compliance manager is responsible for ensuring the facility is complying with all agency policies, procedures, and protocols. The Associate Director will be leaving this position soon; however, a new Associate Director has been identified and is being trained on the day to day responsibilities of ensuring the facility is complying with the standards. The Current Associate Director states that she is well trained and versed in the PREA standards and agency policies. She coordinates and works directly with the PREA Coordinators to make the facility safe for residents and staff.

The agency wide PREA Coordinator and facility PREA Compliance Manager both report having sufficient time and authority to ensure compliance.

Review:

Policy and procedure

Agency table of organization

Interview with PREA Co-Coordinator

Interview with PREA Compliance Manager

	Interview with Quality and Compliance Manger
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator reports that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf of Talbert House.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a documented staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. The plan is reviewed at least annually and updated as necessary. The plan will take into consideration:</p> <ul style="list-style-type: none"> • The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities • The composition of the client population • The prevalence of substantiated and unsubstantiated incidents of sexual abuse • Any other relevant factors <p>The facility provided the auditor with a copy of the most recent staffing plan. The staffing plan includes:</p> <p>Physical layout of facility:</p> <p>The Community Correctional Center (CCC) is a one-floor building with 110 resident beds. There are three dormitories and three-Day Rooms. Residents are separated by risk level. The building has a weight room that all residents have access to but at separate times. There is a kitchen, dining hall, Visitation Room, laundry facilities, a Duty Office which is the central hub of activity, two classrooms, several clinical offices and Admin area located in the front of the building.</p> <p>Composition of resident population:</p> <p>The facility houses male adult felony offenders. CCC accepts sex offenders and offers specialty tracks for that population.</p>

Prevalence of Substantiated and unsubstantiated PREA incidents of sexual abuse and sexual harassment:

The facility had three substantiated and three unsubstantiated PREA allegations in the past 12 months.

Other relevant factors:

None

Prevailing staff patterns:

CCC has a 40+ member, multi-disciplinary team that consists of Resident Advisors, Clinical Corrections Providers (case managers and licensed counselors), supervisory and administrative staff. The Resident Advisors monitor all movements and non-clinical daily activities in order to ensure the safety and security of all. The Resident to Staff ratio is 5:1.

Resources available to commit to ensure adequate staffing levels:

CCC receives funding from ODRC and the educational component of the program is supplemented with a grant from the Ohio Dept. of Education.

If the staffing plan is not complied with, document and justify all deviations for the plan:

When there is a gap in the staffing pattern, the staff utilizes temp services. Current employees can also volunteer for overtime hours. In addition, the site has an on-call policy that allows us to utilize staff from other sites.

Deployment of video monitoring system and other monitoring technologies:

The facility has 50 camera strategically placed throughout the interior and perimeter of the facility. The facility has the ability to view additional perimeter cameras from the Talbert House facility that shares a parking lot with CCC. The Associate Director reports that the facility has been approved for 10-15 additional cameras, as well as an upgrade to the DRV system.

In addition to monitoring residents through the camera system, Resident Advisor staff are required to conduct headcounts and other house rounds consistently, randomly, and periodically across all three shifts. RA staff are required to conduct at least three house rounds per shift on an irregular schedule. The RA staff are also required to conduct one inside check- ensure all doors are locked throughout the facility and a perimeter check during third shift.

The staffing plan review is conducted by the Director and Associate Director. The Director will make a budget request on behalf of the facility if additional staff or electronic monitoring is needed.

Review:

	<p>Policy and procedure</p> <p>Staffing plan</p> <p>Camera views</p> <p>Tour of facility</p> <p>Interview with Associate Director</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provided the auditor with the SOP for searches. The facility is prohibited from conducting cross-gender strip searches and prohibits all body cavity searches. All searches must be conducted by staff of the same gender as the resident.</p> <p>Pat search- A pat down of the client’s clothes while the client is still clothed. The staff member will run hands along the outer garments.</p> <p>Enhanced pat search - Client removing all clothing except underwear. The staff member will do a visual body search and search of clothing.</p> <p>Strip search - Inspection of genitalia, buttocks, breast of a person that is preceded by the removal or rearrangement of some or all of the person’s clothing that directly covers these areas.</p> <p>Prior to any staff member being permitted to conduct a pat or strip search, they will be trained on the appropriate processes and procedures on how to conduct a search, including residents that are LGBTIQ. Training is conducted at New Employee Orientation by a qualified staff member. The trainer will ensure that all Resident Advisors are able to conduct all searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The trainer will inform facility management that the staff member is qualified to conduct proper searches, including searches on transgender/intersex clients.</p> <p>The Operations Director reports that all staff are trained onsite annually on the appropriate way to search residents, including transgender residents. He reports that the facility has recently (within the past twelve months, but not currently) housed one transgender resident. He reports that staff were reminded of the transgender pat search protocols prior to the residents arrival, but the resident did stay at the facility long, and was transferred to another facility.</p> <p>Agency policy ensures that residents are allowed appropriate levels of privacy while</p>

shower, changing, clothes, or performing bodily functions. Residents are able to conduct those activities without the staff of the opposite gender viewing their buttocks or genitalia. Staff of the opposite gender are required to announce their presence when entering areas where residents are likely to be showering, changing clothes, or performing bodily functions.

The facility has cameras in the dorms areas. The facility has a dressing policy which requires all residents to be properly dressed in all common areas of the facility. Residents are informed that they must change clothing in the bathroom.

The facility has three housing units and each unit has its own bathroom. Dorm "A"'s bathroom has a solid door at the entrance with a window in the door. Inside the bathroom are two urinals, two toilets with no doors on the stalls, four sinks with a mirror above directly across from the toilets, four individual shower stalls with curtains, and four sinks across from the showers. Dorm "B" and "C"'s bathroom have an identical set up. It has a solid door at the entrance with a window in the door. Inside the bathroom are two urinals, two toilets with no doors on the stalls, six sinks with a mirror above across from the toilets, and four individual showers with curtains. Inside the facility's intake area, is a single use bathroom that includes a private shower that a transgender/intersex client can use.

Each of the bathrooms are configured to allow clients to shower, change clothing, and perform bodily functions with as much privacy as possible without compromising the safety of the facility.

The auditor interviewed twenty residents during the onsite visit. The auditor inquired about searches (pat, enhanced, and cross-gender), cross-gender announcements, and bathroom privacy. The residents report that they have never been searched by a female staff member, and that all female staff members announce themselves before entering the bathroom. The residents state that for the most part, only male staff members enter into the bathroom. The residents state that because there are cameras in the dorm rooms, they are required to change clothes in the bathroom. When asked, the residents report that they are told at intake of the facility's dress policy. The residents report that they have no issues with staff professionalism concerning searches; however, almost all of the residents complained about the lack of a covering at the entrance to the toilet.

The residents report that they will use bed sheets or the trash can to cover the entrance to the toilet while using it. They report that most staff allow them to use these items to provide privacy, but there are some staff that will remove the covering. The residents want to know the rules regarding this as it relates to PREA. Outside of the bathroom area, one cannot see into the toilet or shower area. The auditor discussed the concerns about the lack of a door or curtain at the entrance of the toilet area with facility leadership and the agency PREA Coordinators. They all report that the facility is currently working on a temporary plan to cover the toilet areas. The resident bathrooms will be remodeled soon and the remodel will include the ability to provide a door or curtain at the toilet entrance. This is done as a courtesy to the resident. The bathroom is not currently configured in a way that

violates the standards.

Resident Advisors were interviewed during the onsite visit. All interviewed stated that they receive annual training on how to conduct proper pat, enhanced, and strip searches. The female staff state that they are not allowed to conduct any type of search on male residents. The female staff report that if necessary, they will conduct a visual inspection of the resident, and use a security wand. The RA staff report to the auditor that they have received training on how to conduct pat searches on transgender residents. A few staff members were able to discuss their experience, and state that they did not have any issues while conducting searches on transgender residents. The staff report that they are not allowed to conduct body cavity searches. The auditor was able to view several pat searches conducted during the onsite visit. The searches were conducted according to agency policy.

The female staff report that they announce themselves when entering into the resident bathrooms. The staff do not announce when entering into the housing unit. There are cameras in the unit and the residents are not allow to be undressed in that area. The female staff report that they have not had any problems with incidental viewing.

The auditor discussed with the Associate Director the plans for offering transgender/ intersex residents a private opportunity to shower, perform bodily functions, and change clothing. The Associate Director reports that the facility will address any concerns the resident may have about showering or changing. Should the resident have concerns, the staff will allow the resident to shower privately in the bathroom in the Intake Area. The Associate Director states that transgender resident will be asked their preference of gender for searches but the facility cannot guarantee the preference due to staffing levels.

The Associate Director reports that the facility has housed one transgender resident in the past twelve months. The resident did not wish to have special accommodations for showering or pat searches, but did request the use of opposite gender pro-nouns. The AD reports that the facility did not have any complaints, issues, or allegations during the resident's stay; however, the type of facility (a locked CBCF) was not what the resident expected and did not want to stay to complete the program. Resident was transferred to another Talbert House program.

The auditor reviewed nine staff files and was able to verify staff training through training sign-in sheets.

Review:

Policy and procedure

Facility tour

Training curriculum

Training sign-in sheets

	<p>Search procedures</p> <p>Interviews with residents</p> <p>Interview with staff</p> <p>Interview with Associate Director</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 12.04.01 (revised January 2023) states that during the intake process, each resident will receive education about the agency's zero tolerance for sexual abuse and sexual harassment; how to report incidents or suspicions; and their right to be free from retaliation for making any reports. The agency will utilize professional interpreters in the community to assist with communicating to a resident with special needs. Residents will not be utilized as interpreters, readers, or assistants except in rare circumstances where an extended delay in obtaining an effective interpreter could compromise safety and/or the first-responder duties or investigation process. Resources included:</p> <ul style="list-style-type: none"> • Interpreters Ohio Relay - 1-800-750-0750 • Vocalink - 1-937-223-1415 • Hearing, Speech, and Deaf Center of Greater Cincinnati - 513-221-0527 • Affordable Language Services 513-745-0888 • Cyracom - 1-844-203-2025 <p>The Clinical Supervisor reports the auditor that during intake the facility will assess the resident ability to speak, read, and understand English; to read and understand the handbook; and if auxiliary items are to assist the resident. Should a resident need some type of assistance in order to benefit from all aspects of the facility's policies to prevent, detect, report, and respond to incident to sexual abuse and sexual harassment, the facility will provide that assistance at no charge to the resident.</p> <p>During admission to the facility, the facility admin is responsible for providing basic information about the facility, the resident handbook, disciplinary process/sanctions, the grievance policy, and PREA education. The assistant reports to the auditor that she will read most of the information to the group and will work one-on-one with any resident that has a disability that prevents the resident from understanding the information on their own. She states that she has not had a resident that did not speak and understand English but has needed to work with them individually to</p>

make sure they understand due to some English words being confusing or meaning something else in the resident's native language. She reports that she will also work one-on-one with a resident that has a cognitive disability or low/no reading skills.

The case manager who teaches the New Beginnings class (resident orientation) reports that she verbally reviews the handbook, rules, disciplinary procedures/sanctions, and PREA policies in more detail to ensure that the resident understands all facility policies and procedures. She reports that will reinforce the information received at intake and will review:

- What PREA is and what it is not
- Disciplinary action associated with PREA
- Investigations
- Zero tolerance policy
- How/ways to report
- Mandated reporting and confidentiality
- Community support

She reports that depending upon the assistance needed, she will work one-on-one with resident who need extra assistance. Should the client need assistance that is not readily available at the facility or from staff, the Associate Director will contact community resources to assist the resident.

The auditor interviewed all residents that were identified as having a reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. No client in the targeted category was in need of any additional services in order to benefit from the facility's efforts to prevent, detect, or respond to sexual abuse or sexual harassment. All specialized client interviewed were able to describe the PREA education provided to them at orientation group and knew all ways they were able to report an allegation.

Review:

Policy and procedure

Community resource list

PREA education material

Interview with Facility Assistant

Interview with Clinical Supervisor

Interview with Case Manager

Interview with Associate Director

Interview with targeted residents

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1469 416">Policy 12.04.01 prohibits the agency from hiring anyone, or enlisting the services of any contractor, to a position of direct contact with residents who has:</p> <ul data-bbox="352 488 1461 768" 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 data-bbox="280 813 1477 1093">The agency requires all applicants to disclose any allegation of sexual misconduct in the community and while working in an institution. Applicant will document this on the application and during the interview process. The application informs applicants that material omissions with regard to sexual misconduct, or materially false information, are ground for termination. Should an applicant be chosen for employment, the new staff member is informed of their continued responsibility to disclose such information.</p> <p data-bbox="280 1137 1458 1496">To ensure the agency does not hire a prohibited applicant, the Human Resource Department is required to complete background checks, institutional employer reference checks, and ensure the applicant is not listed on the Ohio Department of Developmental Disabilities Abuse Registry, Ohio Attorney General Sex Offender Watch List, DOJ Sex Offender List, or the Ohio Nurse Aid Registry. Employees who have contact with offenders are required to have an initial background check and another check every five years thereafter. The staff of the HR department will collect the background checks and compare any offense with the Disqualifying Offense Affidavit.</p> <p data-bbox="280 1541 1469 1865">The auditor reviewed nine employee files. The auditor was able to review and confirm that staff received an initial background check and a five-year recheck. The agency obtains checks from the Ohio Bureau of Criminal Investigations, Butler County Sheriff's Office, and Federal Bureau of Investigations. The files reviewed contained the initial background check and, if needed, the five-year recheck. A check of employee annual performance evaluation, shows documentation of the employee's continued affirmation of no incidents of sexual misconduct in the community or the facility.</p> <p data-bbox="280 1910 1442 2022">The agency conducts background checks every five years, regardless of when the staff started employment. This will guarantee that all staff receive the required check.</p>

The agency was able to show documentation of conducting reference checks on employees who have previously worked in institutional settings to determine if they have ever had a substantiated allegation of sexual abuse or resigned in the middle of an investigation into sexual abuse.

When discussing the promotion process, the Associate Director reports that employees will receive notification through the agency's intranet of all available open positions. Employees must complete an application or submit a letter of interest. The HR department will review all internal applicants to be sure they meet minimum qualifications before conducting an interview. A review of the minimum qualifications includes a check of the employee's performance reviews and disciplinary records. Disciplinary action is considered active for six months, and staff cannot be promoted during that time.

The auditor checked for promoted employees during the file review and verified that any employee promoted did not have disciplinary action that would have prevented the promotion. No employee file reviewed had any disciplinary action that would prohibit them from working with residents.

Contractors and volunteers are subject to the same background checks and vetting process as employees.

The HR department will honor all request for employment verification for previous employees unless prohibited. The information provided would include information on substantiated allegations of sexual abuse or sexual harassment if requested from an institutional employer for whom such employee has applied to work.

auditor reviewed 9 random employee files- 3 supervisors, 3 treatment staff, and 3 security staff. The review included onboarding documentation, employment application, reference checks/verification, interview forms, disciplinary records, training records, background checks, employee handbook, code of conduct/ethics acknowledgement, and promotions.

Review:

Policy and procedure

Employee files

Employee background checks

Reference checks

Disciplinary actions

Interview with Associate Director

Interview with PREA Coordinator

Interview with Quality and Compliance Manager

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1393 459">The Director reports that the facility has not acquired a new facility or had any substantial expansion or modification of existing facilities. He reports that the agency has no plans to substantially change this facility.</p> <p data-bbox="280 499 1474 779">The facility will assess the need to installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology during the annual staffing plan review. The Associate Director reports that the facility has plans for a cosmetic remodel and included in the remodel is an upgrade of the DVR system and the addition of 10-15 cameras. The increase in cameras will greatly reduced the facility's blind spot areas and increase the facility's ability to protect clients of incidents of sexual abuse and sexual harassment.</p> <p data-bbox="280 819 1425 896">The Associate Director will address any facility's request for a budget increase in order to augment the facility's electronic monitoring system.</p> <p data-bbox="280 936 392 969">Review:</p> <p data-bbox="280 1010 448 1043">Facility tour</p> <p data-bbox="280 1084 461 1117">Staffing plan</p> <p data-bbox="280 1158 748 1191">Interview with Associate Director</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 1464 564 1498">Auditor Discussion</p> <p data-bbox="280 1543 1393 1659">Policy 12.04.01 requires the agency to ensure investigations are conducted by properly trained investigators and report all allegations of sexual abuse to the appropriate law enforcement agency(ies) for investigation.</p> <p data-bbox="280 1700 1425 1980">The agency has a signed and dated MOU with the Warren County Sheriff's Department to investigate all criminal allegations of sexual abuse or sexual harassment as the facility by using a uniform evidence protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p data-bbox="280 2020 1445 2054">The facility has referred to the agency when it has requested an investigation into</p>

an allegation of sexual abuse that appeared to be criminal in nature (see standard 115. 222 for investigation details).

Clients of CCC that are in need of a medical forensic exam will be transported to Atrium Medical Center. The hospital partners with SANE of Butler County. Residents will receive:

- Sexual assault medical forensic examination
- Medications for the prevention of sexually transmitted infections
- Confidential services regardless of whether a victim reports the crime
- Referrals for 24-hour medical, legal, and court accompaniment, and personal advocacy

The representative states that all forensic examinations are conducted according to the Ohio Department of Health and Ohio Attorney General protocol for Treatment of Sexually Assaulted patients. She states that examiners are also able to provide expert witness testimony regarding the forensic standards and nursing scope of practice.

The facility has an MOU with SAfe on Main, formerly Abuse and Rape Crisis Shelter (ARCS) to provide advocate services to any client victim of sexual abuse or sexual harassment. The MOU outlines the agency agrees to provide to CCC clients. The services include:

- Providing accompaniment to the hospital, law enforcement interviews, and court proceedings
- Crisis support
- Crisis sheltering
- Therapy
- Support groups
- Long-term counseling
- Community based referrals

The mental health counselor has been identified as the facility's emotional supportive staff member. She reports she is available for in-house assistance for any resident victim. She reports that one resident received some services from her after reporting an allegation; however, the resident did not continue the services for very long. She continued to check in with him for the duration of his stay. The PREA Coordinator reports that the agency tries to always provide an advocate from a rape crisis agency to any client victim.

The facility has provided the auditor with documentation of staff administrative investigator training and emotional support training.

Review:

Policy and procedure

	<p>MOU with Warren County Sheriff's department</p> <p>Atrium Medical Center SANE program</p> <p>SANE of Butler County</p> <p>MOU with SAfe on Main</p> <p>Interview with Mental Health Counselor</p> <p>Interview with PREA Coordinator</p> <p>Training certificates</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The agency has a policy (12.04.01) that requires administrative and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The policy states that investigations are conducted by a properly trained individual or by the legal authority to conduct criminal investigations.</p> <p>The agency post the investigatory policy on its website, https://www.talberthouse.org/media/resources/PREA%20-%20FAQ_2015.pdf. The website states that all investigations will receive an administrative investigation and allegations local law enforcement will conduct independent criminal investigations, and be responsible for referral for prosecution.</p> <p>The facility has had eight investigation in the past twelve months.</p> <p>Investigation #1: Staff received information that a staff member was conveying contraband into the facility. During this investigation, the facility discovered that the staff member was engaged in sexually explicit conversations with a resident. The staff member, transferred to another Talbert House facility prior to the allegation, was placed on administrative leave. The allegation was determined to be substantiated, and the staff member was terminated. No criminal referral was made.</p> <p>Investigation #2: Staff received a third-party report that a resident received an inappropriate sexual comment from another resident. The facility interviewed the alleged victim who confirmed the inappropriate behavior. The allegation was unsubstantiated; however, the facility separated the abuse and victim by dorm, and increased monitoring between the residents.</p>

Investigation #3: A resident verbally reported to staff that another resident was making sexually harassing comments to him. The facility separated the alleged abuser and victim during the investigation. During interviews of other residents during the investigation, the facility discovered other residents who wanted to make a complaint about the alleged abuser making inappropriate sexual comments to them. The allegation was determined to be substantiated, and the allegation was referred to the Warren County Sheriff's Department for a criminal investigation. The resident was removed and arrested by the sheriff's department.

Investigation #4: A resident that was involved in investigation #3 allegation.

Investigation #5: A resident that was involved in investigation #3 allegation.

Investigation #6: The facility received a third party report of staff inappropriate sexual misconduct. The investigator interviewed the alleged victim, who denied the allegation. The staff member was placed on administrative leave and the allegation was referred to the Warren County Sheriff's Department for a criminal investigation. Due to the denial by both the alleged abuser and victim, the sheriff's department chose not to investigate any further. An administrative investigation resumed, and it was determined that there had been inappropriate sexual conversation between the staff member and the resident. The allegation of sexual harassment was determined to be substantiated. The staff member was terminated.

Investigation #7: A resident made a written allegation that a staff member made an inappropriate sexual comment towards him. The investigator interviewed the resident, who at first did not want to follow up with the allegation. After some discussion, he reported the comment that the staff member made; however, stated that he was not sure of the exact words, just that the comment made him feel uncomfortable. After the investigation, the allegation was determined to be unsubstantiated.

Investigation #8: A staff member reported that another staff member reported having an inappropriate relationship with a resident on her last day of employment. The alleged victim in the allegation had already been discharged from the facility. The allegation was reported to the Warren County Sheriff's Department. The department contacted the alleged victim, who denied the allegation. Due to the former residents' denial, the department closed the investigation. The facility initiated an administrative investigation and determined the allegation to be substantiated.

Review:

Policy and procedure

Agency website

Interview with administrative investigators

115.231	Employee training
	<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 1445 501">The agency’s Institute for Training and Development and online training system, Relias, provide agency staff with mandatory training to comply with the PREA standards. During New Employee Orientation, staff will be trained on the following topics related to this standard:</p> <ul data-bbox="354 568 833 1227" style="list-style-type: none"> • PREA overview (what is PREA) • Mandated reporter obligation • Responsive planning • Prevention planning • Searches/cross-gender viewing • Risk screening • Investigations • Reporting • Medical and Mental health care • Grievances • Signs of abuse • Client rights • Communicating effectively • Responding to incidents • First responder duties • LGBTI communication <p data-bbox="280 1272 1477 1554">PREA topics learned during New Employee Orientation are reviewed with staff bi-annually. The agency has a mandatory training subject list that includes the renewal rate and which staff are mandated to completing the training. PREA is listed to be provided biannually to all Courts and Correction site employees. On the off year, the staff receive refresher training on agency policies and other PREA related topics. In addition to the PREA topics listed above, the agency also provides staff training in the following topics:</p> <ul data-bbox="354 1621 1190 2078" style="list-style-type: none"> • Employee conduct and code of ethics • Reporting neglect/abuse • Socialization with residents • Conflicts of interest • Non-harassment training • Crisis de-escalation • Core correctional practices • Pat searches (enhanced, cross-gender, and transgender) • Professional etiquette • Community resources • Employee disciplinary procedures

	<p>All training is tracked, and a tracking report is kept in each employee's file. The auditor reviewed nine employee files to verify training.</p> <p>The staff report receiving annual training on PREA either in person at the Executive Office or through the computer using the Relias system. The auditor was able to review staff training records during the onsite visit. The agency has staff sign-in during in person facilitated training and runs a course record report for trainings completed through Relias in order to ensure staff complete the mandated training.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training files</p> <p>Interview with Associate Director</p> <p>Interview with PREA Coordinator</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 12.04.01 requires contractors, interns, and volunteers to receive PREA education training before being permitted to work with residents without staff supervision. The training includes a review of the agency's zero tolerance policy, how to prevent, detect, and respond to allegations of sexual abuse and sexual harassment.</p> <p>Site contractors will sign the Visitor Log acknowledging the agency's zero tolerance for sexual abuse and sexual harassment and the requirement to report any such behaviors. Regularly used contractors will sign a statement acknowledging awareness of PREA policy. Contractors are not permitted to move around the facility freely; they may only visit the area appropriate to their service provision.</p> <p>During the onsite visit, the auditor was required to sign the Courts and Corrections Visitor's Log each day. The log has the following acknowledgement:</p> <p><i>"Talbert House has zero tolerance for sexual harassment and sexual abuse. Contact with the clients in our facility is prohibited. Should you witness or become aware of any such activity, please report to the administrative office immediately."</i></p> <p>The facility provided the auditor with sign acknowledgements of the agency's zero tolerance policy and reporting obligations from volunteers and contract vendors. There were no contractors, interns, or volunteers at the facility during the onsite visit.</p>

	<p>Review:</p> <p>Policy and procedure</p> <p>Volunteer/contractor zero tolerance acknowledgement form</p> <p>Visitor zero tolerance sign-in sheet</p> <p>Interview with PREA Coordinator</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 12.04.01 (revised January 2023) states that during the intake process, each resident will receive education about the agency's zero tolerance for sexual abuse and sexual harassment; how to report incidents or suspicions; and their right to be free from retaliation for making any reports. The agency will utilize professional interpreters in the community to assist with communicating to a resident with special needs. Residents will not be utilized as interpreters, readers, or assistants except in rare circumstances where an extended delay in obtaining an effective interpreter could compromise safety and/or the first-responder duties or investigation process.</p> <p>The facility provided the auditor with material presented to residents during intake and orientation. The information on the PREA Orientation for Clients at Talbert House sheet includes:</p> <ul style="list-style-type: none"> • Facility safety message • Definitions • Services available (including female specific services) • Examples of sexual abuse, sexual harassment, and retaliation • Prohibition of consensual relationships (including staff) • Prevention techniques • Reporting and investigations • What to expect after a report • Victim advocate information • Retaliation • Discipline for false allegations • Free of charge services • Pat search expectations <p>Residents are provided a handbook during intake. The handbook and resident posters provides the residents with reporting information. The handbook and posters state that incidents, allegations, or suspicions of sexual abuse, sexual</p>

harassment, and retaliation can be reported verbally, in writing, or by calling:

- Your case manager
- A program supervisor
- The program Associate Director
- The Client's Right Advocate
- Talbert House Crisis Number
- SAfe on Main
- Outside reporting hotline and email address

During admission to the facility, the facility admin is responsible for providing basic information about the facility, the resident handbook, disciplinary process/sanctions, the grievance policy, and PREA education. The assistant reports to the auditor that she will read most of the information to the group and will work one-on-one with any resident that has a disability that prevents the resident from understanding the information on their own. She states that she has not had a resident that did not speak and understand English but has needed to work with them individually to make sure they understand due to some English words being confusing or meaning something else in the resident's native language. She reports that she will also work one-on-one with a resident that has a cognitive disability or low/no reading skills.

The case manager who teaches the New Beginnings class (resident orientation) reports that she verbally reviews the handbook, rules, disciplinary procedures/sanctions, and PREA policies in more detail to ensure that the resident understands all facility policies and procedures. She reports that will reinforce the information received at intake and will review:

- What PREA is and what it is not
- Disciplinary action associated with PREA
- Investigations
- Zero tolerance policy
- How/ways to report
- Mandated reporting and confidentiality
- Community support

She reports that depending upon the assistance needed, she will work one-on-one with resident who need extra assistance. Should the client need assistance that is not readily available at the facility or from staff, the Associate Director will contact community resources to assist the resident.

The auditor interviewed all residents that were identified as having a reading, cognitive and/or sensory impairment, limited English proficient, and additional random residents. The residents were able to list their rights under the PREA standards including the right to free medical and/or mental health services after an incident of sexual abuse. The residents were able to discuss reporting methods and stated that staff at intake, orientation group, and case management meetings have

	<p>reiterated their rights to be free from sexual abuse and sexual harassment while they are confined to the facility.</p> <p>The auditor reviewed five electronic resident files during the onsite visit. The files contained signed and dated acknowledgments of receiving:</p> <ul style="list-style-type: none"> • Resident handbook • Disciplinary consequences for program violations • Notice of privacy practices • Prohibited acts • PREA orientation • Search and UDS procedures • Consent • Program Compliance Agreement <p>The auditor insured residents received initial PREA information at intake and orientation group within 30 days of intake.</p> <p>During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident education materials</p> <p>Interview with target and random residents</p> <p>Interview with Facility Admin</p> <p>Interview with case manager</p> <p>Interview Associate Director</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy 12.04.01 requires the facility to have trained investigators to conduct administrative investigations. The training must include techniques for interviewing sexual abuse victims; evidence required to substantiate an allegation for administrative action or criminal referral; the use of Miranda and Garity warnings; evidence collection; and report writing.</p>

	<p>The agency has two trained investigators and the facility has two trained investigators. The investigators have received instruction from the Moss Group and additional instruction from the National Institute of Corrections. The training curriculum includes:</p> <ul style="list-style-type: none"> • Techniques for interviewing sexual abuse victims • Proper use of Miranda and Garity warnings • Sexual abuse evidence collection in a confinement setting • Criteria and evidence required to substantiate a case for administrative action or prosecution referral <p>The auditor interviewed both agency investigators and both facility investigators. The investigators discussed the techniques learned from the training, including understanding the spectrum of trauma as it related to resident victims, collaborating with other investigators, providing justifications of investigation outcomes, and preserving evidence for collection. The investigators report that if an allegation involves a staff member and appears to be criminal, they would not interview the staff member, but wait until a criminal investigation was complete before conducting an administrative investigation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Moss Group Inc. training curriculum</p> <p>NIC training curriculum</p> <p>Training certificates</p> <p>Interview with administrative investigators</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The agency requires all medical and mental health staff to complete specialized training for medical and mental health on the PREA Resource Center’s website. This training is in addition to the annual training they receive on the PREA standards.</p> <p>The facility nurse has been trained on how to assist clients that report incidents of sexual abuse and sexual harassment, but would not conduct forensic medical examinations. All exams would take place at Atrium Hospital where a SANE nurse would conduct such exam.</p>

	<p>The mental health provider reports that she receives training annually on providing care for clients that have been sexually abused or harassed. She states that should would provide emotional supportive and mental health services to clients. Should a client request outside support, she would connect them with Abuse and Rape Crisis Shelter (ARCS) for advocate services. The agency has an MOU with ARCS to provide these services to clients at all Talbert House facilities including males.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Specialized Training for Medical and Mental Health Professionals</p> <p>Interview with Mental Health Counselor</p> <p>MOU</p>
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115.241 Screening for risk of victimization and abusiveness	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy 12.04.01 states that each resident will be provided a risk screening assessment within 72-hours of admission to determine their risk for victimization or predatory behaviors.</p> <p>Residents assessed to be at risk will be addressed immediately to assure they and others are safe. Each resident will be reassessed within 30 days. Residents can also be reassessed if the facility receives additional relevant information or an allegation is made. The assessment collects the following information:</p> <ul style="list-style-type: none"> • Physical attributes • Age of residents • Physical, mental, or cognitive disability • Social indicators (timid, withdrawn) • Lesbian, gay, or bisexual identification • Screener’s perception of the resident’s sexual orientation • Transgender/intersex identification • History of sexual victimization • Resident’s perception of safety • Previous incarceration, including county jails and halfway houses • Placement in protective custody while incarcerated • History of consensual sex while incarcerated • Experienced previous sexual abuse while incarcerated • Institutional sexual taunting toward staff or offenders • Current or prior convictions for sex offense

- Gang affiliation
- History of violence
- Length of previous incarceration
- Previous numbers of incarcerations
- Open discriminatory of LGBTI populations
- Current or prior criminal conviction of abuse, neglect, or rape
- History of misconduct in a correction facility to include sexual conduct, masturbation, etc

The assessment has indicators listed to determine the classification of the resident. The possible classifications include; high risk, potential risk, or no risk for victimization or abusiveness.

The policy does not allow for disciplining a resident for refusing to answer or not disclosing complete information when questioned.

Each facility is required to perform the following procedure for residents who are assessed as high risk for victimization or abusiveness:

- Place resident in a dorm that is open and visible to staff
- Increase dorm/facility checks to ensure residents are safe
- Residents will be informed to immediately report problems
- Case manager will privately conduct status checks and address any safety concerns
- Management will document all safety measures taken

If a resident reports being abused at another confinement facility, the Associate Director will immediately report that information to the head of that facility and the PREA Coordinator. The resident will also be offered mental health services.

The facility has one staff person assigned to complete initial risk assessments for all new intakes. The case manager that performs this duty is responsible for conducting the assessment when the resident arrives or within the 72-hour requirement. The case manager responsible for conducting the initial assessment has been off and the Clinical Supervisor has been filling in. He reports that he takes the resident to a private area and explains the purpose of the assessment, how the information will be used, and that the information the resident provides will remain confidential with the exception of their case managers and himself. He states that should a resident be assessed as high in either area, he is to report the information to the associate director for appropriate safety measures. The case manager reports that the 30-day reassessment or a reassessment due to new relevant information or an allegation is completed by the resident's case manager. He reports that once the assessment for is complete, he will file the report in the resident's files. Access to client files is limited to treatment professionals.

The auditor interviewed a case manager who is responsible for conducting the 30-day reassessment. The case manager reports to the auditor that his is "trying to

get better" in conducting the assessments within the 30 days; however, the assessments are not being completed on time. He states that when he does complete the assessment, he will bring the resident into his office and read each question.

PREA risk assessments are completed within the agency's web-based resident database system- SecurManage. The facility is able to limit which staff members have access to the completed form. The facility provided the auditor with access to the system during the onsite visit. The auditor reviewed ten resident files and reviewed the intake date, date of initial assessment and the date of the reassessment. The auditor noted that the assessments are not being completed within the required time period. The auditor spoke with the Clinical Supervisor, the Associate Director and the PREA Coordinator about the non-compliance. The Clinical Supervisor and Associate Director were aware of the deficiencies and are developing a plan of action to address the issue.

The auditor spoke with the Clinical Supervisor, Associate Director, and the co-PREA Coordinators about the type of reassessment being conducted at all Talbert House community confinement facilities. The auditor spoke to them about the requirement to conduct full reassessments and not just inquire about changes to the initial assessment. The facility is able to conduct the same instrument for the reassessment within the SecurManage system and has instructed case manager to redo the full assessment.

CORRECTIVE ACTION:

The facility needs to ensure risk assessments are being completed on every resident in the time directed by the standard.

FACILITY RESPONSE:

The facility has updated the resident database system to be able to run reports on risk assessments, that include a report that will identify if initial and 30-day assessments are completed within the standard. The new QA process will allow for the supervisor and the PREA Coordinators to conduct quality assurance reviews at intervals that will ensure assessments are being completed on time. The auditor was able to view the new QA process.

Review:

Policy and procedure

SecurManage

Risk assessments

Resident files

Interview with case manager

Interview with Clinical Supervisor

	<p>Interview with Associate Director</p> <p>Interview with PREA Coordinators</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Agency policy requires the information on the risk screening assessment be made available to those staff members responsible for ensuring all housing, programming, and community assignments are given in a way to minimize the risk of a client being sexually victimized.</p> <p>The Clinical Supervisor reports that residents that have been identified as at high risk for victimization or to abuse will be placed in a bed/room that provides for maximum security. He also states that residents have the opportunity to address any underlining issues with the facility’s mental health counselor or community mental health agencies. The resident can also participate in groups in programming at the facility that also address underlining issues. The resident will make the ultimate choice whether they would like to address these concerns; however, the facility will offer counseling services to any resident that has previous victimization.</p> <p>Talbert House, as an agency, received a grant that allowed the agency to provide trauma informed care to call correctional staff.</p> <p>The mental health counselor reports that any resident that has been identified at high risk will be assessed and have the opportunity to participate in an eight week coping skills group, a PTSD group, or individual sessions. She states that residents are not forced to deal with past sexual trauma but are offered services if they would like to address the issue. The Operations Supervisor would be responsible for ensuring the resident is not housed with a resident of the opposite classification.</p> <p>The agency has a policy to proper housing of transgender or intersex residents. The policy requires the agency to consider:</p> <ul style="list-style-type: none"> • Which facility would ensure the client’s health and safety • Would the placement present management or security problems • What are the residents concerns about their own safety <p>Once the agency decides on a male or female facility based on those considerations, the facility will place the resident in a bed or dorm with the most visibility and security. The facility is equipped with a private bathroom and shower in the intake area that would be available for transgender/intersex residents.</p>

The facility housed one transgender resident in the past twelve months. The resident only stayed for ten days. While at the facility, the resident did not request any accommodations beyond using opposite gender pronouns. Staff interviewed reported that they did not witness or receive any reports of bullying or harassment of the transgender resident.

The auditor spoke with the Associate Director and the PREA Coordinator about the plan to house transgender clients safely. They showed the auditor the private bathroom available, the highly visible beds in each housing unit (identified beds directly under camera supervision), and the training staff receive for professional searches, communication, and accommodations.

The facility has three open bay housing units that are visible to other areas of the facility by the wall of windows. The facility also has cameras in the dorm area. They do not have a unit that is dedicated for residents that identify as LGBTI. Residents are assigned to a housing unit based on their Ohio Risk Assessment System (ORAS) score. The facility aims to house all ORAS assessed high risk residents together, moderate risk residents together, and low risk residents together. The Associate Director reports that the PREA risk assessment is given priority over ORAS assessments when a resident is identified as being at high risk for victimization or abusiveness.

The auditor interviewed any resident identified or perceived as being LGBTI. The residents report that all staff and residents have treated them with respect, and they have not experienced any harassment or bullying. The residents do not feel like they have been placed in a dorm or housing unit based on their sexual identity.

The auditor conducted a web search of the facility specifically and the agency as a whole and did not discover any lawsuits, consent decrees, or legal judgements against the facility/agency.

CORRECTIVE ACTION:

Because the facility is not conducting all assessments in a timely manner as required by standard 115.241, the facility cannot guarantee that they are not housing residents that would be classified as a potential victim with those who would be classified as a potential abuser. The facility will need to ensure assessments are conducted as required and continue to use appropriate separation and protection measures as described in policy.

FACILITY RESPONSE:

The facility has developed a new QA process within the resident database system that will ensure that assessments are being completed on time. The facility uses assessment classification information to house residents that are identified as being vulnerable, separate from those identified as abusive.

Review:

Policy and procedure

	<p>Risk assessments</p> <p>Facility tour</p> <p>Interview with Clinical Supervisor</p> <p>Interview with Operations Supervisor</p> <p>Interview with Associate Director</p> <p>Interview with residents</p> <p>Web search</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Talbert House policy 12.04.01 requires the facilities to provide multiple ways to report sexual abuse, sexual harassment, and retaliation to internal and external entities. Residents are not restricted to reporting such allegations via the agency's grievance procedures. Residents are encouraged to use the following established methods:</p> <ul style="list-style-type: none"> • Talbert House crisis line • ODRC reporting line • Facility grievance/complaint form • Verbally or in writing to any staff member, contactor, or volunteer • Abuse and Rape Crisis Shelter • Through a third party • Anonymously <p>The auditor verified that the methods available were posted in various areas throughout the facility and listed in the client handbook. The handbook lists the phone numbers for all the reporting entities. The residents are able to have personal cell phones at the facility, and for those who do not have a cell phone, the facility has a phone available for resident use at no cost and that does not record conversations.</p> <p>The auditor contacted the internal and external phone numbers listed in the handbook and on posters. The internal phone number has a live person answer the call while the external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The call to the outside reporting agency was returned the same day.</p>

	<p>During the onsite visit, the auditor interviewed twenty (20) residents. The residents were asked questions in accordance with the PREA Compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents were able to recite all reporting options including reporting anonymously. The residents report that during orientation group the instructor makes sure they know the location of the reporting posters and that all allegations are taken seriously. There were a few residents that had some concerns about being able to make anonymous calls or calls to an outside third-party agency. The residents report that they do not have access to the phones in the housing units unless they pay a "box" fee.</p> <p>The auditor spoke to the Associate Director about the residents concerns. She states that the residents are mistaken, and that the phones will allow residents to call any of the numbers posted free of charge. She states that they do not need pay the intake fee. The auditor and the Associate Director discussed providing this information to the residents during orientation.</p> <p>The staff interviewed stated that they are required to report all allegations regardless of how they were received. The staff state that they feel comfortable reporting allegation directly to their supervisors but also have the option of reporting directly to the PREA Coordinator.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Resident handbook PREA posters Outside reporting hotlines Interview with residents Interview with staff Interview with Associate Director
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a grievance policy that protect residents from abuse, exploitation, retaliation, humiliation, neglect, and discrimination based on race, ethnicity, age,

color, religion, sex, or sexual orientation. The policy states that all allegations will be investigated under agency policy 12.04.00.

The PREA Coordinator states that the residents can make reports or anonymous reports through a grievance form but the allegation would be immediately turned over to an administrative investigator.

Policy 12.04.00 states that the agency should use a standardize methodology for reporting and reviewing incidents and major unusual incidents (MUI).

- Within 24-hours a PREA investigator will start the PREA Investigation Report and submit to the PREA Coordinator
- Within 24-hours the client victim and client abuser will receive a new risk screening
- Within 48-hours a Special Incident Report will be submitted to ODRC or to FBOP
- The allegation will be investigated in line of PREA standard 115.271 by a trained investigator
- Should an administrative investigation take more than 90-days, the investigator would inform the client in writing of the need for an extension. The extension should not exceed 70-days
- The PREA Coordinator will provide a letter of the investigation findings and the Associate Director will give to client for date and signature

Once an incident is reported, the report must be submitted to the agency risk committee within 24-hours of the discovery for review.

The auditor interviewed twenty (20) residents during the onsite visit. The residents report that when they do file a grievance, they do not get a response in the required 3-5 days. The residents were able to give examples of recent reports that went unanswered. They report that they would not use the grievance box to file a PREA allegation. The residents report to the auditor that the facility has a separate box for PREA allegations. The auditor reviewed the investigations from the past twelve months and no allegation originated with a grievance. If a resident makes a verbal report, they are encouraged to document the incident and place the statement in the PREA box. This allows the details of the incident to remain confidential.

The auditor interviewed the Client's Rights Advocated during the onsite visit. She reports to the auditor that the reports that the residents place in the grievance box are not grievances as defined by policy, but rather resident complaints. The auditor discussed with the Advocate the process of informing the resident that their "grievance" is not a grievance and will be handle in the procedure designed to respond to complaints. She reports that once she receives the form, if it is not a grievance, she provides the report to the resident's case manager. The case manager is responsible for responding to the resident.

The auditor spoke to the Client's Rights Advocate, Associate Director, and PREA Coordinator about having residents document when someone has addressed their

	<p>grievance/complaint to ensure that they are responded to as defined in policy. This is especially important if a resident does make a written PREA complaint and places it in the grievance box.</p> <p>The PREA Coordinator states that no client reported being in need of protection from risk of imminent sexual abuse. She states that all residents receive protection measures when allegations are reported or suspected.</p> <p>FACILITY RESPONSE:</p> <p>The facility updated the grievance/complaint form to include a signature and date line for the resident to sign when staff reviewed the form with them. This will provide verification that the resident has received a response to their complaint/grievance within agency policy, and if a resident has made a report of sexual abuse or sexual harassment through the grievance process, the facility will be able to make a timely response to the allegation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA investigation/Investigation checklist</p> <p>Interview with PREA Coordinator</p> <p>Interview with Client's Rights Advocate</p> <p>Interview with residents</p> <p>Interview with Associate Director</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility has a MOU with SAfe on Main to provide residents with access to outside victims' advocates for emotional support services related to sexual abuse by giving residents the mailing address and telephone number to the agency. The facility also provides the mailing address and telephone numbers of other local, state, and national victim advocacy or rape crisis organizations.</p> <p>SAfe on Main's services include:</p> <ul style="list-style-type: none"> • 24 hour confidential hotline

- Hospital accompaniment
- Legal accompaniment
- Crisis intervention
- Long-term counseling
- Support groups

The facility informs the clients at intake the extent to which communications with these agencies will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Throughout the facility are posters that provide the name, contact numbers, and mailing address of local, state, and national rape crisis organizations.

An advocate from SAfe on Main provides a 24/7 crisis line for support of victims/survivors of sexual abuse. The agency can facilitate communication and accompaniment between the victim, the courts, and law enforcement. The advocate reports the services are provided to the clients of CCC free of charge.

*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

The facility did not have an allegation where the resident accepted assistance from an advocate. The investigation reports document the facility offering advocate, medical, and mental health services.

Review:

Policy and procedure

PREA posters

MOU with SAfe on Main

Resident handbook

Investigation reports

Interviews with residents

Interview with Associate Director

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>On the agency’s website, information for making a third-party allegation of sexual abuse or sexual harassment on behalf of a resident is posted. Per policy 12.04.01, the facility is responsible for reporting third-party reports of incidents of sexual abuse or sexual harassment to the administrative investigator and the PREA Coordinator.</p> <p>The auditor reviewed the agency website, https://www.talberthouse.org/resources/prea-5/, and was able to see the posted information on how a third-party can report an allegation. The information on the website includes:</p> <ul style="list-style-type: none"> • Phone: 513-751-7747 and ask to speak with PREA Coordinator • Fax: 513-751-8107 attention PREA Coordinator • Email: PREA.Reporting@talberthouse.org <p>The facility has also posted this information in areas of the facility where visitors would frequent.</p> <p>The auditor contacted the internal and external hotline number to verify the process. The internal phone number has a live person answer the call while the external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The call to the outside reporting agency was returned the same day.</p> <p>The facility did not have a third-party allegation that originated from outside the facility. The facility had several third-party allegations that were reported by residents on behalf of other residents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>PREA Posters</p> <p>Hotline numbers</p> <p>Investigation reports</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 12.04.01 requires states staff will report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse, harassment,

retaliation, or any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment or retaliation to their supervisors.

Anytime a resident or third-party reports an allegation of sexual abuse or sexual harassment, even anonymously, staff are obligated to report the allegation to their supervisor.

At each post desk there are PREA Incident/Investigation Checklist forms that they will use to ensure they are completing every required step once an allegation has been reported or suspected. The checklist list:

- Within 24 hours, the staff member will document
 - The type of allegation made (abuse or harassment)
 - Where the incident occurred
 - Date the incident was reported
 - Persons involved
 - If law enforcement has been contacted
 - If the agency has initiated a PREA investigation
- The PREA Coordinator will assign an administrative investigator to conduct interviews
- Do not take action until advised to do so outside of the first responder duties

The auditor reviewed nine (9) employee files during the onsite visit. The files contained the following training documentation:

- Resident confidentiality
- Code of ethics
- Resident rights
- Standards of ethical behavior
- Reporting procedures
- PREA zero tolerance policies

Policy 11.02.00 states employees, students, volunteers, and contractors who provide services for Talbert House are to make reasonable efforts to limit information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. Exceptions to the minimum necessary requirement are if the disclosure is required by regulations or law.

All staff that provide programming to residents are required to provide, especially those with licensure, are required to inform residents of their mandated reporting obligations at the beginning of services. Residents are made aware of all staff, contractors, and volunteers duty to report any allegation of sexual abuse or sexual harassment. Residents sign an acknowledgement at intake of informed consent during intake.

The facility has both medical and mental health staff. The auditor interviewed the staff and discussed their process for informing residents of the limits to their confidentiality. The mental health counselor reports that before she performs

	<p>assessments or group/individual counseling sessions, she has the residents sign an acknowledgement of informed consent. Residents sign an acknowledgement of informed consent for medical services and other programming/treatment groups during intake.</p> <p>During interviews of treatment and security staff, they report that during New Employee Orientation and Case Management 101 training they are informed of their obligation to report all reports (regardless of how it was reported), suspicions, and incidents of sexual abuse, sexual harassment, and retaliation.</p> <p>All staff interviewed, reported to the auditor that they would report all information related to sexual abuse, sexual harassment, retaliation, or staff neglect to their immediate supervisor. The staff report that during hours when the supervisor is not on duty, they would contact the Associate Director or the PREA Coordinator directly.</p> <p>The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that the PREA Coordinator report all allegations to the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.</p> <p>No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or a vulnerable adult.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Interview with mental health counselor</p> <p>Interview with staff</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 12.04.01 requires the facility to provide protection measures to residents who are at risk of sexual abuse or to prevent retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Protection measures can include:</p> <ul style="list-style-type: none"> • Housing unit changes • Removal of alleged abuser from contact with the victim

- Close observation
- Place alleged abuser or victim in holding cell

Any protective measures taken will be documented in the Sexual Abuse, Sexual Assault, and Sexual Harassment Reporting Form.

The staff at the facility reported to the auditor that resident safety is the highest priority of the facility. The staff discuss a current resident that requested to be placed in the holding cell until his release in a few days due to concerns over retaliation for reporting incidents not related to PREA. The auditor was able to speak to the resident. He states that he can move to throughout the facility for programming and meals. He reports that he felt comfortable coming to staff with his information and knew that the staff would keep him safe from anyone that would try to retaliate.

Staff were also able to discuss with the auditor the practice of increased monitoring of residents who may not get along with each other. They state that for allegations that are unsubstantiated and both the alleged victim and abuser remain in the facility, the facility will increase monitoring between the two residents.

The auditor was able to review the investigation for the past twelve months. The investigations documented the protection measures the facility put in place in order to ensure the victim is safe.

The PREA Coordinator confirms the practice of placing staff members on administrative leave, if necessary, and providing alternative/protective housing for residents in fear of imminent abuse.

The facility has not had a resident report being in fear of imminent abuse.

Review:

Policy and procedure

Interview with Associate Director

Facility tour

Investigation reports

Interview with resident

Interview with PREA Coordinator

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

	<p>Policy 12.04.01 states that when the facility receives an allegation that a resident was sexually abused while confined at another facility, the staff will immediately notify the Associate Director. The Associate Director will report that information to the head of the facility or appropriate central office of the agency where the alleged abuse occurred. The notification is required to be done as soon as possible, but no longer than 72-hours after receiving notification of the allegation.</p> <p>The facility has not had a resident report an incident of sexual abuse or sexual harassment while confined at another facility.</p> <p>The policy requires the facility to conduct an investigation into an allegation reported to the facility from another confinement facility by a former client.</p> <p>The facility has not had an allegation of sexual abuse or sexual harassment reported to the facility from another confinement facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has a written protocol that each facility must follow upon learning of an incident of sexual abuse. The first staff member responding to the scene must:</p> <ul style="list-style-type: none"> • Separate the alleged abuser and victim • Clear the area of other residents • Notify a co-worker of the incident and instruct them to call the appropriate law enforcement agency(ies) and the facility supervisor • Preserve and protect any crime scene until law enforcement arrives to conduct a criminal investigation • If the abuse occurred within a time period that allows for collection of physical evidence, request the alleged victim does not destroy and ensures the alleged abuser does not destroy any physical evidence by washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating • If it is learned that a client is subject to substantial risk of imminent sexual abuse, staff will take immediate action to protect the inmate at risk of victimization • If the first responder is not a security staff member, the responder will request the alleged victim not take any action that could destroy physical

	<p>evidence and notify security staff</p> <ul style="list-style-type: none"> • Complete the Sexual Assault/Sexual Harassment Reporting Form • Complete the MUI or incident report <p>The facility provided the auditor with the first responder training curriculum and sign-in sheets. All staff are trained on the first responder duties and receive annual training on these steps.</p> <p>During staff interviews, all staff (security and non-security) rattled off the three major points of the first responder duties:</p> <ul style="list-style-type: none"> • Separate the victim and abuser • Preserve and protect the scene • Ensure the alleged abuser does not destroy any physical evidence and request that the victim does not destroy any physical evidence <p>The staff report that they have not had an allegation where all first responder steps have been deployed. The staff state that for all allegations, the victim and abuser are always separated. The auditor reviewed all allegations from the past twelve months. In all allegations where the alleged abuser and victim were still in the same building, they were separated by dorm (resident) or the staff member was placed on administrative leave.</p> <p>The PREA Coordinator reports that for any allegation of sexual abuse, sexual harassment, or retaliation, the facility would ensure the safety of all residents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>First responder duties protocol</p> <p>Investigation reports</p> <p>Interviews with staff</p> <p>Interview with PREA Coordinator</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a coordinated response plan in place that coordinates the actions taken by staff first responders, medical and mental health practitioners, investigators, and agency leadership in response to incidents of sexual abuse and

	<p>sexual harassment. The plan includes:</p> <ul style="list-style-type: none"> • The facility will enact the first responder duties • If the allegation involves a staff member and/or a potential crime has been committed, local law enforcement will be notified • The PREA Coordinator will notify the VP and the Community Relations Director • The facility will offer rape crisis, medical, and/or emotional supportive services • Administrative investigation will begin once the police have completed their investigation • Once determined that the administrative investigation can proceed, the investigators will interview the alleged victim, witnesses, and alleged abuser • A retaliation monitor will be assigned • An administrative review of the allegation will take place within 30-days of the conclusion of the investigation • The PREA Coordinator will ensure all documentation is complete and report findings to the victim and the client’s parent agency • The PREA Coordinator will maintain custody of all investigation documentation <p>The plan is documented and available to staff at each post desk location.</p> <p>Review:</p> <p>Policy and procedure</p> <p>First Responder Duties Protocol</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>N/A: The PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an “at will” employer. Employees are notified of the “at will” status in their hiring letter.</p> <p>The auditor was able to review the hiring letter during the employee files review.</p> <p>Review:</p> <p>Employee files</p> <p>Interview with PREA Coordinator</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1481 707">Policy 12.04.01 states that the facility will have protection measures in place for residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility must also, for at least 90-days following a report of sexual abuse, assign a staff member who will monitor the conduct and treatment of a resident or staff who reported the sexual abuse. The facility will monitor the conduct and treatment of residents who suffered sexual abuse to include status checks of the resident’s disciplinary reports, housing changes, program changes, negative performance reviews, and reassignments of staff.</p> <p data-bbox="280 748 1455 1070">The PREA Coordinator reports the facility has several options to provide protection from retaliation for staff or residents or report incidents of sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The facility can separate the alleged client victim and abuser by dorm room, intake holding cell, or facility. The PREA Coordinator states that the facility can move the alleged staff abuser to another facility or place the staff member on administrative leave. The Coordinator states that the facility will act promptly to address any allegations of retaliation.</p> <p data-bbox="280 1111 1461 1433">The Clinical Supervisor reports he is responsible for conducting retaliation monitoring and status checks of staff and clients. He states that she will meet with the person being monitored on a regular intervals for at least 90-days after the report of the incident. He states that she will meet privately with the person and inquire of any concerns of retaliation and review the clients file for any disciplinary reports, program changes, and negative performance reviews. He states that the client will also be discussed at treatment team reviews to see if other staff have noticed any retaliation.</p> <p data-bbox="280 1473 587 1509">CORRECTIVE ACTION:</p> <p data-bbox="280 1550 1474 1832">The auditor reviewed the process for conducting retaliation monitoring and status checks. The checks are documented in the Resident Database System - SecurManage. The documentation shows that retaliation monitoring is not being conducted for the full 90-days if the abuser has been removed from the facility. The auditor spoke with the Associate Director and the PREA Coordinator about the responsibility of the facility to continue monitoring for the full 90-days regardless of whether the abuser is removed from the facility.</p> <p data-bbox="280 1872 571 1908">FACILITY RESPONSE:</p> <p data-bbox="280 1948 1468 2065">The facility has updated the retaliation monitoring form in the resident database system. The new form has specific monitoring intervals and must be completed for the entirety of the 90 days, unless the resident is released from the facility. The</p>

	<p>system will allow for monitoring to go past the initial 90-day requirement. Because the form is conducted within the database, the facility supervisor will be able to monitor and ensure that the form is conducting within the required intervals and for at least 90-days. The auditor was able to view the new process.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SecurManage Database</p> <p>Investigation reports</p> <p>Interview with Associate Director</p> <p>Interview with PREA Coordinator</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 12.04.01 requires an administrative and/or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. Administrative investigations are required to be conducted by a properly trained individual, and any allegation that appears to be criminal in nature will be referred to the legal authority to conduct a criminal investigation. Administrative investigators are required to:</p> <ul style="list-style-type: none"> • Gather and preserve direct and circumstantial evidence • Collect physical and electronic data • Interview alleged victims, suspected perpetrators, and witness • Review prior complaints and reports of sexual abuse and/or sexual harassment • Document the investigation in a written report <p>For criminal investigations, the PREA Coordinator is required to:</p> <ul style="list-style-type: none"> • Provide local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated • Keep record of these referrals and the outcome of the investigation • Document the outcome and report to the client victim <p>The agency provided the auditor with all investigation reports for the previous twelve months. The reports include:</p>

- Reported by
- Reported to
- Date/time of incident
- First responder name
- Date of report
- Type of allegation
- Notice to call PREA Coordinator
- Victim's name
- Alleged abuser's name
- Abuser's status (client/staff)
- Law enforcement involved (date/time contacted; name of officer)
- Medical services
- Hospital
- Advocate services/rape crisis (title)
- Mental health services
- Statements
- Cameras
- Witnesses' names
- Witness statements
- Actions taken to protect victim
- Actions taken against the abuser
- Action taken to protect and preserve the crime scene
- Redo risk assessment
- Review of prior incidents
- Current location of alleged abuse and victim
- Documentation of zero tolerance acknowledgement
- Investigation findings
- Disciplinary action
- Report to HR (staff only)
- Police reports
- Notification of investigation outcome to victim
- Copy of report sent to- Associate Director, parent agency, quality improvement, corporate compliance

The auditor reviewed eight of the facility's administrative investigations and those referred for criminal investigation. A summary of those investigations can be found in standard 115.222.

During the onsite visit, the auditor interviewed agency and facility administrative investigators. The investigators discussed the process for investigation initiation, investigation techniques, credibility assessments, and referrals for criminal investigation. The Associate Director and the Operations Director both report that the facility has not had an allegation of sexual abuse or sexual harassment for the past twelve months. They report that they have received administrative investigator training and would conduct an administrative investigation in conjunction with PREA Coordinators for any allegation reported.

	<p>While reviewing the investigations, the PREA Coordinator reports that she collects as much information as possible which can corroborate the allegation or assist in credibility assessments. She states that the facility never uses polygraph examinations or other truth telling devices as a part of any investigation. If the allegation is sexual abuse, the facility will inform the local legal authority to conduct an investigation before questioning a staff member.</p> <p>The PREA Coordinator reports that the agency will cooperate with the criminal investigators and remain abreast of the investigation. It is at the discretion of the criminal investigators to referral allegations for criminal prosecution. She states that will report information that is gathered from criminal investigations to the client victim.</p> <p>Policy requires the PREA Coordinator to collect and retain all documents related to the investigation for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PREA Coordinator reports that she has a binder with all allegations for all Talbert House facilities. She states that she alone has access to these documents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with Associate Director</p> <p>Interview with administrative investigators</p> <p>Interview with PREA Coordinator</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 12.04.01 states that the agency will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor interviewed the agency and facility investigators on the standard of proof used when making allegation determinations. All investigators report the facility required to use a measure of 51% when making determinations. The facility investigators report that the final decision in allegation determination lies with the PREA Coordinator, who is also a trained investigator.</p> <p>The auditor reviewed all investigations from the previous twelve months to verify</p>

	<p>the standard of proof used. The facility had four allegations and all allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy 12.04.01 states that outcomes of the investigations will be reported to the alleged. Victim. Victims will be made aware:</p> <p>If the alleged staff member is no longer posted in the resident’s facility</p> <p>If the alleged staff member is no longer employed with the agency</p> <p>If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility</p> <p>If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility</p> <p>If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</p> <p>If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility</p> <p>The PREA Coordinator will document the outcome of the investigation and provide the documentation to the facility in order for the client to sign and date receiving notification of the outcome. The PREA Coordinator will retain the signed and dated documentation as part of the investigation file.</p> <p>The facility provided the auditor with documentation of investigation outcome notification to the victim in the investigation.</p> <p>The PREA Coordinator reports that she ensures that the form is completed accurately and ensures that the facility Associate Director provided the notification to the victim. The victim will be provided a copy of the notification.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident notification forms</p>

	<p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 13.04.00 and 3.32.00 state all staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies.</p> <p>Termination will be the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Should a staff member be terminated for violations of agency sexual misconduct policy, or would have been terminated if not for the staff member’s resignation, they will be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies.</p> <p>Policy 3.80.00 informs staff of the agency’s progressive disciplinary procedure. The agency will apply a series of increasing serious levels of discipline, which allows for discipline to start at a higher level up to and including immediate termination of employment based on the severity of the infraction and circumstances of the situation, if necessary. Types of discipline include:</p> <ul style="list-style-type: none"> • Verbal warnings • Written warnings • Personal Improvement Plans • Terminations <p>Disciplinary actions are considered active for six months and will impact subsequent disciplinary action. Disciplinary actions for violation of agency sexual misconduct policies (other than sexual abuse) are commensurate with the nature and circumstances of the act committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>Employees are notified of the agency’s disciplinary policies during onboarding and contained within the employee handbook. Employees sign and date an acknowledgement of receiving employment related policies, including an acknowledgement of receiving notice of ethical behaviors; reporting procedures; definitions of abuse; and consequences, and an employee handbook. The auditor reviewed nine (9) employee files and verified signed and dated acknowledgements.</p> <p>The auditor reviewed disciplinary action taken against staff during the file review.</p>

	<p>No disciplinary action was for a violation of the agency's zero tolerance policy.</p> <p>During staff interviews, they acknowledgement receiving a copy of the employee handbook, access to employment related policies and procedures, and a copy of the agency's zero tolerance policies. Staff reported termination was the likely outcome for substantiated allegations.</p> <p>The facility had three substantiated allegations against staff during the past twelve months. Two of the staff members were terminated, while the third resigned prior to the allegation being reported. Documentation of the termination was provided to the auditor.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Employee files</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p> <p>Interviews with staff</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 12.04.01 states that volunteers or contractors who engage in sexual abuse with a resident will be prohibited from contact with any resident and will be reported to law enforcement (unless the behavior was clearly not criminal) and to relevant licensing bodies. The agency will prohibit further contact with residents in such circumstances.</p> <p>The auditor reviewed all facility allegations from the past twelve months. There were no allegations against a contractor or volunteer.</p> <p>The PREA Coordinator reports that the facility has never had an allegation against a contractor or volunteer. She states that should a contractor or volunteer be found to have violated the agency zero tolerance policies, the contractor or volunteer will be prohibited from entering the facility or having further contact with residents.</p> <p>Review:</p> <p>Policy and procedures</p>

	<p>Investigation reports</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>Agency policy 12.04.01 states that residents will be subject to termination from the program</p> <p>following an administrative or criminal finding that the client engaged in client-on-client sexual abuse. The sanction for client-on-client sexual abuse will be commensurate with the nature and circumstances of the abuse committed and will consider the client’s disciplinary history, mental disability or mental illness, and the sanction of others who committed similar offenses.</p> <p>The facility provides the residents a handbook at intake that describes the facility’s disciplinary policies. The handbook list termination from program as a possible sanction for a substantiated allegation of sexual abuse. Other allegations, depending upon the circumstance and seriousness of the allegation, will be subject to discipline according to the progressive disciplinary policy laid out in the client handbook.</p> <p>The auditor reviewed ten (10) client files during the onsite visit. The files contained signed and dated zero tolerance policy acknowledgments, client handbook receipts, and PREA orientation materials.</p> <p>Policy 12.04.01 states that residents may be disciplined for sexual contact with a staff person if the staff person did not consent to such contact. Residents can also be disciplined for consensual sexual activity between residents, but does not constitute sexual abuse.</p> <p>The policy also states that the agency will consider counseling, therapy, or other interventions to address and correct the underlying reasons for the abuse; however, the PREA Coordinator reports that the facility does not provide therapy or counseling for residents who commit sexual abuse. Residents who have been found to have sexually abused another client will be terminated from the program and returned to their parent agency.</p>

	<p>The auditor interviewed twenty residents during the onsite visit. The residents report receiving a handbook and reviewing the agency's PREA and disciplinary policies at intake and during orientation group. The residents report being informed of the sanctions related to violations of the PREA policies. When questioned about consensual relationships with staff or residents, most of the residents understood that relationships with other residents or staff were prohibited.</p> <p>The auditor reviewed all allegations from the past twelve months. Residents that had substantiated allegations were terminated from the facility. One resident was arrested and removed from the facility by Warren County Sheriffs after a referral for a criminal investigation.</p> <p>No client was disciplined for making patently false reports of sexual abuse or sexual harassment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Resident files</p> <p>Investigation reports</p> <p>Interviews with residents</p> <p>Interview with the PREA Coordinator</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 12.04.01 requires the facility to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the resident victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services will be provided by community providers and the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider. Policy 10.01.00 requires staff to contact 911 in medical emergencies, and to maintain direct supervision until medical personnel arrive.</p> <p>The first responder to the scene will ensure the resident receives proper medical and crisis intervention services. The agency received a federal grant that has</p>

	<p>allowed the agency to train all staff that work in confinement facilities with trauma informed care training. Staff can remain with the resident to provide supportive services until a victim advocate from Safe on Main can assist the resident.</p> <p>The Associate Director reports that medical services would be provided by Athena Medical Center or Athena Health. The hospital would provide medical evaluation and treatment; test for sexually transmitted infectious disease, and emergency contraception, pregnancy testing and comprehensive access to pregnancy related medical services are available for female clients or transgender clients. Continuing care would be provided by CareLogic.</p> <p>The facility’s mental health counselor would provide a mental health assessment and any necessary treatment. The mental health counselor; however, will not provide treatment to known resident abusers. Known resident abusers will not be housed at the facility.</p> <p>Rape crisis services will be provided to the residents by Safe on Main. Formerly known as Abuse and Rape Crisis Shelter (ARCS). Safe on Main provides comprehensive services to Sexual Assault Survivors that include crisis shelter, court advocacy, and support groups. Safe on Main partners with Atrium Medical Center and would coordinate care and services for the resident.</p> <p>The Associate Director reports that no resident has needed or requested medical or rape crisis services during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Safe on Main website</p> <p>Interview with Associate Director</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The facility has a mental health counselor that would provide mental health counseling services for residents who have been sexually abused, in a jail, lockup, or juvenile facility. Medical treatment would be provided by a community provider. The services can include:</p> <ul style="list-style-type: none"> • Evaluation and treatment of sexual abuse victims • Follow-up services

	<ul style="list-style-type: none"> • Continued care following release from the facility • Testing for sexually transmitted infections <p>The facility is required to provide victims of vaginal penetration (female residents or transgender residents) while incarcerated:</p> <ul style="list-style-type: none"> • Pregnancy testing • Timely and Comprehensive information about lawful pregnancy related medical services • Timely access to all lawful pregnancy related medical services <p>Agency policy requires the facility to perform a mental health evaluation for all known resident-to-resident abusers within 60-days of learning such history and offer treatment when deemed appropriate. The mental health counselor reports that he has not evaluated or treated a known client-to-client resident abuser. He states that to his knowledge, the facility has not housed a client abuser.</p> <p>The facility had eight allegations in the past 12 months. 2 Substantiated, 2 Unsubstantiated, 2 Unfounded, 1 pending administrative, and 1 pending criminal. The facility offered services to resident victims. Only one resident accepts mental health counseling from trained staff.</p> <p>The Associate Director reports that while the facility does not house female residents, should the facility house a transgender female, the resident would be offered all legal pregnancy related services in a timely manner. Testing for STIs and pregnancy would be completed at a local clinic.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with counselor</p> <p>Interview with Associate Director</p> <p>Investigation reports</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 12.04.01 requires each Talbert House facility to 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. The review will occur within 30 days of the conclusion

of the investigation and include upper management, line supervisors, and relevant clinical staff. The review must include:

- Consideration of a policy or practice change
- Whether the incident or allegation was motivated by race, ethnicity, gender identity, gang affiliation or any other group dynamics
- Assessment of the area where the incident occurred and whether a physical barrier may enable abuse
- Assessment of adequacy of staffing levels
- Assessment of monitoring technology

After the review, the PREA Coordinator will prepare a report of findings and any recommendations for improvement and submit the report to the Director.

The facility provided the auditor with SART reviews from all allegations reported during the past twelve months that were substantiated or unsubstantiated. The reports were completed prior to 30-days after the completion of the investigation. The auditor reviewed the reports, which included:

- Name of the alleged victim
- Name of the alleged abuser
- Victim accommodations (translator services, auxiliary aids, etc.)
- Number of staff on duty
- Cameras (number, working and in good order)
- Physical barriers/vulnerabilities
- Motivations for abuse
- Additional comments

The SART also documents on the review if there is a need for additional staff, electronic monitoring, change to policy and procedure, and recommendations.

The PREA Coordinator reviewed the process of assessing an investigation with the auditor. She reports that the team consists of her, the co-PREA Coordinator, the Director, the facility Associate Director, a line supervisor, the administrative investigator, medical or mental health staff (if necessary) and any other staff member needed. She states that should the team make a recommendation, the facility's Associate Director would be responsible for implementing the recommendations. The PREA Coordinator would document compliance with recommendations or reasons why the recommendation was not implemented.

Review:

Policy and procedure

SART incident review form

	Investigation reports Interview with PREA Coordinator
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 12.04.01 states that the agency will collect accurate, uniform data for every allegation using a standardized instrument and set of definitions (at minimum, the same data found on the Survey of Sexual Violence conducted by the Department of Justice). The agency is using their PREA Data Collection tool as their collection instrument.</p> <p>The auditor reviewed the form used to collect the data and confirmed that the information collected is appropriate enough to complete the Survey of Sexual Victimization. The information on the tool includes:</p> <ul style="list-style-type: none"> • Source of report • Case number • Date case was opened • Allegation type • Status of investigation • Details of allegation • Determination <p>The information on the form is aggregated and listed in the agency’s annual PREA report. The report is posted on the agency’s website. The auditor accessed the agency’s website and reviewed the 2022 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Talbert House facilities.</p> <p>The PREA Coordinator reports that the Department of Justice has not made a request for this information.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA Data Collection report form</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 12.04.02 states that the agency will compile data collected in standard 115.287 into an annual report. The report will compare the current year's data and corrective action with those from previous years and provide an assessment of the progress of the agency in addressing sexual abuse.</p> <p>The agency's continuous quality improvement department uses data to evaluate the effectiveness and efficiency of processes and to identify opportunities for improvement. The agency is responsible for developing quality indicators to monitor processes and outcomes regarding provision of services, and action plans to address deficiencies and opportunities. The facility is responsible for ensuring the implementation and measurement of these indicators and any subsequent action plans.</p> <p>The agency's annual PREA report is an assessment of the agency's identified vulnerabilities, corrective action plan, and areas of improvement. The auditor reviewed the report and ensured that the report compared the current year's data with those of the previous years. The information in the report includes:</p> <ul style="list-style-type: none"> • Identified Vulnerabilities <ul style="list-style-type: none"> ◦ Not all areas of the facilities are monitored through video surveillance ◦ Entry level and new staff are more likely named in a PREA allegation, with an average tenure of 5.7 months • Corrective Actions <ul style="list-style-type: none"> ◦ The PREA Tips Grant has allowed the agency to create two trainings- Basic Trauma Informed Care and Advanced Trauma-Informed Care. All staff were initially trained, and the course continues to be offered quarterly to staff ◦ Correctional Sites have made aesthetic changes to the facilities to create a less institutional and more welcoming environment for residents • Annual Assessment <ul style="list-style-type: none"> ◦ The agency will continue to ensure employees are trained on PREA standards. Policy and procedures are reviewed and updated annually. Upon admission, residents are provided a handbook informing them of their rights and resources related to sexual assault, sexual harassment, and/or retaliation. ◦ An increase in the numbers of cameras over the past five years has proven to be helpful in maintaining safety and completing investigations. In several allegations, the use of cameras has confirmed or denied inappropriate behavior occurred. ◦ Hiring same gender staff, when possible, and transferring staff to

	<p style="text-align: center;">same-gender facilities when needed has been helpful in maintaining safety.</p> <p>The information in the report has been reviewed and approved by the agency's President and CEO.</p> <p>The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA Annual Summary Report (2022)</p> <p>Talbert House website</p>
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115.289	Data storage, publication, and destruction												
	Auditor Overall Determination: Meets Standard												
	Auditor Discussion												
	<p>Policy 12.04.01 requires the PREA Coordinator to collect data requested in standard 115.287 and that this information will be aggregated and made available to the public through the agency’s website. The information posted to the agency’s website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p>The auditor reviewed the agency website, https://www.talberthouse.org/media/resources/PREA%20Annual%20Report2020.pdf, to ensure that the agency has posted its annual report. The annual report is completed based on a calendar year. The information in the report is collected by the associate director and submitted to the PREA Coordinator on a monthly basis. The PREA Coordinator is responsible for aggregating the information and preparing it for the annual report.</p> <p>ALLEGATIONS BREAKDOWN BY FACILITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Facility</th> <th style="width: 15%;">Number of Allegations</th> <th style="width: 50%;">Investigation Outcomes</th> </tr> </thead> <tbody> <tr> <td>ADAPT</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>Burnet Intensive Services</td> <td style="text-align: center;">1</td> <td>Unsubstantiated</td> </tr> <tr> <td>Community Correctional</td> <td style="text-align: center;">8</td> <td>3 Substantiated; 3 Unsubstantiated; 1</td> </tr> </tbody> </table>	Facility	Number of Allegations	Investigation Outcomes	ADAPT	0		Burnet Intensive Services	1	Unsubstantiated	Community Correctional	8	3 Substantiated; 3 Unsubstantiated; 1
Facility	Number of Allegations	Investigation Outcomes											
ADAPT	0												
Burnet Intensive Services	1	Unsubstantiated											
Community Correctional	8	3 Substantiated; 3 Unsubstantiated; 1											

Center		Pending -administrative; 1 Pending-criminal
Pathways for Women	0	
Cornerstone	0	
Serenity Hall	5	2 Substantiated; 1 Unsubstantiated; 2 Unfounded
Spring Grove	4	4 Substantiated
Turtle Creek	2	1 Substantiated; 1 Unsubstantiated

The PREA Coordinator reports that all information used to create the report is only accessible to approved administrative staff members and that she retains control of all information. She reports the information will be kept for ten years.

The information collected pursuant to standard 115.287 is made available to the public through the agency's website.

The auditor reviewed the agency's annual report. The report did not have personal identifying information or information that could jeopardize the safety and security of the facility.

Review:

Policy and procedure

Talbert House website

PREA annual Summary Report (2022)

Interview with PREA Coordinators

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency post all final PREA reports of each facility on the agency website. The auditor reviewed the agency website to ensure that during the previous audit year, 1/3 Talbert House facilities were audited. The agency has a total of seven facilities that require a PREA audit.
	This is year one, Pathways for Women, Community Correctional Center, and

	<p>Cornerstone were audited. The agency will have audits for the four other confinement facilities during year two of the audit cycle.</p> <p>The auditor was given full access to the facility during the onsite visit. The auditor was taken on a tour of the interior and perimeter areas of the facility. The auditor was provided a private room in order to conduct formal interviews of staff and residents. The auditor received documentation prior to and during the onsite visit.</p> <p>The auditor reviewed electronic documentation, resident files, staff files, and camera monitors for additional documentation and confirmation of reported information. The PREA Coordinator sent the auditor photographic evidence of audit notice postings. The auditor observed the posting during the onsite visit. The notices were posted in conspicuous areas throughout the facility. The notices included the auditors mailing and email address. The auditor did not receive any correspondence with a staff or resident prior to, during, or after the onsite visit.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, https://www.talberthouse.org/resources/prea-5/, the final PREA report for all Talbert House operated facilities. The final report for Community Correction Center from the previous audit (2018) is currently posted. The auditor reviewed the website and verified that all the facilities that were audited during year three of the previous cycle were posted. The PREA Coordinator reports that she understands the requirement of having all final reports posted.</p> <p>In the State of Ohio, all final audit reports of facilities that house ODRC offenders are also posted on the ODRC website, https://www.drc.ohio.gov/prea.</p>

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.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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?	no
	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?	no
	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.)	na
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	na

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

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

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

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

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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	yes

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