

# PREA Facility Audit Report: Final

**Name of Facility:** Talbert House Serenity Hall

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/04/2024

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input type="checkbox"/>             |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input type="checkbox"/>             |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/>             |
| <b>Auditor Full Name as Signed:</b> Kayleen Murray  | <b>Date of Signature:</b> 06/04/2024 |

| AUDITOR INFORMATION                 |                        |
|-------------------------------------|------------------------|
| <b>Auditor name:</b>                | Murray, Kayleen        |
| <b>Email:</b>                       | kmurray.prea@yahoo.com |
| <b>Start Date of On-Site Audit:</b> | 05/01/2024             |
| <b>End Date of On-Site Audit:</b>   | 05/02/2024             |

| FACILITY INFORMATION              |  |
|-----------------------------------|--|
| <b>Facility name:</b>             | Talbert House Serenity Hall                  |
| <b>Facility physical address:</b> | 439 South 2nd Street, Hamilton, Ohio - 45011 |
| <b>Facility mailing address:</b>  |  |

| Primary Contact |
|-----------------|
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|--------------------------|--|
| <b>Name:</b>             |  |
| <b>Email Address:</b>    |  |
| <b>Telephone Number:</b> |  |

| <b>Facility Director</b> |                            |
|--------------------------|----------------------------|
| <b>Name:</b>             | Sarah Max                  |
| <b>Email Address:</b>    | sarah.max@talberthouse.org |
| <b>Telephone Number:</b> | 5136893107                 |

| <b>Facility PREA Compliance Manager</b> |  |
|---|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Characteristics</b>   |  |
|---|--|
| <b>Designed facility capacity:</b>  | 48                                     |
| <b>Current population of facility:</b>  | 31                                     |
| <b>Average daily population for the past 12 months:</b>                             | 28                                     |
| <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>                                  | Males                                  |
| <b>Age range of population:</b>   | 18+                                    |
| <b>Facility security levels/resident custody levels:</b>                            | risk for recidivism, low/moderate/high |
| <b>Number of staff currently employed at the facility who may have contact with</b> | 17                                     |

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| <b>residents:</b>  |   |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 5 |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 0 |

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| <b>AGENCY INFORMATION</b> |  |
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| <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                                      |

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|--|--|
| <b>Agency Chief Executive Officer Information:</b> |  |
|--|--|

|                          |                              |
|--------------------------|------------------------------|
| <b>Name:</b>             | Josh Arnold                  |
| <b>Email Address:</b>    | Josh.arnold@talberthouse.org |
| <b>Telephone Number:</b> | 5137517747                   |

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|---|--|--|--|
| <b>Agency-Wide PREA Coordinator Information</b> |  |  |  |
|---|--|--|--|

|              |             |                       |                              |
|--------------|-------------|-----------------------|------------------------------|
| <b>Name:</b> | Chris Steed | <b>Email Address:</b> | chris.steed@talberthouse.org |
|--------------|-------------|-----------------------|------------------------------|

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|--------------------------------|--|
| <b>Facility AUDIT FINDINGS</b> |  |
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| <b>Summary of Audit Findings</b> |
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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: | 2024-05-01 |
| 2. End date of the onsite portion of the audit:   | 2024-05-02 |

#### Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | ODRC- Bureau of Community of Sanctions-<br>outside reporting agency<br>Women Helping Women- Rape Crisis<br>Sane of Butler County- SANE and Rape Crisis<br>Kettering Hospital- SANE |

### AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity:  | 48   |
| 15. Average daily population for the past 12 months:                             | 28   |
| 16. Number of inmate/resident/detainee housing units:                            | 2  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| <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>   | 27 |
| <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>  | 2  |
| <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>   | 1  |
| <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>  | 2  |
| <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  |

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| <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>0</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 residents that were identified as LEP are ESL.</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>15</p>   |

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| <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>                         | 0   |
| <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>                        | 0   |
| <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> | The facility does not have any contractors or volunteers working at the facility. |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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| <b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>  | 6   |
| <b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b> | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |



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| <p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>  | <p>The facility has two housing units that hold residents. The auditor interviewed targeted residents and selected the random residents based upon the, 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 four residents identified in the targeted categories, more residents than the minimum required were interviewed. Some residents were identified as being random due to having multiple residents in targeted categories.</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>4</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>2</p>  |

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| <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>1</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>2</p>  |

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| <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.</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> |

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| <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>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>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>  |

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| <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 segregated housing or single bed dorms/rooms. The auditor was able to verify during the onsite visit.</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>3</p>   |
| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p><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>  |

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| <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>The facility has a total number of 15 employees, including the Associate Director. The auditor interviewed all staff available. This includes Resident Advisor staff from all three shifts.</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>   |

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| <b>78. Were you able to interview the PREA Coordinator?</b>        | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>79. Were you able to interview the PREA Compliance Manager?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><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



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|--|--------------------------------|
|  | <input type="checkbox"/> Other |
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| <b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|---|--|

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| <b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
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| <b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b> | The facility did not have contractors or volunteers onsite. |
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

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

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

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|---|--|
| <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<br><input type="radio"/> No |
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| <p><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></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><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>  | <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> |
| <p><b>Documentation Sampling</b></p>  |  |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> |  |

|   |   |
|---|---|
| <p><b>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?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>   | <p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views and SecurManage resident database system.</p> |
| <p align="center"><b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b></p>   |   |
| <p><b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b></p>  |   |
| <p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p> |   |

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

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

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

|   | <b># of sexual harassment allegations</b> | <b># of criminal investigations</b> | <b># of administrative investigations</b> | <b># of allegations that had both criminal and administrative investigations</b> |
|---|---|-------------------------------------|---|--|
| <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       | 1         | 0               | 0             |
| <b>Total</b>                         | 0       | 1         | 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**

|  |   |
|--|---|
| <b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b> | 1 |
|--|---|

|   |   |
|---|---|
| <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</p> <p><input checked="" type="radio"/> No</p> <p><input 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</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>  | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>Staff-on-inmate sexual abuse investigation files</b></p>  |   |
| <p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>1</p>  |
| <p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>  |

|   |  |
|---|--|
| <p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>       |
| <p><b>Sexual Harassment Investigation Files Selected for Review</b></p>   |  |
| <p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>  | <p>0</p>   |
| <p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>   | <p>The facility only had one allegation of staff to resident sexual abuse allegation during the past twelve months.</p>  |
| <p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual harassment investigation files</b></p>  |  |
| <p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>   | <p>0</p>   |
| <p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |



|  |  |
|--|--|
| <p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>          | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p><b>Staff-on-inmate sexual harassment investigation files</b></p>  |  |
| <p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>                         | <p>0</p>   |
| <p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>                 | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>  |
| <p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>           | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>  |
| <p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p> | <p>The facility only had one allegation in the past twelve months. One staff to resident sexual abuse allegation.</p>  |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

| <b>Standards</b>   |
|--|
| <p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>• Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard<br/>(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>Serenity Hall Halfway House adheres to Talbert House policy 12.04.-1 that requires the facility to provide a safe, human, 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 sexual harassment will 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 Continuous Quality Improvement Administrator serve in this role. The PREA Coordinators are responsible for developing and implementing policies, procedures, and protocols that ensure all Talbert House confinement facilities are 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 PREA Coordinators have sufficient time and authority to ensure each Talbert House facility under the Corrections Service Line complies with the standards.

The facility's Associate Director serves as the facility's PREA Compliance Manager. The compliance manager is responsible for ensuring the facility is complying with all agency policies, procedures, and protocols. The AD reports to the auditor that she makes sure that things get done. She states that she does this by conducting weekly quality assurance activities and monthly town hall meeting with residents. The reviews include rule changes, programming activities, and resident feedback. The AD states that she provides training to the Operations Supervisor and the Clinical Supervisor, and they intern to ensure security and program staff have the training they need to keep residents safe from sexual abuse and sexual harassment.

In addition to serving as Associate Director/PREA Compliance Manager, she also provides the same services at Turtle Creek Center Halfway House. She reports that she spends two days a week at Serenity Hall and three days at Turtle Creek Center. She will increase the time spent at either facility depending upon the needs of the facility. She reports that she has the support of the two PREA Coordinators to ensure that she has everything she needs to ensure compliance.

Review:

Policy 12.04.01

Agency Table of Organization

|  |   |
|--|---|
|  | <p>Interview with Co-PREA Coordinators</p> <p>Interview with Associate Director/PREA Compliance Manager</p> |
|--|---|

|                |  |
|----------------|--|
| <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 agency 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>Serenity Hall is a 48 bed residential facility for adult males. The facility consist of two Victorian style houses that separate residents based on their Ohio Risk Assessment System score. The main facility has four floors and can house 28 residents. The small unit has two floors and can house 18 residents.</p> <p><b>Composition of resident population:</b></p> <p>The facility serves adult male felony offenders, which can include sex offenders.</p> |

**Prevalence of substantiated and unsubstantiated PREA incidents of sexual abuse and harassment:**

The facility only had one allegation during the past twelve months. The allegation was staff-to-resident sexual abuse and was determined to be unfounded.

**Other relevant factors:**

The facility has had a high turn over rate and at times several vacancies at the Resident Advisor position.

**Prevailing staffing pattern:**

Serenity Hall has a 17 staff member, multidisciplinary team that consists of Resident Advisors, Clinical Correction Providers, supervisory staff and administrative staff. The resident advisor staff monitor all movements and daily activities. The facility is required to have at least two security staff members in the facility at all times. The facility has 15 staff members at the time of the onsite visit.

**Deviations from the staffing plan:**

The facility reports that it has not deviated from the staffing plan. When there is a gap in staffing, the site used a temp service. Current employees can also volunteer for overtime hours. Any time the staffing plan is not complied with, the Associate Director will document the deviation and the justification.

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

The facility is funded by a contract with the Ohio Department of Rehabilitation and Correction.

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

The facility has 48 cameras strategically placed on the interior and perimeter of both buildings. Since the last audit, the facility has increased the number of cameras, and added motion sensor lighting to the recreation yard.

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:

|  |  |
|--|--|
|  | <p>Policy 12.04.01</p> <p>Staffing plan</p> <p>Tour of facility</p> <p>Camera views</p> <p>Interview with Associate Director</p> <p>Interview with Lead Resident Advisor</p> |
|--|--|

| <b>115.215</b> | <b>Limits to cross-gender viewing and searches</b>  |
|----------------|---|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>The agency provided the auditor with policy 12.04.02 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> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Enhanced pat search - Client removing all clothing except underwear. The staff member will do a visual body search and search of clothing.</li> <li>• 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.</li> </ul> <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 current Operational Lead Supervisor (previously held the position of Operations Supervisor) reports that part of his responsibilities include “on the job” training of new Resident Advisors and quarterly observations of pat searches. He states that he reviews the pat search procedures and ensures that staff are fully compliant with the steps before allowing new staff to complete pat searches on their own. The steps include:</p> |

- Put on gloves
- Inform the client you are going to begin a pat down search. Give the client opportunity to report to you that they are carrying contraband - the client is not to remove the contraband but direct the staff towards it to remove
- Remove items from pockets
- Remove headgear
- Remove sunglasses
- Loosen hair that is confined and/or shake hair that is longer than 1 inch (2.54 cm) past the ears
- Remove belt
- Remove outer garment such as hoodies, coat, or jacket
- Roll and unroll long sleeve shirt
- Shake out loosen pants
- Shake out shirt
- Take off shoes and socks - shake
- Ask the client to spread his feet past the shoulders and do the same with arms
- Ask the client to lean forward with hands on the wall
- Position yourself behind the client and use the palm of both hands, running one hand on each side of the offender's arm, check, back, waist, legs, ankles, and crotch area

The Lead Supervisor states that RAs who are deemed unsuccessful during these observations will receive coaching and must demonstrate proficiency. The facility does not house female residents. Female Resident Advisors must use a security wand to perform searches on clients because cross-gender searches of any kind are not allowed. He also reports that all pat searches must be conducted in full view of security cameras.

The facility allows for strip searches with probable cause. The search must receive written approval from the supervisor or designee. The facility does not allow for body cavity searches.

Resident Advisors report that they received pat search training at New Employee Orientation before being placed at the facility. They state that the training included same gender, cross-gender, and transgender searches. The staff report that in addition to watching a video on the various types of searches, they are also taught hand-on techniques. The female staff report that they are prohibited from conducted hands-on pat searches, and must use a security wand when there is no male staff available. No staff member reported conducting a transgender pat search.

The facility provided the auditor with training sign-in sheets and the curriculum for pat search training.

Ten residents were interviewed during the onsite visit. The residents report that they have received professional and respectful pat searches while at the facility. No



resident reported receiving a pat search by a female staff member, or receiving a strip search while at the facility.

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 dorms in the facility have cameras. Residents are informed of this at intake, and that all residents must be properly dressed in all common areas of the facility. Residents are informed that they must change clothing in the bathroom. The resident bathroom on the second floor of the main building is equipped with one urinal, three toilet stalls with doors, a shower room with a curtain at the entrance and three individual showers with curtains. The third floor bathroom is equipped with has a sink and toilet only. The bathroom in the second house is equipped with two toilet stalls with shower curtains as closures and two single use showers with curtains. All the bathrooms have solid doors at the entrance. There are no cameras in the dorms. The doorway to the housing unit in the main building has a window in the door and a camera in the hallway. There is a single bed near the door that can be used for vulnerable clients. The main building also has two single rooms to house residents that may identify as transgender or intersex. This bed is not in the enclosed dorm area and is visible to the window in the dorm door. The dorm rooms in the second building have solid doors and no cameras. All staff knock and announce their presence when entering the bathroom or dorm areas.

Female staff members report being trained on making cross gender announcements before entering dorms and resident bathrooms. The residents confirm that female staff members, knock and announce their presence prior to entering dorm rooms and the bathrooms. The auditor was able to witness the practice during the tour portion of the onsite visit.

During interviews of residents, a few residents reported that a staff member has seen them while showering in the bathroom. They report that they staff member will remove a barrier that they put up to prevent others from being able to see them during a shower. The auditor spoke with the staff member and the Associate director about the complaints. They report that during security checks, the staff member removes barriers that prevent staff from being able to ensure that residents are not using drugs in the shower, and/or are in the shower alone. They report that at no time is the removal an attempt to see the resident in a state of undress. The auditor made a recommendation to educate the residents on what to expect during a security check in the bathroom. This includes possible seeing residents in various states of undress while conducting these searches. The auditor also recommended sanctioning residents who put up these barriers, as to discourage others from also placing up barriers.

The auditor discussed with the Associate Director the facility's plan for addressing

|  |  |
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|  | <p>pat searches and shower accommodations of transgender residents. Agency policy 12.04.02 states that clients who are lesbian, gay, bisexual, transgender, intersex, and questioning will have a pat search performed by a staff member of the same gender- based on the gender identified by referral source. The policy does not allow the facility to search or physically examine a transgender or intersex resident for the sole purpose of determining the clients genital status. If the inmate's genital status is unknown, it may be determined during conversations with the client, 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.</p> <p>The AD reports that the referral source will report to the facility the status of any transgender client. The client will be placed in a facility based on the best place to house the resident safely and securely. She reports that a transgender resident would be placed in a dorm where they are highly visible to staff, either through direct supervision or on camera. The AD states that she would address any concerns with the resident and allow private shower times if necessary.</p> <p>The AD reports that during her tenure at Serenity Hall, the facility has not housed a transgender resident.</p> <p>Review:</p> <p>Policy 12.04.02</p> <p>Facility tour</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Pat-Search Observation log</p> <p>Interview with residents</p> <p>Interview with Associate Director</p> <p>Interview with Resident Advisors</p> <p>Interview with Lead Resident Advisor</p> |
|--|--|

|                |  |
|----------------|--|
| <b>115.216</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | Agency policy 12.04.01 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
- Cyacom - 1-844-203-2025

Other assistance can include the use of closed caption videos, closed caption videos in Spanish, documentation that is regularly used by that facility translated in the top two languages the facility services other than English.

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 Lead Resident Advisor reports that they have not had any residents that are Limited English Proficient, but some that are English as Second Language. He states that the facility has not needed the use of translators or interpreters to assist residents that did not speak English. He states that should the facility receive a resident that does not speak English, the facility has access to services anytime of the day or night.

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

How to work effectively with an interpreter, instructions are given in over fifteen languages.

The Lead Resident Advisor reports that should the resident have limited ability to read or have a cognitive disability, the resident would be assisted in a private setting. The staff member would be required to read the intake packet, and discuss each element in a way to ensure the resident understands their rights and

responsibilities.

The Clinical Director provides Program Intake (orientation). During the interview of the Clinical Director, he reports that he will reinforce the information received at intake and will review:

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

The Clinical Director reports that he has not had to use translators or interpreters to ensure residents benefit from the facilities efforts to prevent, detect, respond, and report allegations of sexual abuse or sexual harassment. He reports that should a resident need a translator, auxiliary aides, or other assistance, the facility would provide the assistance at no charge to the resident.

The auditor interviewed all residents that were identified as having a reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. No resident 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 resident interviewed were able to describe the PREA education provided to them at orientation group and knew all the ways they were able to report an allegation.

Review:

Policy 12.04.01

Community resource list

Orientation curriculum

Resident intake packet

Interview with Lead Resident Advisor

Interview with Clinical Supervisor

Interview with targeted residents

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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>                            |

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:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the previously described activities

The agency requires all applicants to disclose any allegation of sexual misconduct in the community and while working in an institution. The 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.

To ensure the agency does not hire a prohibited applicant, the Human Resource Department is required to complete background checks, institutional employer reference checks, and ensure the applicant is not listed on the Ohio Department of Developmental Disabilities Abuse Registry, Ohio Attorney General Sex Offender Watch List, DOJ Sex Offender List, or the Ohio Nurse Aid Registry. Employees who have contact with offenders are required to have an initial background check and another check every five years thereafter. The staff of the HR department will collect the background checks and compare any offense with the Disqualifying Offense Affidavit.

The auditor reviewed employee files. The auditor was able to review and confirm that staff received an initial background check and a five-year recheck. The 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 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

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|  | <p>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.</p> <p>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.</p> <p>Contractors and volunteers are subject to the same background checks and vetting process as employees.</p> <p>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.</p> <p>The employee file 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> <p>Review:</p> <p>Policy 12.04.01</p> <p>Employee files</p> <p>Employee background checks</p> <p>Reference checks</p> <p>Disciplinary records</p> <p>Interview with Associate Director</p> <p>Interview with PREA Coordinators</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> |

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|  | <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 2021, the facility has increased the number of cameras, added motion sensor cameras on the resident recreation yard, and added a fence around the back of the property (both houses). The improvements have increased the facility's ability to protect residents of incidents of sexual abuse and sexual harassment.</p> <p>The Associate Director reports that the facility will address any need to augment the facility's electronic monitoring system by making a budget request.</p> <p>Review:</p> <p>Facility tour</p> <p>Staffing plan</p> <p>Interview with Associate Director</p> |
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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 attempted to obtain a MOU with the Hamilton Police Department to investigate all criminal allegations of sexual abuse or sexual harassment as the facility by using a uniform evidence protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The Department does not enter into MOU's, but does agree to investigate any criminal activity conducted at the facility.</p> <p>Residents of Serenity Hall that are in need of a medical forensic exam will be transported to Kettering 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 compliant with the Ohio Department of Health Protocol for Adult/ Adolescent Sexual Assault Patients. SANE RN's from Kettering Medical Center have received training beyond the State of Ohio requirements. The hospital is required to report the assault to the appropriate authorities, which may include law enforcement, child protective services, and adult protective services. The nurses are trained to testify as a witness when required after an examination. In addition</p> |

to a forensic exam by a nurse who specializes in the area of sexual assault forensic examinations, the victim will also be provided a Rape Crisis Advocate.

The hospital has partnered with Women Helping Women to provide rape crisis advocates to victims of sexual assaults. The facility also has a MOU with Women Helping Women to provide advocate services to any client victim of sexual abuse or sexual harassment. The MOU outlines the services the agency agrees to provide to all Talbert House facilities. The services include:

- Hospital support
- One-on-one crisis intervention sessions
- Long-term counseling
- Legal accompaniment
- Support groups
- Support services for residents who identify as LGBT

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.

The facility has access to a Clinical Service Provider that is qualified to act as the facility's emotional support person to any victim that request services. The clinician is a licensed independent social worker, and is capable of providing individual education/intervention strategies according to established principles and best practices. The residents also have the option of selecting a victim advocate for emotional supportive services. The PREA Coordinator reports that the agency tries to always provide an advocate from a rape crisis agency to any resident victim.

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

Policy 12.04.01

Attempted MOU with Hamilton Police Department

Kettering Medical Center

MOU with Women Helping Women

Email with Women Helping Women director

Interview with PREA Coordinator

Interview with Clinical Supervisor

Training certificates



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|  | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <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, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.talberthouse.org/media/resources/PREA%20-%20FAQ_2015.pdf. The webpage states that any allegation of sexual abuse against a client be referred for a criminal investigation to determine if there was criminal behavior. The local law enforcement will conduct independent criminal investigations, and refer such to the appropriate prosecuting official. The prosecutor will determine if enough evidence exist to send a case to trail.</p> <p>The facility has had one allegation in the past twelve months.</p> <p>Investigation #1: The facility received an allegation of staff to client sexual abuse. The resident reported that he was strip searched in an area that had a camera with two female staff members present. The administrative investigator reviewed the camera and determined that at no time was the resident without pants and a shirt. The allegation was determined to be unfounded.</p> <p>Policy 12.04.01</p> <p>Agency website</p> <p>Investigation report</p> <p>Interview with 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> </ul> |

- Prevention planning
- Searches/cross-gender viewing
- Risk screening
- Investigations
- Reporting
- Medical and Mental health care
- Grievances
- Signs of abuse
- Client rights
- Communicating effectively
- Responding to incidents
- First responder duties
- LGBTI communication
- Trauma informed care

PREA topics learned during New Employee Orientation are reviewed with staff biannually. The agency has a mandatory training subject list that includes the renewal rate and which staff are mandated to completing the training. PREA is listed to be provided biannually to all Courts and Correction site employees. On the off year, the staff receive refresher training on agency policies and other PREA related topics. In addition to the PREA topics listed above, the agency also provides staff training in the following topics:

- 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

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

Staff that were interviewed reported that they received two days New Employee Training at the Executive Office and three days training onsite at the assigned facility. They report receiving a combination of live training facilitated by staff and online training through the Relias Learning Management System. The staff were able to discuss training topics that included reporting options, first responder duties, searches, boundaries (red flags and the dirty dozen), and documentation. Staff responsible for providing orientation and risk assessments report receiving training on how to perform these duties.

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|  | <p>The Associate Director reports that staff get refresher training during monthly staff meetings. The topics vary based on the needs of the facility.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Training curriculum</p> <p>Relias training records</p> <p>Mandatory training list</p> <p>On site orientation training checklist</p> <p>Interview with Associate Director</p> <p>Interview with Lead Resident Advocate</p> <p>Interview with staff</p> |
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| <b>115.232</b> | <b>Volunteer and contractor training</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Agency policy 12.04.01 requires contractors, interns, and volunteers to receive PREA education training before being permitted to work with residents without staff supervision.</p> <p>The training includes a review of the agency’s zero tolerance policy, how to prevent, detect, and respond to allegations of sexual abuse and sexual harassment.</p> <p>Site contractors will sign the Visitor Log acknowledging the agency’s zero tolerance for sexual abuse and sexual harassment and the requirement to report any such behaviors. Regularly used contractors will sign a statement acknowledging awareness of PREA policy. Contractors are not permitted to move around the facility freely; they may only visit the area appropriate to their service provision.</p> <p>During the onsite visit, the auditor was required to sign the Courts and Corrections Visitor's Log each day. The log has the following acknowledgement:</p> <p><i>“Talbert House has zero tolerance for sexual harassment and sexual abuse. Contact with the clients in our facility is prohibited. Should you witness or become aware of any such activity, please report to the administrative office immediately.”</i></p> |

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|  | <p>The facility provided the auditor with sign acknowledgements of the agency's zero tolerance policy and reporting obligations from volunteers and contract vendors. There were no contractors, interns, or volunteers at the facility during the onsite visit. The facility provided the auditor with a sample of the sign-in sheet with signatures from education volunteers.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Volunteer/contactor zero tolerance acknowledgement form</p> <p>Visitor zero tolerance sign-in sheet</p> <p>Interview with Associate Director</p> |
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| 115.233 | Resident education  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Agency policy 12.04.01 states that during the intake process, each resident will receive education about the agency's zero tolerance for sexual abuse and sexual harassment; how to report incidents or suspicions; and their right to be free from retaliation for making any reports. The agency will utilize professional interpreters in the community to assist with communicating to a resident with special needs. Residents will not be utilized as interpreters, readers, or assistants except in rare circumstances where an extended delay in obtaining an effective interpreter could compromise safety and/or the first-responder duties or investigation process.</p> <p>The facility provided the auditor with material presented to residents during intake and orientation. The information on the PREA Orientation for Clients at Talbert House sheet includes:</p> <ul style="list-style-type: none"> <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> </ul> |

- Pat search expectations

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:

- Your therapist- 513-684-7965
- Your case manager- 513-684-7965
- A program supervisor- 513-684-765
- The program Associate Director- 513-684-7965 x1463
- The Client's Right Advocate- 513-991-5622
- Talbert House Crisis Number- 513-281 CARE
- Women Helping Women 24hr Local Rape Crisis Hotline- 513-381-5610
- Outside reporting hotline and email address- 614-995-3584  
DRC.ReportSexualMisconduct@odrc.state.oh.us
- FBOP Residential Reentry Office- 913-551-1015

The facility has a two part intake system. The Lead Resident Advisor intake process and a Program intake process. During the onsite visit, the Lead Resident Advisor reviewed the intake process. He states 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 Director provides Program Intake (orientation). During the interview of the Clinical Director, he reports that will reinforce the information received at intake and will review:

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

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 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 case manager, 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.

The files contained signed and dated acknowledgments of receiving:

- Resident handbook
- Disciplinary consequences for program violations
- Notice of privacy practices
- Prohibited acts
- PREA orientation
- Search and UDS procedures
- Consent
- Program Compliance Agreement

The auditor insured residents received initial PREA information at intake and orientation group within 30 days of intake.

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 12.04.01

Resident education materials

Resident handbooks

PREA posters

Facility tour

Interview with residents

Interview with Lead Resident Advisor

Interview with Associate Director

Interview with Resident Advisors

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| <b>115.234</b> | <b>Specialized training: Investigations</b> |
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|  | <b>Auditor Overall Determination:</b> Meets Standard |
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|  | <p><b>Auditor Discussion</b></p> <p>Policy 12.04.01 requires the facility to have trained investigators to conduct administrative investigations. The training must include techniques for interviewing sexual abuse victims; evidence required to substantiate an allegation for administrative action or criminal referral; the use of Miranda and Garity warnings; evidence collection; and report writing.</p> <p>The agency has two trained investigators and the facility has one trained investigator. 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 investigators discussed the techniques learned from the training, including understanding the spectrum of trauma as it related to resident victims, collaborating with other investigators, providing justifications of investigation outcomes, and preserving evidence for collection. The investigators report that if an allegation involves a staff member and appears to be criminal, they would not interview the staff member, but wait until a criminal investigation was complete before conducting an administrative investigation.</p> <p>The Associate Director reports that the agency is prohibited from collecting physical evidence as it relates to DNA and other physical evidence during a sexual assault. The facility would protect the area until the police arrived. The PREA Coordinator would be responsible for conducting investigations involving staff members, and she would assist when directed.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Moss Group, Inc. training curriculum</p> <p>NIC training curriculum</p> <p>Training certificates</p> <p>Interview with administrative investigators</p> |
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| <b>115.235</b> | <b>Specialized training: Medical and mental health care</b> |
|                | <b>Auditor Overall Determination:</b> Meets Standard        |

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|  | <p><b>Auditor Discussion</b></p> <p>The facility does not have full or part-time medical or mental health practitioners that would be inside the facility. Residents that need medical services, including services for a forensic medical examination, would be sent to Kettering Medical Center.</p> <p>The Associate Director reports that the facility currently uses community behavior health centers to provide services to residents. She reports that the agency is in the process of contracting with Integrative Services to provide mental health counseling at the facility. The agency previously used these services and provided appropriate training to this contract agency.</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>Interview with Associate Director</p> |
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| <b>115.241</b> | <b>Screening for risk of victimization and abusiveness</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 12.04.01 states that each resident will be provided a risk screening assessment within 72-hours of admission to determine their risk for victimization or predatory behaviors.</p> <p>Residents assessed to be at risk will be addressed immediately to assure they and others are safe. Each resident will be reassessed within 30 days. Residents can also be reassessed if the facility receives additional relevant information or an allegation is made. The assessment collects the following information:</p> <ul style="list-style-type: none"> <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> <li>• Screener’s perception of the resident’s sexual orientation</li> <li>• Transgender/intersex identification</li> <li>• History of sexual victimization</li> <li>• Resident’s perception of safety</li> <li>• Previous incarceration, including county jails and halfway houses</li> <li>• Placement in protective custody while incarcerated</li> <li>• History of consensual sex while incarcerated</li> </ul> |



- 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. If during the assessment, the 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 case managers are responsible for conducting both the initial and reassessment. Along with an assessment that needs to be conducted based on an allegation or new information. The case manager reports that she tries to build a rapport with the clients before asking assessment questions. She states that she will conduct the assessment in conjunction with other assessments done at intake. She reports that the first assessment along with other collateral information is reviewed before conducting the reassessment. The assessment form has a scoring system, and room to make comments if there is a need to override the score.

The Clinical Supervisor reports that she conducts file audits monthly and observations quarterly. The file audit ensures that the assessments are completed and completed within the time requirements set by the standard. The quarterly observations allow the clinical director to ensure that the case manager is conducting the risk assessment tool appropriately.

Residents that were interviewed acknowledged that they have received a PREA risk assessment by their case manager upon their intake. Most residents were able to report being assessed twice, while others were unsure. Stated to the auditor that they "could not remember," but felt safe at the facility.

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.

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|  | <p>The agency has updated the policy to ensure that all facilities are conducting a full assessment for the 30-day reassessment requirement. The auditor was able to view SOP 7.05, which clarifies procedural changes to policy 12.-04.01. The update states, "A PREA re-screening must be completed within 30 days of admission. The entire form must be re-administered."</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>SOP 7.05</p> <p>Risk assessments</p> <p>Resident files</p> <p>Interview with clients</p> <p>Interview with Clinical Director</p> <p>Interview with case manager</p> <p>Interview with PREA Coordinator</p> |
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| <b>115.242</b> | <b>Use of screening information</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Agency policy requires the information on the risk screening assessment be made available to those staff members responsible for ensuring all housing, programming, and community assignments are given in a way to minimize the risk of a resident being sexually victimized.</p> <p>Each facility is required to perform the following procedure for residents who are assessed as high risk for victimization or abusiveness:</p> <ul style="list-style-type: none"> <li>• Place resident in a dorm that is open and visible to staff</li> <li>• Increase dorm/facility checks to ensure residents are safe</li> <li>• Residents will be informed to immediately report problems</li> <li>• Case manager will privately conduct status checks and address any safety concerns</li> <li>• Management will document all safety measures taken</li> </ul> <p>The Lead Resident Supervisor reports that the facility has the ability to move a resident to a different dorm, floor, or house in order to ensure safety from residents of opposite classification. The dorms have cameras, and vulnerable or abusive</p> |

residents would be placed in a bed with direct view of the cameras.

The Clinical Supervisor reports, if a resident has been identified as being highly susceptible or abusive, the case manager will work with the resident to include programming that will address those issues such as trauma group or anger management. He reports that staff will be notified that the resident will be in need of additional supervision without divulging the resident's confidential information.

The agency has a policy to properly house of transgender or intersex residents. The policy requires the agency to consider:

- Which facility would ensure the client's health and safety
- Would the placement present management or security problems
- What are the residents concerns about their own safety

The facility did not have a transgender resident during the onsite visit. The PREA Coordinator reports that once the transgender assessment is completed, the facility will forward the information and begin to develop a safety plan. He reports that the resident's preferences will not be the sole determining factor for placement and handling but will be given serious consideration, along with the safety, security, and staffing of the facility.

Residents are housed based on their ORAS score. They do not have a unit that is dedicated for residents that identify as LGBTI. The Associate Director reports that the PREA risk assessment is given priority over referral source when a resident is identified as being at high risk for victimization or abusiveness.

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

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

Review:

Policy 12.04.01

Risk assessments

Facility tour

website

Interview with case managers

Interview with Operations Supervisor

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|  | <p>Interview with Clinical Supervisor</p> <p>Interview with residents</p> |
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| 115.251 | Resident reporting  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Talbert House policy 12.04.01 requires the facilities to provide multiple ways to report sexual abuse, sexual harassment, and retaliation to internal and external entities. Residents are not restricted to reporting such allegations via the agency's grievance procedures. Residents are encouraged to use the following established methods:</p> <ul style="list-style-type: none"> <li>• Talbert House crisis line</li> <li>• ODRC reporting line</li> <li>• Facility grievance/complaint form</li> <li>• Verbally or in writing to any staff member, contactor, or volunteer</li> <li>• Abuse and Rape Crisis Shelter</li> <li>• Through a third party</li> <li>• Anonymously</li> </ul> <p>The auditor verified that the methods available were posted in various areas throughout the facility and listed in the client handbook. The handbook lists the phone numbers for all the reporting entities. The residents are able to have personal cell phones at the facility, and for those who do not have a cell phone, the facility has a phone available for resident use at no cost and that does not record conversations.</p> <p>The auditor contacted the internal and external phone numbers listed in the handbook and on posters. The internal phone number has a live person answer the call while the external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The call to the outside reporting agency was returned the same day.</p> <p>Residents interviewed during the onsite visit report that they have been given instructions on how to report allegations of sexual abuse, sexual harassment, and retaliation. They state that they are allowed to have personal cell phones on site and would use their phone to contact authorities in order to report. When asked about mail options, a few residents who have used the process to send out mail, report that residents can obtain stamped envelopes from staff in order to send out mail. They would give staff their sealed envelope for the mailman. The residents report that mail received at the facility must be opened in front of staff, but the staff</p> |

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|  | <p>do not read their mail. Most state that they are able to identify a staff member they could go to report incidents. Every resident interviewed stated that they do not worry about PREA incidents. They state that most of the residents at the facility are so close to going home that they would not jeopardize it by harassing others.</p> <p>The Associate Director and residents report that residents that do not have a cell phone are able to use the facility phone set up near the main post desk without the assistance of staff. The AD reports that resident who do not have the means to purchase a cell phone will be assisted with obtaining a phone through the government. The Associate Director also reports that the facility staff do not read resident mail- incoming or outgoing. When asked about postage for residents, she reports that residents have access to free postage paid envelopes.</p> <p>The staff that were interview both formally and informally state that any information that they would receive about incidents of sexual abuse or sexual harassment would be immediately reported to the Associate Director or the supervisor on duty.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Resident handbook</p> <p>PREA posters</p> <p>Resident cell phone</p> <p>Outside reporting hotline</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Interview with Associate Director</p> |
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| <b>115.252</b> | <b>Exhaustion of administrative remedies</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <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 12.04.01.</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> |

Policy 12.04.01 states that the agency should use a standardized methodology for reporting and reviewing incidents and major unusual incidents (MUI).

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

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

In addition to the PREA specific grievance policy steps, all Talbert House residents are provided education on the agency's clients rights policy (13.01.00) and the staff member to report complaints and grievances. The Clients Rights Advocate is responsible for assuring compliance with the Clients Rights and Grievance Procedure within the facility. The Clients Rights Advocate will coordinate the compliant and grievance process, investigate the compliant or grievance, and represent the client at any agency hearing.

The Associate Director reports that the Clients Right Advocate will not investigate any allegation into sexual abuse or sexual harassment, but will assist any resident victim that request assistance through the investigation process. She reports that the facility has a grievance box located in the resident dining room. The Clients Rights Advocate is responsible for checking the box daily.

The facility did not have an allegation that originated from the grievance system or a report that a resident was in need of protection from risk of imminent sexual abuse. Residents would receive protection measures in line with the allegation.

No resident interviewed reported using the grievance system. Most of the residents report that they do not have faith in the grievance process, not due to any fault of the facility or facility staff, but due to experiences while in prison. One resident reported during his interview that he was going to write a grievance today on a staff member who was pulling the shower curtain open on residents. He reports that he did not experience this, but heard about it in class. The auditor was able to interview the resident in question, and determine that the staff member was conducting an appropriate security check, and only removed a covering from the clear part of the shower curtain that allowed staff to ensure residents were safe while still allowing the residents to maintain privacy. The resident agreed that the

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|  | <p>staff member was conducting appropriate security rounds , and did not at any time peer at him while he was showering.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Policy 13.01.00</p> <p>PREA Investigation checklist</p> <p>Investigation report</p> <p>Interview with Associate Director</p> <p>Interview with Clients Rights Officer</p> <p>Interview with residents</p> |
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| <b>115.253</b> | <b>Resident access to outside confidential support services</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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> <ul style="list-style-type: none"> <li>• 24 hour confidential hotline</li> <li>• Hospital accompaniment</li> <li>• Legal accompaniment</li> <li>• Crisis intervention</li> <li>• Long-term counseling</li> <li>• Support groups</li> </ul> <p>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</p> |

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|  | <p>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 any time.</p> <p>Throughout the facility are posters that provide the name, contact numbers, and mailing address of local, state, and national rape crisis organizations.</p> <p>*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.</p> <p>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 that needed services.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>PREA posters</p> <p>MOU with Women Helping Women</p> <p>Resident handbook</p> <p>Interviews with residents</p> <p>Interview with Associate Director</p> |
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| <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> </ul> |



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|  | <ul style="list-style-type: none"> <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 during the past twelve months.</p> <p>Review:</p> <p>Policy 12.04.01</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>  |
|                | <p>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.</p> <p>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.</p> <p>At each post desk, there are PREA Incident/Investigation Checklist forms that staff will use to ensure they are completing every required step once an allegation has been reported or suspected. The checklist list:</p> <ul style="list-style-type: none"> <li>• Within 24 hours, the staff member will document <ul style="list-style-type: none"> <li>◦ The type of allegation made (abuse or harassment)</li> </ul> </li> </ul> |

- 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 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.

The Clinical Supervisor reports that during intake, a part of the paperwork that residents sign include an acknowledgement of informed consent. He reports that all staff are mandated reporters and that residents and staff are informed of their duty to report suspicion, knowledge, and reports of sexual abuse and sexual harassment.

During interviews with staff, they report that they have an obligation to ensure residents are safe during their stay at Serenity Hall. This includes reporting all information or suspicions related to sexual abuse and sexual harassment. One staff member reported to the auditor that she is known as the facility “snitch” because she has no problem reporting any type of misbehavior or policy violations to the Associate Director.

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.

No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or a vulnerable adult.

Review:

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| <p>Policy 12.04,01</p> <p>Policy 11.02.00</p> <p>Employee files</p> <p>Ohio mandatory reporting laws</p> <p>PREA investigation checklist</p> <p>Interview with Clinical Director</p> <p>Interview with staff</p> |
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| <b>115.262</b> | <b>Agency protection duties</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <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 contract with the 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 to the auditor that resident safety is a priority and that it is the practice of the facility to immediately separate the abuser and the victim. The facility has the ability to move the resident victim to another building, dorm, facility, or place on electronic monitoring; move the resident abuser to another dorm, facility, or return to parent agency; and move the staff abuser to another facility or place on administrative leave. She reports that while the facility has not needed to provide protective measures to any resident, the facility has received a resident from another Talbert House facility in order to keep a victim and abuser separated.</p> <p>The facility had one allegation that was determined to be unfounded almost immediately. The Associate Director, who is also an administrative investigator, was able to immediately view camera footage and determine the allegation to be unfounded.</p> |

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|  | <p>The facility has not had a resident report being in fear of imminent abuse.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Interview with Associate Director</p> <p>Investigation report</p> |
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| <b>115.263</b> | <b>Reporting to other confinement facilities</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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 12.04.01</p> <p>Investigation report</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> |

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:

- Separate the alleged abuser and victim
- Clear the area of other residents
- Notify a co-worker of the incident and instruct them to call the appropriate law enforcement agency(ies) and the facility supervisor
- Preserve and protect any crime scene until law enforcement arrives to conduct a criminal investigation
- If the abuse occurred within a time period that allows for collection of physical evidence, request the alleged victim does not destroy and ensures the alleged abuser does not destroy any physical evidence by washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
- If it is learned that a client is subject to substantial risk of imminent sexual abuse, staff will take immediate action to protect the inmate at risk of victimization
- If the first responder is not a security staff member, the responder will request the alleged victim not take any action that could destroy physical evidence and notify security staff
- Complete the Sexual Assault/Sexual Harassment Reporting Form
- Complete the MUI or incident report

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.

The staff are readily able to recite the first responder duties to the auditor. They report that they have not had a PREA allegation where they have had to conduct any of the steps. The staff report that in any situation, not just PREA, they would ensure that residents that have issue with one another would be separated and staff would increase monitoring until management staff can make a more permanent plan to maintain safety.

The Associate Director reports that for any allegation of sexual abuse, sexual harassment, or retaliation, the facility would ensure the safety of all residents. The protection measures used will be documented on the investigation report.

Review:

First Responder Duties Protocol

Investigation reports

Interview with staff

Interview with Associate Director

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| <b>115.265</b> | <b>Coordinated response</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <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 12.04.01</p> <p>First Responder Duties Protocol</p> |

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| <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>  |
|                | 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. |

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|  | <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 Human Resource Coordinator</p> |
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| <b>115.267</b> | <b>Agency protection against retaliation</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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 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. The facility can move the alleged staff abuser to another facility or place the staff member on administrative leave. The Associate Director states that the facility will act promptly to address any allegations of retaliation.</p> <p>Retaliation monitoring is conducted by all staff, but the Associate Director or designee will meet with the resident every two weeks to ensure the resident does not feel like he is being retaliated against. Resident Advisors will have instructions to increase monitoring, but would not be given any details in the allegation. The Associate Director reports that the resident would also meet with the facility's emotional support person.</p> <p>The facility did not have an allegation where retaliation monitoring was necessary, due to the agency having a policy that allows for monitoring to end for allegations that have been determined to be unfounded.</p> |

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|  | <p>During the facility's 2021 audit, there was a corrective action to ensure the facility has a method of ensuring that status checks were capturing all the standards required information and were being conducted at regular intervals. The facility's corrective action plan included a new form that documented all the required information. The facility continues to use this form to document compliance with this standard. Through the SecurManage database system, they will document status checks which includes interviews of the resident or staff member; and reviews of disciplinary records, housing changes, program changes, negative performance reviews, and reassignments. The form requires residents to be monitored every 15 days for 90 days and staff to be monitored every 30 days for 90 days. Monitoring will end for allegations that have been determined to be unfounded or the resident victim, reporter, or witness is no longer at the facility.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>SecurManage database system</p> <p>Investigation report</p> <p>Interview with Associate Director</p> <p>Interview with Lead Resident Advisor</p> |
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| <b>115.271</b> | <b>Criminal and administrative agency investigations</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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> |



- Provide local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- Keep record of these referrals and the outcome of the investigation
- Document the outcome and report to the client victim

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

The Associate Director for Serenity Hall is a trained administrative investigator, and would be integral in the investigation initiation process. She reports that during the course of an investigation, she will conduct interviews of victims, witnesses, and alleged abusers; review any video or physical evidence (the facility will not collect

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|  | <p>any evidence related to a crime scene); and review any additional information that may be related to credibility assessments or past incidents. She reports that the Co-PREA Coordinators would conduct investigations into alleged staff sexual misconduct that is beyond her reviewing cameras footage for allegations into pat searches. All other investigation assistance would be at the direction of the PREA Coordinators.</p> <p>The agency has had a change at the Co-PREA Coordinator positions. The PREA Coordinators report that beyond the change in staff, the policies and practices are the same. The administrative investigators will collect as much information as possible which can corroborate the allegations or assist with police with criminal investigations. The facility is prohibited from using truth telling devices, and would immediately inform the local legal authority to conduct criminal investigations.</p> <p>The PREA Coordinators are responsible for cooperating and maintaining contact with criminal investigators. It is as the discretion of the criminal investigators to refer allegations for criminal prosecution.</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 he has a binder with all allegations for all Talbert House facilities. The Co-PREA Coordinators have access to these documents.</p> <p>The facility had one allegation of sexual abuse during the past twelve months. The auditor reviewed the investigation report to ensure the investigative process is followed according to agency policy.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Investigation report</p> <p>Interview with Associate Director</p> <p>Interview with Lead Resident Supervisor</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 |

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|  | <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 auditor reviewed all investigations from the previous twelve months to verify the standard of proof used. The facility had one allegation and the allegation was determined with that standard.</p> <p>Review:</p> <p>Policy 12.04.01</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 auditor reviewed all investigations for the facility for the past twelve months. The facility had one allegation that was determined to be unfounded. The alleged</p> |

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|  | <p>victim was notified by the Associate Director that the allegation was determined to be unfounded based on video evidence and witness statements.</p> <p>The PREA Coordinator is responsible for ensuring the form is completed accurately and that the facility Associate Director provided the notification to the victim. All victims are required to sign and date the notification form. The victim will be provided a copy of the signed form.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Investigation report</p> <p>Notification form</p> <p>Interview with PREA Coordinator</p> <p>Interview with Associate Director</p> |
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| <b>115.276</b> | <b>Disciplinary sanctions for staff</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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. 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> |

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|  | <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 acknowledgement of receiving notice of ethical behaviors; reporting procedures; definitions of abuse; and consequences, and an employee handbook. The auditor reviewed employee files and verified signed and dated acknowledgements.</p> <p>The staff report that they are given a copy of the employee handbook and PREA zero tolerance policy during the new hire process. They understand that they can not only be terminated from employment but can also be investigated criminally for violating the agency's PREA policies. They report that they have an affirmative duty to report if they have information or knowledge of an employee having an inappropriate relationship with a resident. A failure to report such information may result in disciplinary action.</p> <p>The facility had one allegation of staff sexual misconduct during the past twelve months. The allegation was determined to be unfounded.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Policy 13.04.00</p> <p>Policy 3.32.00</p> <p>Policy 3.80.00</p> <p>Employee handbook</p> <p>Zero tolerance acknowledgements</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p> <p>Interview with Associate Director</p> |
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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>                               |

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|  | <p>Policy 12.04.01 states that volunteers or contractors who engage in sexual abuse with a resident will be prohibited from contact with any resident and will be reported to law enforcement (unless the behavior was clearly not criminal) and to relevant licensing bodies. The agency will prohibit further contact with residents in such circumstances.</p> <p>The auditor reviewed all facility allegations from the past twelve months. There were no allegations against a contractor or volunteer.</p> <p>The Associate reports that the facility has not had an allegation against a contractor or volunteer. She states that should a contractor or volunteer be found to have violated the agency zero tolerance policies, the contractor, or volunteer will be prohibited from entering the facility or having further contact with residents.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p> |
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| <b>115.278</b> | <b>Disciplinary sanctions for residents</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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 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 the 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 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> |

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|  | <p>The facility has disciplinary procedures for unauthorized relationships with another resident. Residents will not be disciplined for sexual contact with staff unless the facility finds that the staff member did not consent to such contact. The facility will also not discipline a resident for making a sexual abuse allegation in good faith based on a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Residents reviewed during the onsite visit confirmed that at intake they received a resident handbook and that a staff member reviewed the facility's disciplinary/sanction process with them. When discussing PREA and what happens if someone violates the zero tolerance policy, the residents report that they would “go back” if they committed “PREA.”</p> <p>The facility did not have an allegation of sexual abuse or sexual harassment against a resident during the past twelve months.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Resident handbook</p> <p>Resident orientation outline</p> <p>Resident files</p> <p>Investigation report</p> <p>Interview with residents</p> <p>Interview with Lead Resident 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>   |
|                | <p>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.</p> |

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 or the YWCA Rape Crisis Center can assist the resident.

Residents needing medical care will be transported to Kettering 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 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.

The auditor made contact with the director at Women Helping Women and was able to confirm the services they would provide free of charge to resident victims and their partnership with Kettering Medical Center for any needed medical services.

Review:

Policy 12.04.01

Policy 10.01.00

MOU with Women Helping Women

Interview with Associate Director



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|  | <b>and abusers</b>   |
|  | <b>Auditor Overall Determination:</b> Meets Standard   |
|  | <b>Auditor Discussion</b>  |
|  | <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. The facility would make appropriate referrals for medical and mental health services. 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 (female residents or transgender residents) 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 Associate Director states that the facility would not house a known resident-to-resident abuser.</p> <p>The auditor reviewed the one allegation from the facility within the past twelve months. The allegation was immediately able to be determined to be unfounded, and no medical or mental health services were needed.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Investigation report</p> <p>Interview with Associate Director</p> |

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| <b>115.286</b> | <b>Sexual abuse incident reviews</b>                 |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

Policy 12.04.01 requires each Talbert House facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review will occur within 30 days of the conclusion of the investigation and include upper management, line supervisors, and relevant clinical staff. The review must include:

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

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

The facility had one sexual abuse allegations during the past twelve months but was not required to conduct a Sexual Abuse Response Team (SART) review due to the allegation being unfounded. The auditor reviewed the form, which included:

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

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

The PREA Coordinator reviewed the process of assessing an investigation with the auditor. The team is comprised of the PREA Coordinators, 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. The team make a recommendation; the facility's Associate Director would be responsible for implementing the recommendations. The PREA Coordinator would document compliance with recommendations or reasons why the recommendation was not implemented.

Review:

Policy 12.04.01

SART incident review form

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|  | Investigation report<br>Interview with SART members |
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| <b>115.287</b> | <b>Data collection</b> |
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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.

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:

- Source of report
- Case number
- Date case was opened
- Allegation type
- Status of investigation
- Details of allegation
- Determination

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 2023 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Talbert House facilities.

**2023 PREA Allegation Summary Report**

|                             |    |
|-----------------------------|----|
| Substantiated Allegations   | 7  |
| Unsubstantiated Allegations | 4  |
| Unfounded Allegations       | 4  |
| Pending Allegations         | 0  |
| Total Allegations           | 15 |

**Allegations Breakdown by Facility**

| <b>Facility</b>                     | <b>Number of Allegations</b> | <b>Disposition</b>                              |
|-------------------------------------|------------------------------|---|
| ADAPT                               | 1                            | 1 Unfounded                                     |
| Burnet Intensive Services           | 0                            |   |
| Community Correctional Center (CCC) | 5                            | 3 Substantiated, 1 Unsubstantiated, 1 Unfounded |
| Cornerstone                         | 0                            |   |
| Pathways for Women                  | 0                            |   |
| Serenity Hall                       | 1                            | 1 Unfounded                                     |
| Spring Grove                        | 2                            | 1 Substantiated, 1 Unsubstantiated              |
| Turtle Creek Center                 | 6                            | 3 Substantiated, 2 Unsubstantiated, 1 Unfounded |

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

Review:

Policy 12.04.01

PREA data collection form

Agency website

CQI Plan

Interview with PREA Coordinator

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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 data-bbox="284 1839 1461 1995">Agency policy 12.04.01 states that the agency will compile data collection 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 data-bbox="284 2031 1426 2067">The agency's continuous quality improvement department uses data to evaluate</p> |

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.

The agency's annual PREA report is an assessment of the agency's identified vulnerabilities, corrective action plan, and areas of improvement. The auditor reviewed the report and ensured that the report compared the current year's data with those of the previous years. The information in the report includes:

### **Identified Vulnerabilities**

- Not all areas of the facilities are monitored through video surveillance
- Entry level and new staff are more likely to be named in a PREA allegation

### **Corrective Actions**

- The PREA tips grant has allowed the facility to crease two trainings- Basic Trauma Informed Care and Advanced Trauma Informed Care. All staff were initially trained, and the course continues to be offered quarterly for new staff
- Additional cameras were approved for one site - CCC
- Changes requested for more secure doors at one site- TCC
- New hire background screening process under review

### **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 six 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.

Agency PREA procedures are updated each January, or more often, if indicated. All facilities most recent PREA audits have been uploaded onto the Talbert House website.

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

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|  | <p>The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p>Review:</p> <p>Policy 12.04.01</p> <p>Agency website</p> <p>PREA annual Summary Report- 2023</p> |
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| <b>115.289</b> | <b>Data storage, publication, and destruction</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policy 12.04.01 requires the PREA Coordinator to collect data requested in standard 115.287 and that this information will be aggregated and made available to the public through the agency’s website. The information posted to the agency’s website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p>The auditor reviewed the agency website, <a href="https://www.talberthouse.org/resources/prea-5/">https://www.talberthouse.org/resources/prea-5/</a>, to ensure that the agency has posted its annual report. The annual report is completed based on a calendar year. The information in the report is collected by the associate director and submitted to the PREA Coordinator on a monthly basis. The PREA Coordinator is responsible for aggregating the information and preparing it for the annual report.</p> <p>The PREA Coordinator reports that all information used to create the report is only accessible to approved administrative staff members, and that the Coordinator retains control of all information. The information will be kept for ten years.</p> <p>The information collected pursuant to standard 115.287 is made available to the public through the agency's website.</p> <p>The auditor reviewed the agency's annual report. The report did not have personal identifying information or information that could jeopardize the safety and security of the facility.</p> <p>Review:</p> <p>Policy 12.04.01</p> |

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|  | <p>Talbert House website</p> <p>PREA annual Summary Report (2023)</p> <p>Interview with PREA Coordinators</p> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <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 two, ADAPT, Serenity Hall, Spring Grove, and Turtle Creek Center were audited. The agency completed the last four confinement facilities during year two of the audit cycle.</p> <p>The auditor was given full access to the facility during the onsite visit. The auditor was taken on a tour of the interior and perimeter areas of the facility. The auditor was provided a private room in order to conduct formal interviews of staff and residents. The auditor received documentation prior to and during the onsite visit.</p> <p>The auditor reviewed electronic documentation, resident files, staff files, and camera monitors for additional documentation and confirmation of reported information. The PREA Coordinator sent the auditor photographic evidence of audit notice postings. The auditor observed the posting during the onsite visit. The notices were posted in conspicuous areas throughout the facility. The notices included the auditors mailing and email address. The auditor did not receive any correspondence with a staff or resident prior to, during, or after the onsite visit.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>The agency has published on its agency website, <a href="https://www.talberthouse.org/resources/prea-5/">https://www.talberthouse.org/resources/prea-5/</a>, the final PREA report for all Talbert House operated facilities. The final report for Turtle Creek Center Halfway House from the previous audit (2021) is currently posted. The auditor reviewed the website and verified that all the facilities that were audited during the previous cycle were posted. The PREA Coordinator reports that she understands the requirement of having all final reports posted.</p> |

| <b>Appendix: Provision Findings</b> |  |     |
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| <b>115.211<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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  |



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|                    | emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) |     |
|                    | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)                     | na  |
| <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 |

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|                    | staffing patterns?  |     |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?   | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?   | yes |
| <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.)   | na  |
|                    | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  | na  |
| <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?  | no  |
| <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 |

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

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

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|                        | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  | yes |
|                        | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
| <b>115.216<br/>(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<br/>(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 |

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|                    | force, or coercion, or if the victim did not consent or was unable to consent or refuse?   |     |
|                    | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?   | yes |
| <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>  |     |

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| <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 |

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|                    | agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)  |     |
| <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 |



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|                    | 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 |

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| <b>115.222<br/>(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<br/>(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<br/>(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<br/>(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 |

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|                    | residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  |     |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |
| <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 |

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|                    | 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 |

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|                    | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                    | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  | yes |
| <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 |

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|                    | the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   |     |
| <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  |

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|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | na |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)      | na |
| <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 |

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|                    | and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) |     |
| <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 |



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|                    | Whether the resident's criminal history is exclusively nonviolent?  |     |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:<br>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:<br>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:<br>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 |

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| <b>115.241<br/>(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<br/>(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<br/>(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<br/>(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 |

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|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  | yes |
| <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>  |     |

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| <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>  |     |

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|                        | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  | yes |
|                        | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?   | yes |
|                        | Does that private entity or office allow the resident to remain anonymous upon request?  | yes |
| <b>115.251<br/>(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<br/>(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<br/>(a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                        | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no  |
| <b>115.252<br/>(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.)  | yes |
|                        | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve   | yes |

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|                    | 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.)   | yes |
|                    | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
| <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.)                           | yes |
|                    | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)   | yes |
| <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.)  | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf  | yes |

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

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|                    | alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  |     |
| <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 |



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|                    | information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?                       | yes |
| <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 |

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| <b>115.262<br/>(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<br/>(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<br/>(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<br/>(c)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                        | Does the agency document that it has provided such notification?  | yes |
| <b>115.263<br/>(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<br/>(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 |

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|                        | washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  |     |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.264<br/>(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<br/>(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<br/>(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<br/>(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 |

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|                    | 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 |

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|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?   | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?   | yes |
| <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 |

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|                    | evidence, including any available physical and DNA evidence and any available electronic monitoring data?  |     |
|                    | Do investigators interview alleged victims, suspected perpetrators, and witnesses?   | yes |
|                    | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  | yes |
| <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>   |     |

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| <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 |

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|                    | request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  |     |
| <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 |



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|                    | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  |     |
| <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>   |     |

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|                    | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?   | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?   | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?   | yes |
| <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 |

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|                        | condition of access to programming and other benefits?  |     |
| <b>115.278<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                        | Are resident victims of sexual abuse offered timely information   | yes |

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|                    | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?   |     |
| <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.) | na  |
| <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  | na  |

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|                    | information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) |     |
| <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 |

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| <b>115.286<br/>(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<br/>(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<br/>(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<br/>(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>  |     |

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| <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 |

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| <b>115.288<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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 |



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| <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.)  | no  |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)      | yes |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na  |
| <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 |

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|                        | same manner as if they were communicating with legal counsel?   |     |
| <b>115.403<br/>(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 |