

# PREA Facility Audit Report: Final

**Name of Facility:** Courage House Women's Recovery Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 08/05/2017

**Date Final Report Submitted:** 09/26/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Daniel Cratcha	<b>Date of Signature:</b> 09/26/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Cratcha, Daniel
<b>Address:</b>	
<b>Email:</b>	dcratcha@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	07/19/2017
<b>End Date of On-Site Audit:</b>	07/19/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Courage House Women's Recovery Center
<b>Facility physical address:</b>	74 Granville Street, Newark, Ohio - 43055
<b>Facility Phone</b>	740-522-8477
<b>Facility mailing address:</b>	65 Messimer Drive, Newark, Ohio - 43055
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input checked="" type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
<b>Name:</b>	Trista Howard	<b>Title:</b>	Training and Development Coordinator & PREA Coordinator
<b>Email Address:</b>	tristahoward@bhcpartners.org	<b>Telephone Number:</b>	740-788-0287

Facility Director			
<b>Name:</b>	Sharon Stockton	<b>Title:</b>	Chief Clinical Director
<b>Email Address:</b>	sharonstockton@bhcpartners.org	<b>Telephone Number:</b>	740-788-3447

Facility PREA Compliance Manager			
<b>Name:</b>	Pam Wohlert	<b>Email Address:</b>	pamwohlert@bhcpartners.org

Facility Health Service Administrator			
<b>Name:</b>	NA	<b>Title:</b>	NA
<b>Email Address:</b>	NA	<b>Telephone Number:</b>	NA

Facility Characteristics			
<b>Designed facility capacity:</b>		16	
<b>Current population of facility:</b>		13	
<b>Age Range</b>	<i>Adults: 18-54</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>		Unlocked Facility	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>		10	

AGENCY INFORMATION	
<b>Name of agency:</b>	Behavioral Healthcare Partners of Central Ohio
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	65 Messimer Drive , Newark, Ohio - 43727
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Trista Howard	<b>Email Address:</b>	tristahoward@bhcpartners.org

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Behavioral Health Care Partners of Central Ohio (bhcpartners.org) contracted with Daniel Cratcha in May of 2017 to conduct an audit to determine the degree of compliance with the federal prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) auditor.

Six weeks in advance of the audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided staff and residents with the auditor's contact information. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. Well before the on-site review, the Agency PREA Coordinator submitted the pre-audit tool and supporting documents to the auditor. Prior to the onsite visit, the auditor conducted a comprehensive evaluation of agency policies and facility procedures, documents and other materials. In addition, the auditor met with the PREA Coordinator at the agency's administrative offices two weeks before the audit to clarify auditing procedures, information submitted to the pre-audit tool and PREA Coordinator questions.

The on-site portion of the audit was conducted on July 19th, 2017. The auditor arrived at the agency at 0600 hours and left the agency at 1800 hours. During this time, the auditor met with the agency management team, conducted interviews with agency and facility leadership, staff and residents. Interviews were conducted consistent with DOJ PREA auditing expectations in content and approach. An extensive facility tour was also conducted, which included virtually every area of the facility. The auditor was permitted access to every part of the building.

During the on-site visit, 14 staff (leadership, specialized, line) and 5 resident interviews were completed. Residents were randomly selected to participate in the interview process by starting with the first resident on an alphabetically sorted roster and jumping 3 places at a time until 5 residents were chosen. There were no special population residents. A random sampling process was not utilized to interview staff due to the small population of staff. The interview schedule was set prior to the on-site visit. A secluded, confidential site was utilized in the facility to conduct interviews.

While at the agency, the auditor reviewed resident files, personnel files and documents not placed in the pre audit tool. The random sampling method described above was also utilized in the selection of resident and personnel files. There were no substantiated or unsubstantiated investigative reports to review. Over the last audit cycle, there has been one unfounded allegation of sexual harassment.

Near the end of the on-site audit, the auditor met with the PREA Coordinator and PREA Compliance Manager to summarize preliminary audit findings. During this meeting, feedback about the audit process was provided to and from both sides.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Courage House is operated by Behavioral Healthcare Partners of Central Ohio, Inc. The organization is a private, not for profit behavioral healthcare organization that provides integrated mental health and addiction treatment services. Courage House serves adult females and provides substance abuse treatment, cognitive therapy and other ancillary services. Most residents are referred from the criminal justice system. The facility is funded by ODRC and local United Way and Community Mental Health and Recovery Board monies.

Courage House is located at 74 Granville Street, Newark, Ohio. It was originally built in 1880. It is roughly 3 stories tall and contains 4,540 square feet. The basement is an additional 1900 square feet. The main level consists of the main front office, the kitchen, the dining room, a recreation room, a group room, a handicapped accessible bedroom with restroom, and a counselor's office, and is 2100 square feet. The basement consists of the exercise room, recreation room and laundry room accessible to residents. The two upper floors comprise the resident bedrooms as well as staff offices. The 2nd floor is 1770 square feet and the 3rd floor is 640 square feet. Finally, the backyard is also used as a resident recreation area. Video coverage blankets the back yard. The facility houses 16 clients.

All resident bedrooms and private restrooms are located on the second and third floor with the exception of a Handicapped Accessible bedroom located on the main floor. Each restroom is a single use restroom with a door and privacy for all residents to change their clothing, take a shower, and perform bodily functions without being viewed by anyone else.

Informational posters about PREA were found on each level of the house in plain view to all residents, staff and visitors. Posters contained contact information inclusive of telephone numbers and an email address for the facility PREA Coordinator and a toll free number to the Mental Health & Recovery Board for Licking and Knox Counties.

The auditor was accompanied on the building tour by the PREA Coordinator, PREA Compliance Manager and House Manager. We began on the 3rd floor and worked our way to the basement and finally the outside. We talked with residents as we moved, verifying single use only bathrooms, knock and announce policies of opposite sex, unannounced supervisor visits and overall PREA knowledge.

Video coverage in the facility was excellent and the 20 cameras could be viewed at the main entrance, in a variety of ways. Camera coverage in the facility was well planned. The facility had a well established key control policy and potential "problem" areas such as larger closets and supply rooms were secured with lock.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	38
<b>Number of standards not met:</b>	0

The auditor was impressed by the dedication of BHPCO staff to comply with PREA, but more importantly, to proactively prevent any incidents of sexual abuse or harassment at Courage House. It is evident from the PREA audit, that policies and procedures have been developed to prevent, detect and respond to allegations of sexual abuse and harassment. Staff interviewed reinforced the auditor view of this dedication, as the vast majority of questions were answered without prompts. There has yet to be a substantiated or unsubstantiated allegation of sexual abuse or harassment at Courage House. Residents all felt safe and were able to focus on the treatment they were at Courage House to receive.

Out of 41 standards the Agency met 35, exceeded 3 and fell short on 1. There were 2 standards that were na. The Agency exceeded 2 standards around training & education, due to their excellent training program and high standards for all staff. The agency also exceeded the standard on first responder duties as all staff are trained to the highest level of first responding with the same expectation as security staff. The agency fell short on 1 standard in screening for risk of victimization and abusiveness. While the agency utilizes a well developed screening instrument, it needs to re-assess residents after 30 days and needs to document any decision making on critical items endorsed on the screening instrument. The auditor will review all screening instruments over the next 60 day period, initial screens and re-screens. The PREA Coordinator agreed to this process and will forward all screens to the auditor during the next 60 days. All identifying information will be removed from the screens. The auditor is confident the agency will be able to become compliant within this 60 day period. After the 60 day period, all screens were sent to Auditor and all were reviewed and the audit was successfully closed.

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The agency has a written policy mandating zero tolerance on all forms of sexual abuse and harassment. This is clearly spelled out in staff training, client educational materials and on several policies. The policy on agency implementation of prevention, detection and response to sexual abuse and sexual harassment is contained in several agency documents.</p> <p>The agency has a PREA Coordinator and PREA Compliance Manager. PREA Coordinator in higher echelon of command chain and reports to HR Chief, who is directly under CEO. PREA Coordinator also has direct access to CEO. During conversations the PREA Coordinator stated she has time and authority to administer the program, as did the PREA Compliance Manager. PREA Coordinator said she had total buy in from senior staff. This allowed for a successful implementation of PREA standards and culture which has ensured resident safety.</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>
	Agency does not contract with other agencies to detain agency residents. This standard is NA.

<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 staffing plan, which takes into account facility layout, composition of resident population, history of sexual abuse and harassment allegations and any other significant factors. This staffing plan is reviewed annually. At the last review, there were no recommended changes to the staffing plan as there have been no incidents to review. There have been no deviations from the staffing plan, as coverage has always been available through other staff members. The facility has significant video monitoring and after the last PREA audit, was able to expand band width due to an ODRC grant, which allows for the potential of additional camera coverage. PREA Auditor recommended additional video coverage in living room area. PREA Coordinator will explore this possibility through the chain of command.</p> <p>There is also a key control protocol. This protocol ensures that only certain staff have access to keys and documents key exchange between staff and sign out of keys. Key control policy and protocol was approved and signed off by ACA.</p>

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency does not perform any type of pat down, strip or visual body cavity search. Agency has a "hands off" policy and never lays hands on clients. Female or male residents are never physically searched. Agency has residents "shake out" clothing when performing a search, never touching the resident. The facility has individual use only restrooms and this allows for privacy when residents perform bodily functions and change clothes. Bathrooms are only used by one resident at a time. Residents confirmed policy on searches and none claimed staff had ever laid hands on them.</p> <p>Agency has a knock and announce policy when opposite sex staff members enter bedroom and bathroom areas of facility. This was verified several times by staff and residents and was observed on the floors with bedrooms and baths. The "hands off" policy was also verified in several interviews with staff and residents.</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>
	<p>Agency has policies and procedures which spell out how all residents, regardless of disability, will be protected from sexual harassment and sexual abuse. Agency uses Ohio Relay and contracts as necessary to provide other interpretive services. In the past 12 months, this facility has had a visually impaired resident who received extensive staff assistance to ensure her understanding of PREA. and has had no limited English proficient residents.</p> <p>Agency policy does not allow for resident interpretive services and there have been no exigent circumstances of this happening.</p> <p>Residents interviewed felt they know PREA's purpose and felt safe. None of the residents interviewed felt they needed help in understanding PREA objectives.</p>

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 705">Agency does not hire or promote anyone with a past known history engaging in sexual abuse or sexual harassment. The facility has a no tolerance policy when utilizing contract services. If a contractor has a known history of engaging in sexual abuse or harassment, the contractor is not utilized. The agency does background checks on all new hires, volunteers and contractors and repeats background checks every five years. In addition, all new staff, volunteers and contractors are asked directly about any past history of engaging in sexual abuse or harassment, and are expected to report any current incidents of sexual abuse or harassment they may be involved in. This information was verified in the HR interview. Information was also verified through a sample of personnel files.</p> <p data-bbox="252 750 1452 873">There have been no personnel hired that have had a history of working at other correctional facilities. There have also been no requests from other correctional facilities requesting information on new hires that worked at the agency.</p>

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p data-bbox="252 1077 901 1111"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1155 526 1189"><b>Auditor Discussion</b></p> <p data-bbox="252 1234 1484 1435">Agency has not undergone any substantial expansion or modification. Agency did receive an ODRC grant to enhance network ability in terms of speed and capacity. One of the main purposes of this enhancement was to have the ability to enhance the video monitoring system. Agency Director also spoke to annual review in determining if any changes are needed to further ensure resident safety.</p> <p data-bbox="252 1480 1476 1648">Currently, facility has video coverage in most of the building areas, but this coverage could be expanded to further increase resident safety. Current system has the ability to record for 30 days. There have been one review of camera recording when investigating an allegation which was unfounded.</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a policy that it will investigate all allegations of sexual harassment and sexual abuse. The facility's PREA Coordinator and PREA Compliance Manager are responsible for conducting administrative investigations into all allegations of sexual harassment/sexual abuse.</p> <p>The facility has a Memorandum of Understanding with the Newark Police Department to conduct a criminal investigation into all allegations of sexual abuse. The facility's policy states that they will request that the Newark Police Department follow all guidelines set forth in relevant PREA standards. Facility also has MOU's with Licking County Rape Crisis Center for advocacy support and treatment services, Licking Memorial Hospital for forensic medical exams and The Woodlands Mental Health Center for mental health counseling. Agency policy clearly spells out that no fees are charged for any of these services. There have been no incidents of sexual abuse or harassment or allegations of sexual abuse or harassment that resulted in criminal or administrative investigations. Over the last audit cycle, there has been one unfounded allegation of sexual harassment. This allegation was investigated.</p>

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility does an administrative investigation on all sexual abuse and harassment allegations. The PREA Coordinator and PREA Compliance Manager conduct these administrative investigations. All allegations of a potential criminal nature are referred to the Newark Police Department. The agency has a memorandum of understanding with the Newark Police Department, outline responsibilities of each in regard to criminal investigating. The agency policy on referring allegations for possible criminal charges is on their website.</p> <p>Over the last audit cycle, there have been no internal investigations referred to the police department for criminal investigation. There has been one administrative investigation that was determined to be unfounded.</p>

<b>115.231</b>	<b>Employee training</b>
	<p data-bbox="252 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 246 518 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 571">Facility has a thorough, well organized training curriculum that addresses the ten areas this standard mandates. The training is tailored to the gender of the residents and guidelines are in place to ensure training of new staff in the appropriate time frame. The agency provides refresher information in an clear, well written document. PREA training is provided at in house staff trainings on a continuous basis. The agency provided attestation documents that verified staff receipt by signature.</p> <p data-bbox="252 627 1476 828">Review of personnel files verified PREA training received and staff attestation. During the interview process, all staff interviewed verified they had received the necessary training and spoke to their responsibilities under PREA. In addition, all contractors and volunteers receive the same PREA education as full and part time staff. This was verified by a review of volunteer and contractor personnel files.</p>

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="252 1032 925 1066"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 1111 518 1144"><b>Auditor Discussion</b></p> <p data-bbox="252 1189 1484 1480">The facility policy that all contractors and volunteers receive the same training as staff exceeds this standard. While the standard states that volunteers and contractors be trained on the agency's zero tolerance policy, how to report allegations and their responsibilities under the agency's PREA policies and procedures, the agency also trains them to the same level as agency staff. The agency also has attestation procedures via volunteer and contractor signature and this was verified through personnel file reviews. If a one time contractor is utilized, a staff member stays with the contractor until their work is completed.</p> <p data-bbox="252 1536 1460 1603">There were no contractors or volunteers available to interview. A review of contractor and volunteer charts showed the training they received as well as their attestation to that training.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All new residents are given information on the agency's zero tolerance policy, reporting alleged incidents, right to be free from sexual abuse or harassment and the right to be free of retaliation for reporting incidents. The training is received through a video, with questions answered after the viewing. Auditor reviewed the resident training video and found it covered all mandatory areas. All new residents receive this education, regardless of where they come from, be it another agency, or from the community. There is an attestation procedure after viewing the video, ensuring proof of resident participation. This was confirmed through resident charts. Residents are never transferred to another Agency facility.</p> <p>The agency also provide this information to limited English proficient, deaf, visually impaired or otherwise disabled clients. The agency contracts with a local agency to provide interpretive services, Ohio Center for Sight and Ohio Relay for sensory deprived clients and also uses Staff to relay PREA information.</p> <p>In addition, vital PREA information is also available throughout the facility in the form of posters, resident handbooks and brochures. Review of resident files verified the attestation process and resident interviews verified that they received the necessary PREA information when they arrived at the Agency.</p> <p>Residents were all able to remember PREA education provided to them when they arrived at the facility. All interviewees confirmed they were informed of the agency's Zero Tolerance Policy concerning sexual abuse and harassment, how to report, their right not to be punished if they report.</p>

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility performs an administrative investigation on all allegations of sexual abuse and harassment. This investigation is done by the PREA Coordinator and PREA Compliance Manager. They have received special training in sexual abuse investigations through ODRC, as evidenced by certificates in their personnel files. This training included Miranda and Garrity warnings, sexual abuse evidence collection and substantiation of a case for administrative action or prosecution.</p> <p>Interviews of the PREA Coordinator and PREA Compliance Manager verified the information above and their personnel files contained the completion certificates from ODRC. Each spoke to Miranda vs Garrity, evidence collection and administrative and criminal investigations, including when administrative cases may meet criminal prosecution levels.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>While the agency employs Mental Health Counselors, the Facility does not offer mental health services to victims of sexual abuse and harassment. The counseling services offered at the Agency are limited to AOD services. The Mental Health Counselors do receive the necessary training mandated by PREA. Services for victims of sexual abuse and harassment are provided by the Woodlands Mental Health Center and the local rape crisis center. Facility Counselors have been trained in the specific areas mandated in this standard, as evidenced by review of personnel files.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Agency requires a screening for sexual safety be done on all residents, usually on the first day they arrive at the Agency. The objective screening instrument is a well designed document, addressing the 9 risk factors mandated in this standard. The screening assessment is used to determine each resident's risk of being sexually abused by other residents or sexually abusive toward other residents.</p> <p>The Agency does not admit known sexual abusers, but if information regarding a Resident's history of sexual abusiveness becomes available, an automatic re-assessment is triggered and the Agency makes decisions on a case by case basis. Agency policy does not allow for sanctions when a resident refuses to answer the 4 items surrounding disability, LGBTI, previous sexual victimization or self perception of sexual safety. The sexual safety screens are placed in a sub-section of the client chart, are considered sensitive information, and are available on a "need to know" basis.</p> <p>PREA standard of reassessment within 30 days or when needed has not been consistently applied.</p> <p>Corrective Action Plan</p> <p>The PREA Auditor will review all PREA screening instruments over the next 60 day period to verify re-assessments are being conducted. PREA auditor will also review screening instruments that contain items endorsed which require notification of PREA Coordinator and the ensuing protocol for handling such notifications.</p> <p>Since the end of the on-site visit, Auditor has requested all original screens and all re-screens be sent for review. The Auditor has confirmed that the Agency has been doing the screens and re-screens for all new residents and has reviewed each of these screens. The Auditor believes that this 2 month period has been sufficient to prove agency compliance with this standard.</p>



115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency uses the screening information obtained to ensure client safety in housing, work, education and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening is designed to allow the user to make individual determinations about how to ensure the safety of each resident, along with the resident's perception of risk and safety. The PREA Compliance Manager makes these determinations at intake.</p> <p>To this point, the facility has not taken any action on any screening information. Agency has not had any TG or IS residents and has not had any incidents. The PREA Compliance Manager stated agency would always allow for resident's perception of their own sexuality and balance that against overall facility safety when making determinations on placement. There were however, screens which contained critical item endorsement with no documentation regarding those specific items. PREA Compliance Manager was aware of the critical item endorsement and felt she did not have to take any action. Auditor recommended that there be specific written documentation regarding these critical items with a justification for any steps taken. Auditor will continue to review screens for 30 days.</p> <p>Should the agency need to, the layout of the building allows for separation of residents. In addition, agency policy mandates individual use of bathrooms and no resident is ever allowed in another resident's bedroom.</p>

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility provides multiple internal ways for residents to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility has a policy that it will accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and promptly document any verbal reports. The facility has numerous posters throughout the house visible to all residents, staff and visitors. The facility also has this reporting information in the resident's handbooks and on their website for third parties to view. The posters, handbook, and website also contain contact information for an outside entity that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request.</p> <p>If staff wants to report anonymously, they can do so by submitting documents with no identifying information to the PREA Coordinator and PREA Compliance Manager. They can do this by sliding the document under the PREA Coordinator's office door. The Auditor checked to see that no video recording equipment could be used to see who the anonymous party is.</p> <p>During residential interviews, residents were able to state various ways of reporting, such as talking to their counselor, calling the PREA Coordinator, filing a grievance, sliding a note under staff doors, calling any of the several agencies listed in the client handbook and having a friend or family member call or write the agency. Random staff interviews also confirmed this. There were PREA posters on each residential floor with contact information on reporting with an 800 number attached.</p> <p>Agency policy mandates that any report is documented.</p> <p>Over the last audit cycle, there has been one unfounded report of sexual harassment.</p>

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1468 571">Agency has a specific process to address resident grievances regarding sexual abuse. Policy does not dictate time lines or deadlines for filing sexual abuse and sexual harassment grievances. PREA related complaints may be considered as emergency grievances. If this is the case, timelines for response will be initial response within 48 hours and final response within 5 days. Residents also do not have to file a grievance to report an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="252 616 1476 873">The grievance can be submitted without submitting it to the staff member who is the subject of the complaint. The PREA Event Response Protocol outlines that staff must take seriously and follow up on all statements from an resident or other individual that the resident has been a victim of sexual assault or know of a threat to or past sexual assault of another. The policy allows for a third party to file an allegation of sexual abuse and documents if the resident declines to have the request processed on their behalf.</p> <p data-bbox="252 918 1460 996">Resident interviews confirmed that Residents understand the grievance process. There have been no client grievances filed on sexual abuse or harassment over the last audit cycle.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="252 1205 901 1238"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1283 526 1317"><b>Auditor Discussion</b></p> <p data-bbox="252 1361 1428 1485">The facility provides residents with outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free numbers of a local rape crisis organization.</p> <p data-bbox="252 1529 1468 1697">The facility has the contact information, including a toll free number, for the Mental Health Board of Licking and Knox Counties where they can report any allegation of sexual abuse or sexual harassment anonymously. This information is also provided on the posters throughout the house and PREA pamphlets.</p> <p data-bbox="252 1742 1452 1910">The facility has entered into a Memorandum of Understanding with the Licking County Rape Crisis Center to provide residents victim advocacy services related to sexual abuse/harassment. The Agency does not monitor phone calls to outside organizations by providing Residents with a cell phone in a secure, confidential environment.</p> <p data-bbox="252 1955 1029 1989">During interviews, Residents verified the above information.</p>

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has an established method to receive third-party reports of sexual abuse and sexual harassment and distributes this information publicly on their website. The website informs any person who feels that they know someone who is being victimized can report this claim of sexual abuse or sexual harassment on behalf of the resident. The website provides contact information for the third-parties to report the information to the PREA Coordinator as well as the contact information for the Mental Health Board. Toll free numbers are provided. The website further informs the third-party that they can anonymously report their claim.</p> <p>The onsite audit facility tour, as well as interviews with staff and residents verified their knowledge on third party reporting.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a policy that requires that all staff report immediately and according to policy any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy also states that apart from reporting to designated supervisors or officials, staff members shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the facility policy, to make treatment, investigation and other security and management decisions. Finally, policy states staff must inform residents of any limits on confidentiality as service is initiated.</p> <p>During staff interviews, all staff verified they were mandatory reporters. They also knew about the "need to know" flow of information.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 616">The facility has a policy that states when their agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the resident. Policy further states that the staff shall consider housing changes or transfers for resident victims or abusers out of their facility and back into the agency that sentenced them, removal of the alleged staff or resident abusers from contact with the victims and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="252 660 1460 828">There have been no instances of this over the last audit cycle. Residents did feel safe and stated and felt that if they were in some sort of danger, staff would immediately protect them. Across the board, staff said they would take immediate action to protect a client in imminent danger, such as separating, temporarily isolating and reporting to supervisors.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="252 1032 901 1066"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1111 526 1144"><b>Auditor Discussion</b></p> <p data-bbox="252 1189 1484 1480">The facility has a policy that states, upon receiving an allegation that a resident was sexually abused while confined at another facility, the CEO or designate shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. The policy further states that this notification will be documented. Additionally, if the facility receives an allegation that an ex-resident was sexually abused while confined at the Courage House that the PREA Coordinator will conduct an investigation into such a claim in accordance with the reporting policy.</p> <p data-bbox="252 1525 1444 1603">The CEO stated that the PREA Coordinator would handle the communication regarding this standard, but that she would be kept informed.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The facility has a policy that contains detailed instructions for every staff member when an allegation of sexual abuse is made. This policy is the same for all staff. In addition, PREA training for volunteers and contractors rises to the same level of staff training. All staff are required to address the four issues when they are the first responders, separation, protection and preservation of evidence.</p> <p>During staff interviews, each was able to define first responder actions.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. This plan is very detailed and well written.</p> <p>This plan follows the victim/abuser through their stay at the facility and ensures for individualized treatment. It also contains information for how the victim/abuser shall be ensured continuity of care upon their release from the facility.</p> <p>During staff interviews, members of the Sexual Assault Response Team knew the plan and articulated it well.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This is an NA standard, as there are no collective bargaining or union issue for the agency to deal with. The agency has no limits on its ability to remove sexual abusers from the facility.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has 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 and designates the Resident Assistant Supervisors as responsible for monitoring retaliation, though all staff is trained on this and are expected to report any retaliation issues they observe.</p> <p>The CEO, PREA Coordinator and PREA Compliance Manager were all questioned on this and responded with the details listed in this standard.</p>

115.271	<p><b>Criminal and administrative agency investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility has a policy to investigate all allegations of sexual abuse and sexual harassment. The PREA Coordinator and PREA Compliance Manager have received specialized investigative training from ODRC and conduct an administrative investigation into all sexual abuse allegations. If the administrative investigations supports the possibility of criminal charges, these allegations are turned over to the Newark Police Department, which will then do a criminal investigation. The facility has a policy that states that they will conduct administrative investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly and objectively for all allegations including third party and anonymous reports.</p> <p>The facility has a Memorandum of Understanding with the Newark Police Department that states they will conduct criminal investigations if the allegations support this. The PREA Coordinator and PREA Compliance Manager will gather and preserve direct and circumstantial evidence, including any available physical evidence and any available electronic monitoring data. They will interview alleged victims, suspected perpetrators, and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. Finally, they will check with the Newark Police Department before doing compelled interviews. They will then complete a written report, containing a description of evidence, testimonials, relevant documents and the reasoning used to come to conclusions.</p> <p>The facility has a policy that bans the use of polygraph tests and states each person interviewed will be judged on an individual, objective basis. Agency policy mandates secure retention of documented investigation be held for a minimum of 5 years. There was one allegation during the past audit cycle which spurred an administrative investigation. This allegation was determined to be unfounded. The PREA Coordinator and PREA Compliance Manager were both questioned on this standard.</p>
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115.272	<p><b>Evidentiary standard for administrative investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility has a policy that states that they will impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There was one allegation in the last audit cycle. The PREA Coordinator explained how she came to the conclusion that the allegation was unfounded, using the preponderance of evidence as a measure.</p>
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115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy requires notification to any client that alleges sexual abuse or sexual harassment as to whether that allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The facility will also request the relevant information from the Newark Police Department in order to inform the resident of the outcome of a criminal investigation. Following a resident's allegation that a staff member or other resident has committed sexual abuse against that resident, the facility will inform the resident of the resident abuser's legal status and staff member's employment and legal status. Per agency policy, these notifications must be documented and these notifications are not required if the resident who alleges the abuse or harassment is released from the facility. There have been no substantiated or unsubstantiated allegations during the past audit cycle of sexual abuse or harassment. Auditor reviewed the documentation on the one alleged sexual harassment incident and the resident was informed of the outcome of the investigation, which was determined to be unfounded.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 873">The facility has a policy stating that staff members are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination is also the presumptive disciplinary action for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. Policy also states that 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to the relevant licensing bodies. Though the agency policy allows for some latitude on sanctions, PREA Coordinator stated that all substantiated allegations would result in termination of staff and removal of resident.</p> <p data-bbox="252 929 1444 1041">In the past audit cycle, no staff have been disciplined for violating Agency sexual abuse and harassment policies. Agency utilizes a progressive disciplinary process when dealing with staff. Termination of staff does not void any investigation.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="252 1247 901 1281"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1326 526 1359"><b>Auditor Discussion</b></p> <p data-bbox="252 1404 1476 1650">The facility policy regarding staff disciplinary sanctions for violating agency policy on sexual abuse or sexual harassment includes contractors and volunteers. Any contractor or volunteer who engages in sexual abuse or harassment is prohibited from contact with residents and will be reported to law enforcement agencies and to relevant licensing bodies. The facility will also prohibit further contact with residents. HR and PREA Coordinator stated that expectations of volunteers and contractors are the same as staff.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 660">The facility has a policy regarding disciplinary sanctions for residents. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The disciplinary process will consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="252 705 1484 952">For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility has a policy prohibiting all sexual activity between residents and will discipline residents for such activity. The facility will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p data-bbox="252 1008 1420 1176">During interviews, PREA Coordinator, Compliance Manager and Clinical Director stated agency does not offer therapeutic help for residents who are known sexual abusers and denies them entrance to the facility. Also, if a resident is found guilty of committing sexual abuse against another resident or staff, they are discharged back to the referring agency.</p>

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="252 1373 901 1406"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1451 526 1485"><b>Auditor Discussion</b></p> <p data-bbox="252 1529 1484 1910">The facility has a policy addressing access to emergency medical and mental health services. The policy states that resident victims of sexual abuse will receive immediate access to emergency medical treatment and crisis intervention services. Additionally, resident victims of sexual abuse will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. These treatment services will be provided to the victim at no financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Agency has specific steps laid out to respond to allegations of sexual abuse. Agency has MOU's with local hospital and rape crisis agency.</p> <p data-bbox="252 1955 1420 2033">Staff interviews of Clinical Director, first responders, Counselors and RA's all spoke to immediate emergency treatment, notification procedures and that services would be free.</p>

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a policy addressing ongoing medical and mental health services. The policy states that resident victims of sexual abuse will receive any medical and mental health treatment needed and that this treatment not be time limited and may continue after discharge by referral and linkage to external agencies.</p> <p>The facility does not provide mental health services, but ensures residents receive mental health treatment by utilizing Woodlands Mental Health Center. An MOU was available for the auditor to review. Agency also has MOU's with Licking County Hospital and Rape Crisis Center to provide these services. There has not yet been an incident that required the use of these services as there have been no sexual abuse incidents.</p>

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a policy that it will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. Facility review team reviewed incident of unfounded allegation, even though not required by PREA. Sexual Abuse Incident Review Team consists of PREA Coordinator, PREA Compliance Manager, RA Supervisor and AOD Counselor. Policy dictates a review occur within 30 days of the conclusion of the investigation.</p> <p>Policy further dictates a written report be compiled by the Review Team which looks at the issues mandated by this standard. In addition, the Review Team may suggest changes to policies and procedures that increase client safety and forward this document to the Agency's Executive Director.</p> <p>In the previous audit cycle, there were no mandated incident reviews as there were no substantiated or unsubstantiated allegations to review.</p>

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency collects and aggregates data annually. This data is based on items in DOJ's Survey on Sexual Violence. Data is derived from any source that provides this information, including incident-based documents, reports, investigation files, and sexual abuse incident reviews. Agency policy dictates that data will be provided to the DOJ, upon their request.</p> <p>This information is available to the public via Agency website. There have been no mandated sexual abuse or harassment allegations which required a review during the last audit cycle.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency uses aggregated sexual abuse and harassment data to consider making improvements in how the agency prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The report compares the current year's data with those of previous years. The report with this information can be found on the agency's website.</p> <p>There has been no data to collect and aggregate on specific instances of sexual abuse or harassment, though the Incident Review Team still meets annually to determine if any changes are needed on PREA safety policies. A review of the annual meeting minutes found no recommendations for PREA policy changes.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy mandates that all data collected is securely maintained for a minimum of 10 years. During the last audit cycle, there was no data on sexual abuse or harassment incidents. PREA Coordinator verified the 10 year period during interview.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	PREA Coordinator was very helpful during on site audit. Auditor had access to all records, necessary documents, staff and residents. A quiet, confidential site was used for all interviews. There was no resident communication with Auditor prior to audit.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The last audit is posted on the agency website.

**Appendix: Provision Findings**

115.211 (a)	<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

115.211 (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

115.212 (a)	<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

115.212 (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 OR the response to 115.212(a)-1 is NO.)	na

115.212 (c)	<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 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.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	<b>Supervision and monitoring</b>	
	Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (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



115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	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 less than 50 residents)	na

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	<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

115.215 (f)	<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?	no
	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?	no

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

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

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

115.216 (c)	<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

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

115.217 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have 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>	
	Unless prohibited by law, 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 agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	<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

115.221 (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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes



115.221 (d)	<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

115.221 (e)	<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

115.221 (f)	<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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	<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).	na

115.222 (a)	<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

115.222 (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

115.222 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	<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

115.231 (c)	<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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	<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

115.232 (b)	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<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?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

<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 medical staff at the facility does 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?	yes

115.235 (d)	<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 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. )	na

115.241 (a)	<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

115.241 (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

115.241 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes



115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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?	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?	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?	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	<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

115.251 (d)	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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 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.)	yes
	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



115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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.)	yes

115.253 (a)	<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

115.253 (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

115.253 (c)	<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

115.254 (a)	<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

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

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

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

<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	<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?	no

115.267 (a)	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (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

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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 (h)</b>	<b>Criminal and administrative agency investigations</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 and 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 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.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<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

115.277 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (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

115.278 (a)	<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

115.278 (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

115.278 (c)	<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 condition of access to programming and other benefits?	no

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (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

115.282 (c)	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	<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

115.283 (a)	<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

115.283 (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.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<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

115.286 (d)	<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

115.286 (e)	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	<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

115.287 (b)	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.287 (c)</b>	<b>Data collection</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.)	yes

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

<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 inmates, residents, and detainees?	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 same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)</p>	yes