

# PREA Facility Audit Report: Final

**Name of Facility:** Talbert House Pathways Center for Women

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/25/2023

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"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 05/25/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	04/25/2023
<b>End Date of On-Site Audit:</b>	04/26/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Talbert House Pathways Center for Women
<b>Facility physical address:</b>	1616 Harrison Avenue, Cincinnati, Ohio - 45214
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Rebekah Fairbanks
<b>Email Address:</b>	rebekah.fairbanks@talberthouse.org
<b>Telephone Number:</b>	513-732-3524

<b>Facility Director</b>	
<b>Name:</b>	Rebekah Fairbanks
<b>Email Address:</b>	Rebekah.Fairbanks@TalbertHouse.org
<b>Telephone Number:</b>	513-653-2126

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Rebekah Fairbanks
<b>Email Address:</b>	rebekah.fairbanks@talberthouse.org
<b>Telephone Number:</b>	O: (513) 653-2126

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	102
<b>Current population of facility:</b>	60
<b>Average daily population for the past 12 months:</b>	41
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18+
<b>Facility security levels/resident custody levels:</b>	Halfway House
<b>Number of staff currently employed at the</b>	21

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

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

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

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-25
2. End date of the onsite portion of the audit:	2023-04-26

#### 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:	University of Cincinnati Hospital - SANE Women Helping Women - Rape Crisis

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	102
15. Average daily population for the past 12 months:	41
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

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

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The facility provided the auditor with a list of current residents and any that fit into one of the target areas. The auditor asked each staff member about their experience working with residents in the target categories, and no staff member identify a current resident in a category that was not already identified by administration. Staff, who have had previous experience working with a target category resident, recounted their experience with the auditor.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>20</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>The facility does not have any contractors or volunteers working at the facility. The facility does allow for outside agencies to provide services to residents onsite.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>7</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></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><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The facility has three housing units that hold residents from the Federal Bureau of Prisons and Ohio Department of Rehabilitation and Corrections. The auditor interviewed three targeted residents and selected the random residents based upon the two different agencies, housing units, dorms, race, age, and length of time in the facility.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Due to there only being three residents identified in the targeted categories, more residents than the minimum required were interviewed.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>3</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><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<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><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<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><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<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><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<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><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<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. The facility house two transgender residents during the past twelve months. One was released within the past two months. Many of the staff members and residents were able to discuss their experience with this resident.</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<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><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have a segregation unit or isolated cells.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>7</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></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><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

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

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input 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
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>The facility does not have contractors or volunteers onsite. During the previous audit, the facility had onsite kitchen staff. Since COVID-19 protocols, the facility has been preparing food at an offsite kitchen and delivering it to the facility. Facility staff that have completed Food Handlers Certification serve the meal to residents.</p>

## 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.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	<p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor tested 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>

## Documentation Sampling

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.

**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?**

Yes

No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.

The auditor reviewed electronic documentation during the onsite visit. This includes camera views and SecurManage resident database system.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

0

<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>The facility did not have an allegation of sexual abuse or sexual harassment in the past twelve months. The facility had a report of sexual abuse; however, the incident was later determined not to be PREA (resident was receiving services due to an overdose). The auditor was able to review an investigation into sexual abuse and sexual harassment from another Talbert House facility. This includes sexual abuse allegations that were referred for a criminal investigation.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>



<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	The facility did not have an allegation of sexual abuse or sexual harassment in the past twelve months. The auditor was able to review an investigation into sexual abuse and sexual harassment from another Talbert House facility. This includes sexual abuse allegations that were referred for a criminal investigation.
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The facility did not have an allegation of sexual abuse or sexual harassment in the past twelve months. The auditor was able to review an investigation into sexual abuse and sexual harassment from another Talbert House facility. This includes sexual abuse allegations that were referred for a criminal investigation.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p><b>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.</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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**Non-certified Support Staff**

<p><b>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.</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p><b>121. Who paid you to conduct this audit?</b></p>	<p> <input checked="" type="radio"/> The audited facility or its parent agency   <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)   <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)   <input type="radio"/> Other </p>
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<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Cornerstone Halfway House 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"> <li>• Sexual Abuse</li> <li>• Sexual Harassment</li> <li>• Zero Tolerance</li> </ul> <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. She reports to the auditor that her responsibilities include ensuring that the facility has an adequate staffing plan, staff and clients have appropriate training and education, and all allegations, regardless of how reported, are investigated. The associate director is also performing these duties for male counterpart facility.

Review:

Policy and procedure

Table of Organization

Job Description

Interview with Co-PREA Coordinators

Interview with Associate Director

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

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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"> <li>• The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities</li> <li>• The composition of the client population</li> <li>• The prevalence of substantiated and unsubstantiated incidents of sexual abuse</li> <li>• Any other relevant factors</li> </ul> <p>The facility provided the auditor with a copy of the most recent staffing plan. The staffing plan includes:</p> <p><b>Physical layout of facility:</b></p> <p>Pathways is a 100 bed residential facility that houses 66 female felony offenders on parole, probation, and transitional control, or referred to the facility from the Federal Bureau of Prisons. On the third floor, the facility houses 34 male offenders referred by the Hamilton County Probation Department for the Community Alternative Sentencing Center. (The male unit is under no obligation to be audited by the PREA standards; however, the facility provides these residents with the same benefits as the female offenders).</p> <p><b>Composition of resident population:</b></p> <p>The facility can house up to 66 adult female felony and probation offenders, and 34 adult male felony and adult offenders.</p> <p><b>Prevalence of substantiated and unsubstantiated PREA incidents of sexual abuse and harassment:</b></p>

0

**Other relevant factors:**

None

**Prevailing staff pattern:**

Pathways has a 20 member, multi-disciplinary team that consists of Resident Advisors, Clinical Correction Providers, supervisory staff and administrative staff. The Resident Advisor staff ratio is 10:1. The Resident Advisors monitor all movements and daily activities.

**Resources available to commit to ensure adequate staffing levels:**

Pathways receives funder from ODRC and Bureau of Prisons

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

When there is a gap in the staffing pattern , the site uses a temp service. Currently employees can also volunteer for overtime.

**Deployment of video monitoring system and other monitoring technologies:**

Pathways has 55 security cameras placed strategically throughout the facility. In the last year additional cameras and mirrors have been added to minimize blind spots.

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. Headcounts are announced over the PA system, and all residents are expected to return to their dorm room until the count is completed. RA staff are required to conduct at least three house rounds per shift on an irregular schedule.

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:

Policy and procedure

Staffing plan

Camera views

Tour of facility

Interview with Director

	Interview with Associate Director
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 facility has two Operations Supervisors, one male and one female. The male Operations Supervisor is the only male that regularly works on the female floor. Any other male Resident Advisor that works on the female floor, is remanded to the secondary post desk. The female Operations Supervisor reports that she will conduct training for new staff during onboarding training and annually during a staff training. The supervisor reports that male staff are prohibited from conducting searches of female residents.</p> <p>The auditor interviewed the male Operations Supervisor during the onsite visit. He reports that male staff at the facility work on the third floor with the male offenders in the Community Alternative Sentencing Center (CASC). These residents enter and exit at a separate entrance than female residents, and will receive a pat search by a male staff member. The supervisor reports that the agency prohibits cross-gender searches. While these residents are not funded by a program obligated to comply with the PREA standards, the staff members working this unit operate under the</p>



same policies and procedures. The male staff receive same gender, cross gender, and transgender search training during new hire orientation and onsite during on the job training. Male staff will work the secondary post to conduct pat searches of male residents only.

The auditor interviews security staff responsible for conducting searches. The staff report receiving training on how to conduct all types of searches. The training is conducted annually. The staff report that they are not allowed to conduct any type of search on an opposite gender resident.

The residents report receiving a pat search or an enhanced pat search when returning to the building from community access or receiving a random pat search while in the facility. The residents state that they have never received a search by a staff member of the opposite gender, and all searches are conducted respectfully and professionally.

The auditor was able to view several pat searches during the onsite visit. The searches were conducted as described in policy.

Agency policy ensures that residents are allowed appropriate levels of privacy while 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 dorm areas (ODRC dorms only). The facility has a dressing policy which requires all residents to be properly dressed in all common areas of the facility. The housing units have open bay dorms that are visible to other areas of the housing unit. The facility has a dressing policy which requires all clients to be properly dressed in all common areas of the facility. Residents are informed that they must change clothing in the bathroom.

Each housing unit has its own bathroom that clients who are assigned to that unit must use. Each bathroom has an entrance that provides for enough privacy inside the bathroom. The toilet stalls and single use showers have doors/curtains for privacy. The bathrooms have a client laundry area. 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.

Security staff report that male staff members do not work on the female housing unit. The staff, if required to work on that unit, will confine themselves to the post desk. The staff report that at all times there is at least one male and female staff member working, and that no female resident has been denied out of facility programming due to staffing. All staff interviewed stated that they were trained on how to make proper knock and announcements before entering into an opposite gender dorm/housing unit.

The auditor interviewed ten female residents during the onsite visit. The residents

report not being searched by an opposite gender staff member. They state that males stay at the back post desks and do not enter into the dorm or bathroom areas. They state that only exception to that is when maintenance needs to fix something. The residents report that when maintenance needs to enter the dorm, he will announce himself and the area will be cleared out until the repair is completed. The residents in the FBOP dorm report that the "vending machine guy" also comes inside the dorm; staff will announce when he comes into the dorm and will stay with him until he is finished. The residents report staffing training them on the dress policy at intake and feel the shower curtains over the shower and toilets provide enough privacy. No resident reported an incident of incidental viewing by a staff member.

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 clothes. The main building has a dorm area that has two beds, but is still connected to the housing unit. The facility would house transgender residents in this area if there are concerns about safety or taking a private shower. The Associate Director states that transgender residents will be asked their preference of gender for searches, and it will be taken into consideration due to the facility mandating at least one male and one female resident advisor in the facility at all times. The facility does not currently house a transgender resident, but has in the past.

The auditor reviewed a total of nine staff files and was able to confirm staff training. The facility also provided the auditor with a Resident Advisor Training Manual. The manual provides the training curriculum for all searches.

Review:

Policy and procedure

Facility tour

Training curriculum

Training sign-in sheets

Search procedures

Interviews with residents

Interview with staff

Interview with Operations Supervisors

Interview with Associate Director

**proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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:

- 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

The facility has a two part intake system. The Resident Advisor intake process and a Program intake process. During the Resident Advisor intake process, the RA staff will provide the resident with the resident handbook, disciplinary process/sanctions, and the grievance policy. The Program intake process will review PREA rights and responsibilities; provide written PREA education materials; review PREA What to Expect; and have the resident sign and date a PREA education acknowledgment form.

The Clinical Supervisor reports that prior to intake, the facility will receive notification of a resident who may require translation services or auxiliary aids in order to benefit from the program. She reports that she will work with the Associate Director to obtain the necessary resources. The agency has a contract with Cyracom translation/interpreter services and that they can call the agency at any time of the day or night, choose the language required, and an interpreter will assist them with the resident. The information to contact Cyracom for translation/interpretation services is posted on the resident bulletin board. The service is available to staff and residents any time of the day or night.

The Clinical Supervisor reports that she conducts orientation group for new residents. She states that she will ensure that the resident is aware and understands their rights under the PREA standards. She states that if a resident has limited reading or cognitive abilities, she will work one on one with the resident to ensure the resident knows how and who to report an allegation of sexual abuse or sexual harassment. The Clinical Supervisor reports that written PREA education material would be provided to a limited English Proficient resident in their native language.

The Clinical Supervisor states that the agency has a orientation guide they are to follow to ensure that all residents, regardless of Talbert House facility, would receive the same information about their rights and protections under the PREA standards. The education includes:

- 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

Resident Advisor staff that work first, and occasionally those who work second shift, are responsible for provided new residents with intake information and material that includes the resident handbook and initial PREA information. The auditor interviewed Resident Advisors from all three shifts. RA's from the first and second shift who provided intake information to the residents report verbally reviewing the handbook with residents and going over facility rules, which includes PREA. When asked about working with residents who are limited English proficient, deaf/hard of hearing, blind/low vision, or had a mental, physical, or cognitive disability, the staff report being able to use the available community resources to assist with the intake process. No staff member remembers working with a resident that was blind or deaf, but occasionally work with residents that are hard of hearing. The staff reporting making accommodations such as speaking louder, looking directly at the resident, and/or removing face mask when necessary. The staff state that Cyacom is available over the phone for translation services when necessary, and than there have been more than one resident in the facility that also spoke the language and was able to assist. No staff member reported working with a blind resident. No staff member reported a resident that had a mental, physical, or cognitive disability that prevented them from understanding their rights under the PREA standards.

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.

The agency has posted on its resident bulletin boards, notification on how residents can access interpreter services using any phone. Instructions include:

- Dial 844-203-2025
- Enter account number
- Enter pin number
- Say the language needed

	<ul style="list-style-type: none"> <li>• How to work effectively with an interpreter Instructors are given in over fifteen languages.</li> </ul> <p>Review:</p> <p>Policy and procedure</p> <p>Community resources</p> <p>Interviews with targeted residents</p> <p>Interview with Clinical Supervisor</p> <p>Interview with Intake Resident Advisors</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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 style="list-style-type: none"> <li>• Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution</li> <li>• 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</li> <li>• Has been civilly or administratively adjudicated to have engaged in the previously described activities</li> </ul> <p>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>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</p>

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.

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.

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.

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.

	<p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Employee background checks</p> <p>Reference checks</p> <p>Disciplinary actions</p> <p>Interview with Associate Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with Quality and Compliance Manager</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Associate Director reports that the facility has not acquired a new facility or had any substantial expansion or modification of existing facilities. She reports that the agency has no plans to substantially change this facility.</p> <p>The facility will assess the need for installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology during the annual staffing plan review. Since the last audit in 2020, the facility has increased the number of cameras. The increase in cameras have greatly reduced the facility's blind spot areas and have increase the facility's ability to protect residents of incidents of sexual abuse and sexual harassment.</p> <p>The facility used to only house female offenders. With the addition of male offenders, the facility has increased the number of security mirrors, and moved other cameras. The facility has also adjusted resident flow and movement in order to avoid male and female resident interacting with one another. All the changes where developed with input from the PREA Coordinator.</p> <p>The Director will address any request for a budget increase in order to augment the facility's electronic monitoring system.</p> <p>Review:</p> <p>Facility tour</p> <p>Staffing plan</p>

	Interview with Associate Director
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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>The agency has a signed and dated MOU with the Cincinnati Police Department to investigate all criminal allegations of sexual abuse or sexual harassment at 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>Residents of Pathways that are in need of a medical forensic exam will be transported to the University of Cincinnati Medical Center. The hospital has nurses that are specially trained to provide around the clock, first-response care to sexual assault survivors. The nurses are trained to:</p> <ul style="list-style-type: none"> <li>• Address psychological and physical trauma</li> <li>• Conduct safe and comprehensive physical examinations (including the use of colposcope and digital photography)</li> <li>• Provide dignity and compassionate support</li> <li>• Work with residents who have disabilities or are deaf</li> </ul> <p>The hospital has partnered with Women Helping Women to provide rape crisis advocates to victims of sexual assaults.</p> <p>The facility has an MOU with Women Helping Women to provide advocate services to any client victim of sexual abuse or sexual harassment. The MOU outlines the agency agrees to provide to all Talbert House facilities in the Cincinnati area residents. The services include:</p> <ul style="list-style-type: none"> <li>• Hospital support</li> <li>• One-on-one crisis intervention sessions</li> <li>• Long-term counseling</li> <li>• Legal accompaniment</li> <li>• Support groups</li> <li>• Support services for residents who identify as LGBT</li> </ul>



	<p>The auditor communicated via email with the director from Women Helping Women. The advocate confirmed the scope of services the agency would provide and that the services are free of charge.</p> <p>The facility has a staff member that has been trained to provide emotional supportive services to sexual abuse or sexual harassment victims at the request of the resident.</p> <p>The facility did not have a resident in need of advocate services or emotional support services related to an allegation of sexual abuse during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with Cincinnati Police Department</p> <p>University of Cincinnati Medical Center SANE program</p> <p>MOU with Women Helping Women</p> <p>Email with Women Helping Women Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with Clinical Supervisor</p> <p>Training certificate</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></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, <a href="https://www.talberthouse.org/resources/prea-5/">https://www.talberthouse.org/resources/prea-5/</a>. 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 had one allegation of staff sexual misconduct that was investigated. The investigation concluded that the incident was not PREA related, and the alleged</p>

	<p>victim was confused after waking up from a dose of Narcan. She confused the incident with a past history of sexual violence. The whole incident was available for administrative investigators to review from video footage.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Investigation report</p> <p>Interview with PREA Coordinator (administrative investigator)</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>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 style="list-style-type: none"> <li>• PREA overview (what is PREA)</li> <li>• Mandated reporter obligation</li> <li>• Responsive planning</li> <li>• Prevention planning</li> <li>• Searches/cross-gender viewing</li> <li>• Risk screening</li> <li>• Investigations</li> <li>• Reporting</li> <li>• Medical and Mental health care</li> <li>• Grievances</li> <li>• Signs of abuse</li> <li>• Client rights</li> <li>• Communicating effectively</li> <li>• Responding to incidents</li> <li>• First responder duties</li> <li>• LGBTI communication</li> </ul> <p>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 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</p>

addition to the PREA topics listed above, the agency also provides staff training in the following topics:

- 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

Once on site at the facility, new employees will receive on the job training. This training includes:

- Site specific PREA training
- Boundaries
- Confidentiality laws
- Staff office duty and coverage responsibility
- Intake and Orientation (providing training/education to residents)
- Opposite gender protocols
- Point of Care (first responder duties)
- Client rights and grievances
- Crisis intervention
- Disciplinary procedures/restrictions (providing training/education to residents)
- Resident mail

New employees are required to complete this On the Job training within 90 days.

All training is tracked, and a tracking report is kept in each employee's file. The auditor reviewed nine employee files to verify training.

During staff interviews, they report receiving mandatory training through Relias and during staff meetings. The staff were able to recall receiving training on how to report allegations, perform first responder duties, and boundaries. When prompted about other topics as required by the standard, staff was able to confirm their training. All staff report the training was sufficient enough to effectively prevent, detect, respond, and report allegations of sexual abuse and sexual harassment.

Review:

Policy and procedure

Training files

<p>Interview with staff</p> <p>Interview with Associate Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<b>Auditor Discussion</b>
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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.

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.

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:

- “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.”

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.

Review:

Policy and procedure

Volunteer/contractor zero tolerance acknowledgement form

Visitor zero tolerance sign-in sheet

Interview with PREA Coordinator

<b>115.233</b>	<b>Resident education</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 707">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 data-bbox="280 748 1453 864">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 data-bbox="352 936 1265 1469" style="list-style-type: none"> <li>• Facility safety message</li> <li>• Definitions</li> <li>• Services available (including female specific services)</li> <li>• Examples of sexual abuse, sexual harassment, and retaliation</li> <li>• Prohibition of consensual relationships (including staff)</li> <li>• Prevention techniques</li> <li>• Reporting and investigations</li> <li>• What to expect after a report</li> <li>• Victim advocate information</li> <li>• Retaliation</li> <li>• Discipline for false allegations</li> <li>• Free of charge services</li> <li>• Pat search expectations</li> </ul> <p data-bbox="280 1509 1382 1671">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 harassment, and retaliation can be reported verbally, in writing, or by calling:</p> <ul data-bbox="352 1738 1377 2065" style="list-style-type: none"> <li>• Your therapist- 513-684-7965</li> <li>• Your case manager- 513-684-7965</li> <li>• A program supervisor- 513-684-765</li> <li>• The program Associate Director- 513-684-7965 x1463</li> <li>• The Client's Right Advocate- 513-991-5622</li> <li>• Talbert House Crisis Number- 513-281 CARE</li> <li>• Women Helping Women 24hr Local Rape Crisis Hotline- 513-381-5610</li> <li>• Outside reporting hotline and email address- 614-995-3584</li> </ul>

DRC.ReportSexualMisconduct@odrc.state.oh.us

- FBOP Residential Reentry Office- 913-551-1015

The facility has a two part intake system. The Resident Advisor intake process and a Program intake process. During the Resident Advisor intake process, the RA staff will provide the resident with the resident handbook, disciplinary process/sanctions, and the grievance policy. The Program intake process will review PREA rights and responsibilities; provide written PREA education materials; review PREA What to Expect; and have the resident sign and date a PREA education acknowledgment form.

See standard 115.216 to see specific details on how the agency/facility ensures residents who are Limited English Proficient, have a mental, physical, or cognitive disability, or have limited reading abilities are educated on the agency's PREA policies.

The Clinical Supervisor reports she verbally reviews with the residents how to report allegations, including anonymously and through a third party; what behaviors can be considered sexual abuse or sexual harassment; disciplinary actions and sanctions; false reporting; confidentiality, mandated reporting, and informed consent; and services that are provided free of charge.

The residents were questioned on the information they received concerning PREA during intake. When questioned on the PREA education provided by the facility, the residents interviewed stated they received information concerning PREA during arrival from the RA staff, during the initial assessment conducted by intake staff, and during orientation group. The residents were able to list their reporting options and understood that they had the ability to report anonymously. When questioned on available services, the residents understood the availability of outside services free of charge. The residents report that the orientation instructor insures they have required information and know the location of PREA posters.

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.

Review:

Policy and procedure

Resident education materials

Resident handbook

Resident files

Interview with residents

	<p>Interview with Resident Advisors</p> <p>Interview with Clinical Supervisor</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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"> <li>• Techniques for interviewing sexual abuse victims</li> <li>• Proper use of Miranda and Garity warnings</li> <li>• Sexual abuse evidence collection in a confinement setting</li> <li>• Criteria and evidence required to substantiate a case for administrative action or prosecution referral</li> </ul> <p>The auditor interviewed both agency investigators and both facility investigators. The investigators discussed the techniques learned from the training, including trauma informed care, evidence collection as it relates to administrative investigations, proper documentation, and how to determine an appropriate finding to an investigation. The investigators report that should an investigation indicate criminal behavior, they will immediately stop the investigation and contact the local legal authority.</p> <p>Review:</p> <p>Moss Group, Inc. training curriculum</p> <p>NIC training curriculum</p> <p>Training certificates</p> <p>Interviews with administrative investigators</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility does not have full or part-time medical or mental health practitioners that would reside inside the facility. Residents that need medical services, including services for a forensic medical examination, would be sent to the University of Cincinnati Medical Center. The agency has services off-site for residents in need of mental health services. Integrative Services provides mental health counseling and has the capability of providing services at the facility. Integrative Services staff have received employee PREA training, as well as Specialized Training for Medical and Mental Health professionals provided by the PREA Resource Center’s website.</p> <p>The facility has provided the auditor with training course records for Integrative Service Staff that work at Pathways.</p> <p>The Associate Director reports that no client has used medical or mental health services due to a PREA related incident.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Specialized training for Medical and Mental Health Professionals</p> <p>Interview with Associate Director</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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"> <li>• Physical attributes</li> <li>• Age of residents</li> <li>• Physical, mental, or cognitive disability</li> <li>• Social indicators (timid, withdrawn)</li> <li>• Lesbian, gay, or bisexual identification</li> </ul>



- 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 auditor interviewed a case manager who is responsible for conducting risk assessments on the residents. The case manager was asked to do a step by step review of the process so that the auditor could assess the method used to obtain information use to score the assessment. The case manager states that she conducts the assessment, along with other assessments, in the privacy of her office, usually after reviewing the resident's file for collateral information. She reviewed the agency's zero tolerance policy; explained the assessment and its purpose; the

invasive nature of some questions, and that if the resident choose not to answer the questions, there were no consequences for not answering; and the privacy related to the information provided. She went through each question, elaborating when necessary, and providing definitions of terms used in the questions. After the assessment is finished, the case manager will explain that counseling services are available in the community, and that should the resident wish to use those services, sessions could be provided free of charge.

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

The auditor interviewed ten (10) residents during the onsite visit. All the residents interviewed had an initial assessment; some an initial and reassessment; and one who had a reassessment based on a substantiated PREA allegation. The auditor questioned if the residents remembered having a risk assessment completed, and gave examples of some of the questions that they would have heard during the assessment. All the residents stated that they did have an assessment completed, and some on their own stated that it was completed twice. Most remembered the person conducting the assessment informing them of their right to not answer questions, the confidentiality of the information, and the available counseling services.

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. All assessments were completed within the required time.

The auditor spoke with the Clinical Director along with 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.

Review:

Policy and procedure

SecurManage

Risk assessment

	<p>30-day assessment</p> <p>Interview with case manager</p> <p>Interview with Clinical Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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 resident being sexually victimized.</p> <p>The Clinical Supervisor and the Operations Supervisor discussed their plans for keeping residents who have been classified as being at risk for victimization to be kept separate from residents classified as being at risk for abusiveness. The Operations Director states that she will house residents, if necessary, in the opposite parent agency housing unit (housing unit assignments are based on parent institution). For residents that are at risk, but do not need to be housed in a different dorm, they will be placed in a bed that is under direct camera supervision. Residents that have been identified as abusive will be placed in a bed that is under direct camera supervision. The Operations Director states that the two state dorms are divided between those who have been identified as possible victims and those who have been identified as possible abusers. Those residents will be placed in a bed under camera supervision.</p> <p>As for programming, work assignments, and education, she states that as much as possible they do not assign residents with opposing risk classifications to the same schedule. If they are scheduled at the same time, staff is aware in order to ensure the residents are as separate as possible during that time.</p> <p>The case managers both described offering residents' community assistance to deal with any underlying issues identified during the risk assessment. Integrated Services or Cincinnati Treatment Center offers programming that addresses trauma related issues. Residents that have identified being abused in the community or while incarcerated are encouraged to participate in this program.</p> <p>The facility did not have a transgender resident during the onsite visit; however, the</p>

staff was able to discuss their experience working with transgender residents previously. The staff report being retrained on the safe management of transgender residents prior to the residents arriving at the facility. The Associate Director reports that administration and clinical staff interviewed the residents prior to placement in order to determine the best housing unit and other accommodations for these residents. The resident's concerns and preferences were addressed. The staff report that they were on high alert for bully and harassment, but no issues were reported.

The facility has two female state dorms and one female federal dorm in which to house residents. The male CASC unit on the third floor has two dorms. All of the dorms have their own dayroom and restrooms. Residents with the same referral source are housed together. The facility does not have a unit dedicated for residents identified as LGBTI.

The Associate Director reports that the PREA risk assessment is given priority over referral source when a client 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.

Review:

Policy and procedure

Risk assessments

Facility tour

Interview with Clinical Supervisor

Interview with Operations Supervisor

Interview with residents

web search

Interview with staff

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

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:

- 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

The auditor verified that the methods available were posted in various areas throughout the facility and listed in the resident handbook. The handbook lists the phone numbers for all the reporting entities. The residents are able to have personnel 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.

The auditor contacted the internal and external phone numbers listed in the handbook and on posters. The auditor was able to make the phone calls from the pay phone in the housing unit free of charge. 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.

During the onsite visit, the auditor interviewed ten (10) residents. The residents were questioned on ways a client can report, private and anonymous reporting, and how residents received information on reporting methods. The residents state that at intake, during orientation, and in meetings with their case manager, they are provided with the various ways that a resident can report allegations of sexual abuse and sexual harassment. Some residents even pointed out posters that have all available reporting options listed. The auditor was able to see resident's personnel cell phones. When questioning the residents about other who do not have cell phones, residents were able to discuss their experience requesting to use the staff phone. They state that the staff have no problem assisting with allowing them to use the phone. No resident interviewed stated that they made a report, but would know how to report if needed. When asked about sending and receiving mail, most of the residents were discussed mail call; however, the residents mail their own letters while out in the community. The residents state most of the mail received are packages.

The facility's Associate Director reports that residents that do not have the means to

	<p>purchase a cell phone have the opportunity to meet with their case manager to complete paperwork to receive a free phone through the government. The reports that residents are allowed to use the phone located near the main control desk, and that the calls will not be monitored. The Associate Director also reports that the facility staff do not read resident mail- incoming or outgoing. When asked about postage for residents who are identified as being indigent, she reports that residents have access to free postage paid envelopes; however, most residents use a phone to contact anyone outside the facility.</p> <p>All staff interviewed reported that all information they receive concerning an incident or report of sexual abuse or sexual harassment is to be immediately reported to their supervisor and documented on an Unusual Incident report prior to the end of their shift. The staff report that if they suspect sexual abuse or sexual harassment, they can make a private directly to the PREA Coordinators or the facility Director.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>PREA posters</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Outside reporting hotline test call</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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.</p> <p>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.</p> <p>Policy 12.04.00 states that the agency should use a standardize methodology for reporting and reviewing incidents and major unusual incidents (MUI).</p>

	<ul style="list-style-type: none"> <li>• Within 24-hours a PREA investigator will start the PREA Investigation Report and submit to the PREA Coordinator</li> <li>• Within 24-hours the client victim and client abuser will receive a new risk screening</li> <li>• Within 48-hours a Special Incident Report will be submitted to ODRC or to FBOP</li> <li>• The allegation will be investigated in line of PREA standard 115.271 by a trained investigator</li> <li>• 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</li> <li>• The PREA Coordinator will provide a letter of the investigation findings and the Associate Director will give to client for date and signature</li> </ul> <p>Once an incident is reported, the report must be submitted to the agency risk committee within 24-hours of the discovery for review.</p> <p>No allegation originated with a grievance.</p> <p>The PREA Coordinator states that no resident 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>Review:</p> <p>Policy and procedure</p> <p>PREA Incident/investigation checklist</p> <p>Interview with PREA Coordinator</p> <p>Interview with the Association Director</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has an MOU with Women Helping Women 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>Women Helping Women services include:</p>

- 24 hour confidential hotline
- Hospital accompaniment
- Legal accompaniment
- Crisis intervention
- Long-term counseling
- Support groups

The facility informs the residents at intake the extent to which communications with these agencies will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility does not have phones that record or need a pin number to access. The staff will open mail in front of residents to check for contraband, but do not read resident's mail. Residents have the ability to have private conversations with outside supportive services through the use of their personal cell phone or an unmonitored phone near the main post desk. Residents can send mail on their own while out in the community, or place in a resident mailbox in the lobby area. Staff assistance is not needed to send out mail, allowing residents the freedom to contact supportive services at anytime.

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

\*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 has a practice of offering every victim of an allegation of sexual abuse or sexual harassment emotional supportive/mental health services. The facility did not have anyone report an allegation of sexual abuse during the past twelve months.

Review:

Policy and procedure PREA posters

MOU with Women Helping Women

Resident handbook

Interviews with residents

Interview with Associate Director

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<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, <a href="https://www.talberthouse.org/resources/prea-5/">https://www.talberthouse.org/resources/prea-5/</a>, 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"> <li>• Phone: 513-751-7747 and ask to speak with PREA Coordinator</li> <li>• Fax: 513-751-8107 attention PREA Coordinator</li> <li>• Email: PREA.Reporting@talberthouse.org</li> </ul> <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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Facility posters</p> <p>Hotline numbers</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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.

Residents are made aware of all staff, contractors, and volunteers duty to report any allegation of sexual abuse or sexual harassment. Resident sign an acknowledgement at intake of informed consent during intake.

During staff interviews, the auditor asked staff from all levels and departments to explain the facility's reporting process. The staff responded by stating that they would immediately report any report, suspicion, or information to their supervisor or the manager on call. The staff report that they can always report to the Facility Associate Director. All staff interviewed stated that the Facility Associate Director, who is also an administrative investigator, has an open door policy and has created a culture where reporting is comfortable.

The auditor questions staff on reporting suspicions or "red flag" behavior. The staff

	<p>discussed trainings on boundaries and what to watch. Some staff members reported feeling comfortable enough to approach peers and talk about behavior that could be perceived as “flirty” or “too personal.” A few staff members talked about their experience reporting suspicions.</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>PREA investigation checklist</p> <p>Ohio mandatory reporting laws</p> <p>Interviews with staff</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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"> <li>• Housing unit changes</li> <li>• Transfers to another Talbert House Halfway House facility</li> <li>• Removal of alleged abuser from contact with victim</li> <li>• Close observation</li> </ul> <p>Any protective measures taken will be documented in the Sexual Abuse, Sexual Assault, and Sexual Harassment Reporting Form.</p> <p>The Associate Director reports that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. As far as protection methods used for residents, the Associate Director states that the type of</p>

	<p>protection will depend upon the situation. She states that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. If the allegation is against another resident, the facility has the ability to move the resident to another dorm, facility, or if appropriate and allowable by the parent agency, place the resident victim on home confinement. The parent agency also has the ability to remove the resident from the program if necessary.</p> <p>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.</p> <p>During resident interviews, when question about feeling safe in the facility, several residents stated "PREA doesn't happen here." The residents report that staff respond quickly whenever they hear or see any type of harassment or bullying, and have faith that the staff will ensure their safety while at the facility.</p> <p>The facility has not had a resident report being in fear of imminent abuse.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with Associate Director</p> <p>Interview with Resident Advisor Supervisor</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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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<b>115.264</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></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"> <li>• Separate the alleged abuser and victim</li> <li>• Clear the area of other residents</li> <li>• Notify a co-worker of the incident and instruct them to call the appropriate law enforcement agency(ies) and the facility supervisor</li> <li>• Preserve and protect any crime scene until law enforcement arrives to conduct a criminal investigation</li> <li>• 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</li> <li>• 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</li> <li>• 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 evidence and notify security staff</li> <li>• Complete the Sexual Assault/Sexual Harassment Reporting Form</li> <li>• Complete the MUI or incident report</li> </ul> <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>All staff interviewed were questioned on their understanding of the facility's Coordinated Response Plan. The staff was able to describe a safe location to take the victim, a place to hold the abuser until the local police arrived where they could not destroy any evidence, and contacting the appropriate community agency for</p>

	<p>rape crisis assistance. Staff report that they would contact their supervisor or the PREA Coordinator for specific instructions if an incident ever occurred.</p> <p>Review:</p> <p>First Responder Duties Protocol</p> <p>Interview with staff</p> <p>Interviews with PREA Coordinator</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>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 sexual harassment. The plan includes:</p> <ul style="list-style-type: none"> <li>• The facility will enact the first responder duties</li> <li>• If the allegation involves a staff member and/or a potential crime has been committed, local law enforcement will be notified</li> <li>• The PREA Coordinator will notify the VP and the Community Relations Director</li> <li>• The facility will offer rape crisis, medical, and/or emotional supportive services</li> <li>• Administrative investigation will begin once the police have completed their investigation</li> <li>• Once determined that the administrative investigation can proceed, the investigators will interview the alleged victim, witnesses, and alleged abuser</li> <li>• A retaliation monitor will be assigned</li> <li>• An administrative review of the allegation will take place within 30-days of the conclusion of the investigation</li> <li>• The PREA Coordinator will ensure all documentation is complete and report findings to the victim and the client’s parent agency</li> <li>• The PREA Coordinator will maintain custody of all investigation documentation</li> </ul> <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>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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.</p> <p>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>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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>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 abuse by building, dorm room, floor, or facility. The facility can also place the client victim on electronic monitoring with permission from the parent agency (FBOP or ODRC). 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>The Associate Director is responsible for retaliation monitoring. She reports to the auditor that she will meet with the resident or staff member every 15 days in a</p>

	<p>private setting to ensure the resident or staff member is not receiving any retaliation for reporting an allegation or cooperating with an investigation. The Compliance Manager states that should the person being monitored be a resident, then the 15-day monitoring visits will also include status checks.</p> <p>The facility has not had an allegation of sexual abuse or sexual harassment which to provide retaliation monitoring; however, the facility was able to allow the auditor to review other investigations to observe the retaliation monitoring process.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SecurManage database</p> <p>Investigation report</p> <p>Interview with Associate Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 12.04.01 requires an administrative and/or criminal investigation are completed for all allegations of sexual abuse and sexual harassment.</p> <p>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"> <li>• Gather and preserve direct and circumstantial evidence</li> <li>• Collect physical and electronic data</li> <li>• Interview alleged victims, suspected perpetrators, and witness</li> <li>• Review prior complaints and reports of sexual abuse and/or sexual harassment</li> <li>• Document the investigation in a written report</li> </ul> <p>For criminal investigations, the PREA Coordinator is required to:</p> <ul style="list-style-type: none"> <li>• Provide local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated</li> <li>• Keep record of these referrals and the outcome of the investigation</li> </ul>



- Document the outcome and report to the client victim

The agency provided the auditor with all investigation reports for the previous twelve months. The reports include:

- 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

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 Supervisors all report that the facility has not had an allegation of sexual abuse or sexual harassment for the past twelve months. The investigators discussed an incident that was reported as and investigated like it was PREA; however, during the investigation it was

	<p>determined that the situation was not PREA. The male Operations Supervisor states that he has received the training, but has never conducted an investigation. The investigators would conduct an administrative investigation in conjunction with PREA Coordinators for any allegation reported.</p> <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>The facility did not have an allegation of sexual abuse or sexual harassment. The auditor reviewed investigation reports from other Talbert House facilities to ensure the investigative process is followed according to agency policy.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with Associate Director</p> <p>Interview with Operations Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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

	<p>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 facility did not have an allegation of sexual abuse or sexual harassment during the past twelve months. The auditor was able to review investigation reports from other facilities and ensure the determinations were based on a preponderance of the evidence.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with administrative investigators</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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> <ul style="list-style-type: none"> <li>• If the alleged staff member is no longer posted in the resident's facility</li> <li>• If the alleged staff member is no longer employed with the agency</li> <li>• If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <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 has not had an allegation of sexual abuse or sexual harassment during</p>

	<p>the past twelve months. The agency provided the auditor with notifications from other facility investigations. The notifications have the required information noted and signed/dated by the resident.</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. All victims are required to sign and date the notification. The victim will be provided a copy of the signed 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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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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"> <li>• Verbal warnings</li> <li>• Written warnings</li> <li>• Personal Improvement Plans</li> <li>• Terminations</li> </ul> <p>Disciplinary actions are considered active for six months and will impact subsequent</p>

	<p>disciplinary action. Disciplinary actions for violation 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 acknowledgment 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 acknowledgments.</p> <p>The auditor reviewed disciplinary action taken against staff during the file review. No disciplinary action was for a violation of the agency's zero tolerance policy.</p> <p>During staff interviews, they report that they received an employee handbook during hiring, and that all updates to policy or the handbook are given to them prior to implementation. The staff reported their understanding that violations to the agency's zero tolerance policy would result in termination. Some staff were also able to identify criminal prosecution and/or loss of licensure as possible consequences.</p> <p>The facility did not have an allegation of sexual abuse or sexual harassment. The agency provided the auditor with investigation reports from other Talbert House facilities. The auditor was able to review an investigation report of staff-to-resident sexual misconduct. The allegation was determined to be substantiated and the staff member was terminated.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Employee handbook</li> <li>Employee files</li> <li>Investigation report</li> <li>Interview with PREA Coordinator</li> <li>Interviews with staff</li> </ul>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 12.04.01 states that volunteers or contractors who engage in sexual abuse

	<p>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>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 at Pathways for Women. 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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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 12.04.01 states that residents will be subject to termination from the program 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</p>

	<p>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 ten (10) residents during the onsite visit. The resident report that during intake they received information on the facility's zero tolerance policies and possible consequences for violations of those policies. The residents report that the RA reviewed the basics of the handbook with them that includes disciplinary procedures, and received a full education during orientation group.</p> <p>The Operations Supervisor reported that the agency does not allow for residents to have relationships with other residents, and that disciplinary action will be given for any resident found to be in a relationship with another. If the residents are in the same housing unit, one will be moved. He reports that the facility can also discipline residents for alleging an allegation of sexual abuse or sexual harassment that they know is patently false. He states that residents are trained during orientation on what is and what is not PREA, and how reporting a false allegation is grounds for disciplinary action.</p> <p>The facility did not have an allegation of resident-to-resident sexual abuse or sexual harassment. Nor did the facility have a report of a resident trying to establish an unwanted relationship with a staff member or a relationship with another resident.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Resident files</p> <p>Interview with residents</p> <p>Interview with Operations Supervisor</p> <p>Interview with PREA Coordinator</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The facility is required to ensure that resident victims of sexual abuse receive

timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the client 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.

The does not have onsite medical or mental health personnel. 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 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 Women Helping Woman can assist the resident.

Residents needing medical care will be transported to the University of Cincinnati Medical Center. 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 residents or transgender residents. This facility does not house female residents, some of the medical treatment would only apply if the facility housed a transgender resident that is a biological female. The facility would provide community access to a mental health provider for an assessment and any necessary treatment.

The facility has a MOU with Women Helping Women to provide rape crisis services to resident victims of sexual abuse. Women Helping Women services include:

- Hospital Accompaniment
- Crisis Intervention
- Legal Advocacy
- Support Groups
- Community Referrals

The Associate Director reports that no resident has needed or requested medical or rape crisis services during the past twelve months. She states while the name of the agency is Women Helping Women, all services are provided to males and transgender individuals. The staff at Women Helping Women have been trained in gender specific advocacy.

Review:

Policy and procedure



	<p>MOU with Women Helping Women</p> <p>Women Helping Women website</p> <p>Interview with Associate Director</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The facility does not have an onsite mental health counselor; however, has the ability to provide onsite or community mental health counselor that would provide mental health counseling services for residents who have been sexually abused, in a jail, lockup, or juvenile facility. Offenders who's parent agency is ODRC can receive treatment from Integrated Services (ability to meet with residents onsite), and offenders who's parent agency is FBOP can receive services from Cincinnati Treatment Services (community service provider). Medical treatment would be provided by a community provider. The services can include:</p> <ul style="list-style-type: none"> <li>• Evaluation and treatment of sexual abuse victims</li> <li>• Follow-up services</li> <li>• Continued care following release from the facility</li> <li>• Testing for sexually transmitted infections</li> </ul> <p>The facility is required to provide victims of vaginal penetration while incarcerated:</p> <ul style="list-style-type: none"> <li>• Pregnancy testing</li> <li>• Timely and comprehensive information about lawful pregnancy related medical services</li> <li>• Timely access to all lawful pregnancy related medical services</li> </ul> <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 PREA Coordinator states that the facility would not house a known resident-to-resident abuser.</p> <p>The facility has not had an allegation of sexual abuse during the past twelve months. Any resident that informs staff of a history of sexual victimization will be offered mental health and/or advocate services. Residents 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>The State of Ohio has recently placed limits on abortion. The Associate Director</p>

	<p>states that the facility will provide the women at Pathways access to all legal reproductive health care. The facility is committed to providing up-to-date information about access and coverage of reproductive health care and resources. She states that the facility's goal is to provide residents with appropriate information and support.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with Clinical Director</p> <p>Interview with Associate Director</p>
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115.286	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Consideration of a policy or practice change</li> <li>• Whether the incident or allegation was motivated by race, ethnicity, gender identity, gang affiliation or any other group dynamics</li> <li>• Assessment of the area where the incident occurred and whether a physical barrier may enable abuse</li> <li>• Assessment of adequacy of staffing levels</li> <li>• Assessment of monitoring technology</li> </ul> <p>After the review, the PREA Coordinator will prepare a report of findings and any recommendations for improvement and submit the report to the Director.</p> <p>The facility has not had a substantiated or unsubstantiated allegation of sexual abuse or sexual harassment during the past twelve months. The agency provided the auditor with a SART review of an investigation from another facility as an example of the process. The report was completed prior to 30-days after the completion of the investigation. The auditor reviewed the report, which included:</p> <ul style="list-style-type: none"> <li>• Name of the alleged victim</li> <li>• Name of the alleged abuser</li> </ul>

	<ul style="list-style-type: none"> <li>• Victim accommodations (translator services, auxiliary aids, etc.)</li> <li>• Number of staff on duty</li> <li>• Cameras (number, working and in good order)</li> <li>• Physical barriers/vulnerabilities</li> <li>• Motivations for abuse</li> <li>• Additional comments</li> </ul> <p>The SART also documents on the review if there is a need for additional staff, electronic monitoring, change to policy and procedure, and recommendations.</p> <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SART incident review form</p> <p>Investigation report</p> <p>Interview with SART members</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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"> <li>• Source of report</li> </ul>

	<ul style="list-style-type: none"> <li>• Case number</li> <li>• Date case was opened</li> <li>• Allegation type</li> <li>• Status of investigation</li> <li>• Details of allegation</li> <li>• Determination</li> </ul> <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>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 12.04.01 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</p>

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:

- **Identified Vulnerabilities**

- 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**

- 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**

- 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 same-gender facilities when needed has been helpful in maintaining safety.

The information in the report has been reviewed and approved by the agency's President and CEO.

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.

Review:

Policy and procedure

PREA Annual Summary Report (2022)

Talbert House website

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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.

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.

**ALLEGATIONS BREAKDOWN BY FACILITY**

<b>Facility</b>	<b>Number of Allegations</b>	<b>Investigation Outcomes</b>
ADAPT	0	
Burnet Intensive Services	1	Unsubstantiated
Community Correctional Center	8	2 Substantiated; 2 Unsubstantiated; 1 Pending- administrative; 1 Pending-criminal
Pathways for Women	0	
Serenity Hall	5	2 Substantiated; 1 Unsubstantiated; 2 Unfounded
Spring Grove	4	4 Substantiated
Turtle Creek Center	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

	<p>of the facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Talbert House website</p> <p>PREA annual Summary Report(2022)</p> <p>Interview with PREA Coordinators</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency post all final 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.</p> <p>This is year one, Pathways for Women, Community Correctional Center, and 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>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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 Pathways for Women 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.

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>.



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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