

# PREA Facility Audit Report: Final

**Name of Facility:** Community Transition Center Halfway House

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/19/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 09/19/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	08/03/2023
<b>End Date of On-Site Audit:</b>	08/04/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Community Transition Center Halfway House
<b>Facility physical address:</b>	151 E. Hubert Ave, Lancaster, Ohio - 43130
<b>Facility mailing address:</b>	151 E. Hubert Ave, Lancaster, Ohio - 43130

<b>Primary Contact</b>	
<b>Name:</b>	MINDY MORRISON
<b>Email Address:</b>	mindy@ctclancaster.com
<b>Telephone Number:</b>	16147326036

<b>Facility Director</b>	
<b>Name:</b>	TRAVIS MATHES
<b>Email Address:</b>	travis@ctclancaster.com
<b>Telephone Number:</b>	7408080047

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	76
<b>Current population of facility:</b>	70
<b>Average daily population for the past 12 months:</b>	70
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-70
<b>Facility security levels/resident custody levels:</b>	Low
<b>Number of staff currently employed at the</b>	24

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Community Transition Center, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	151 E. Hubert Ave, PO Box 11, Lancaster, Ohio - 43130
<b>Mailing Address:</b>	
<b>Telephone number:</b>	740-689-1200

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Jill Peck
<b>Email Address:</b>	jill@ctclancaster.com
<b>Telephone Number:</b>	740-808-0068

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Mindy Morrison	<b>Email Address:</b>	mindy@ctclancaster.com

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-03
2. End date of the onsite portion of the audit:	2023-08-04

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Family Medical Center of East Ohio - Mental health and Rape crisis Fairfield Medical Center- SANE

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	76
15. Average daily population for the past 12 months:	70
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	68
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The agency provided the auditor with a list of residents and identified targeted areas. The facility does not have a segregated housing unit, dorm, or cell.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>24</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>2</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	<p>2</p>
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>There were no volunteers or contractors present during the onsite visit.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>11</p>
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input checked="" type="checkbox"/> Other  <input type="checkbox"/> None </p>
<b>If "Other," describe:</b>	<p>Row assigned within the housing unit. Targeted residents were included in the list of random residents if there was more than one in the target category. All residents were given the random and targeted (if required) interview protocols.</p>

<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The facility provided the auditor with a list of current residents, any identified targeted area, intake date, and dorm row. Each resident was asked their intake date, housing row, and dorm number at the beginning of each interview for confirmation.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>5</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have a segregated housing unit, dorm, or cell. The auditor was able to verify this during the onsite visit.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Security monitors from every shift were interviewed, as well as multiple program staff. The facility has a total number of 24 full and part-time staff members.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	5
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Some staff members performed multiple specialized duties. The facility did not have any volunteers or contractors present during the onsite visit.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator and Director escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing unit, dorm/sleep areas, bathrooms, group room, dining room, kitchen, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk through and saw how staff interacted with residents.</p> <p>The auditor receive correspondence from a resident after the onsite visit. The auditor interviewed this resident while at the facility. The resident was allowed to speak to the auditor privately to address the letter sent to the auditor. The resident reports that he did not send any letter to the auditor and was not aware of anyone who would send a letter on his behalf. The auditor read the contents of the letter to the resident. He denied all allegations listed in the letter. The letter did not allege any sexual abuse or sexual harassment, but did alleged other issues at the facility.</p>

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

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

The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.  
The auditor reviewed electronic documentation during the onsite visit. This includes camera views.

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

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

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The facility did not have any allegations of sexual abuse or sexual harassment during the past twelve months. The auditor was able to review the one allegation the facility had during this audit cycle. The investigation was a staff-to-resident sexual abuse allegation.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The facility did not have any allegations of sexual abuse or sexual harassment during the past twelve months. The auditor was able to review the one allegation the facility had during this audit cycle. The investigation was a staff-to-resident sexual abuse allegation.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (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>CTC policy 800-50 states that the facility has a zero tolerance stance against sexual misconduct and provides a safe, human, appropriately secure environment, free from the threat of sexual misconduct for all clients by maintaining a program of prevention, detection, response, investigation, and tracking. All allegations of sexual abuse and sexual harassment will be administratively and, if necessary, criminally investigated.</p> <p>The policy includes definitions that are found throughout the facility's PREA policies. These definitions include:</p> <ul style="list-style-type: none"> <li>• Abuser</li> <li>• Agency PREA Coordinator</li> <li>• Indecent exposure</li> <li>• LGBTI</li> <li>• PREA risk assessment system</li> </ul>

- PREA Classification
- PREA Accommodation strategy
- Recent sexual abuse
- Sexual contact
- Sexual harassment
- Sexual misconduct
- Substantiated allegation
- Unsubstantiated allegation
- Victim
- Victim support person
- Voyeurism

Policy defines the PREA Coordinator as the person designated by the Director to oversee the agency efforts to comply with PREA standards. The Assistant Director has been identified as the PREA Coordinator. The PREA Coordinator reports directly to the Director and has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The PREA Coordinator is responsible for:

- Work with the Director, Clinical Director, Security Director, and Kitchen Director to ensure all departments are maintaining compliance with established and required standards.
- Acts as a liaison between CTC and ACA, ODRC, and Ohio Department of Mental Health and Addition Services
- Responsible for maintaining employee files and training records
- Develop a training schedule for all employees, and ensure that the trainings are being conducted
- Coordinate the PREA audit and ensure that CTC maintains compliance
- Give notification to appropriate supervision staff, when standards are found to be noncompliant, and assist them with completing corrective measures

During an interview with the PREA coordinator states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the community confinement PREA Standards. The Coordinator reports that she is responsible for the day-to-day operations of the facility. She will ensure that the facility is complying with the standards and reach out to the Director when needed for assistance. Her responsibilities include ensuring staff and residents are meeting the training requirements, sending allegations to administrative investigators, conduct retaliation monitoring, and conducting quality assurance monitoring risk assessments.

The Director supervises the PREA Coordinator. The auditor was able to interview him during the onsite visit. He reports that the PREA Coordinator has extensive knowledge on PREA and the standards. He states that it is his responsibility is to be a resource for the PREA Coordinator. He is to assist in removing any barriers, ensure recommendations are enforced, and to serve as a member of the SART.

	<p>CTC has an appropriate PREA Zero Tolerance policy and staff who have sufficient time and authority to ensure compliance to the standards.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA coordinator job description</p> <p>Interview with PREA Coordinator</p> <p>Interview with Director</p>
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<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>
	N/A: The PREA Coordinator reports to the auditor that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf of CTC Lancaster.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 200-03-04 will develop a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents from sexual abuse. The plan is required to be reviewed at least annually and updated as necessary. In calculating adequate staffing levels and determine the need for video monitoring, the plan will take into consideration:</p> <ul style="list-style-type: none"> <li>• The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities;</li> <li>• The composition of the resident population</li> <li>• The prevalence of substantiated and unsubstantiated incidents of sexual abuse;</li> <li>• Any other relevant factors</li> </ul> <p>The plan is developed by the Director and Assistant Director. Annually, they will review:</p>

- The prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels

The auditor received a copy of the facility's staffing plan and annual review. The plan includes:

**Layout of the facility-**

The facility is housed in a large metal building that was converted from a grocery store. The building is shared with a Dollar General Store. Visitors, staff, and residents access the facility through the main entrance by pressing a buzzer that rings into Central Control where staff are able to enable access into the facility. The facility is divided into sections. On the right side of the facility is an entrance to access staff offices; an entrance to the housing unit that is sectioned into sleeping areas, exercise room, TV room, dining room, kitchen, laundry room, bathroom, and shower area; the housing unit also provides access to the outdoor recreation area. On the left side of the facility are administrative offices, central control, group room, and a locked area that is used for storage.

**Composition of residents-**

The facility serves adult male offenders. The facility has a rated capacity of 90 residents. The average daily population for the past twelve months is 74. The average length of stay is 90 -180 days.

**Incidents of sexual abuse-**

The facility has not had an allegation of sexual abuse or sexual harassment during calendar year 2022

**Deviations from the staffing plan-**

The PREA Coordinator will maintain a staff deviation form which will detail the reason for the deviation and the resolution to the deviation. The PREA Coordinator reports that the facility has not deviated from the staffing plan.

**Prevailing staffing plan-**

The facility is required to have adequate coverage at the facility at all times. Staff will be readily available to address resident needs twenty-four hours a day. Additional coverage will be provided during peak activity hours, in order to monitor and provide necessary services. During normal business hours, Monday - Friday (7am -4pm), there will be, in addition to security staff, a minimum of two case managers, one investigator, one transportation driver, and three administrators. On Saturday and Sunday, there will be two security staff members covering two twelve-hour shifts.

	<p>The layout of the facility allows for a minimum of two security staff members to safely monitor both residents and staff. There are no traditional shift schedules. The staff have a set work schedule for each week that allows for the facility to ensure that at least two security staff members are in the facility at all times. Case managers are scheduled a traditional Monday - Friday daylight schedule.</p> <p>The facility has eighteen cameras located throughout the facility. Security staff who work central control are responsible for monitoring the cameras through the interior and exterior of the complex. In addition to camera surveillance, security staff are required to conduct security rounds in irregular intervals. The Security Director will make unannounced rounds of the facility, and will occur on all shifts.</p> <p>At least annually, the Director and PREA Coordinator will assess:</p> <ul style="list-style-type: none"> <li>• The staffing plan and make necessary changes</li> <li>• Prevailing staffing patterns</li> <li>• Facility's deployment of video monitoring systems and other monitoring technologies</li> <li>• The resources available to commit to ensure adequate staffing levels as well as adhere to the staffing plan</li> </ul> <p>The facility provided the auditor with the staffing plan for calendar year 2022. The Director reviews the budget annually to secure the resources necessary to adequately staff the facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Staffing plan</p> <p>Floor plan</p> <p>Staff schedule</p> <p>Tour of facility</p> <p>Camera monitor</p> <p>Interview with PREA Coordinator</p> <p>Interview with Director</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

CTC policy 202-02-06 states that the facility will conduct random and regular searches to control contraband to ensure the safety and security of the residents, staff, and community. Pat searches may be conducted by staff or APA at their discretion without prior notice. A log of all searches will be kept, documenting the date and time of the searches along with the results.

Residents will be searched by CTC staff upon entering the facility and after having contact with the community for any length of time. The resident will be instructed to:

- Enter the monitor office
- Empty their pockets
- Remove shoes, coats, and hats
- Put arms out at shoulder-length

Strip searches are conducted by CTC staff, but only to the extent of removing their outer garments and leaving on their underclothing intact. The staff are not allowed to conduct cross-gender strip searches or cross-gender visual body cavity searches (a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Residents that identify as transgender or intersex will not be searched or physically examined by any member of CTC for the sole purpose of determining the resident's genital status. All searches will be conducted in a professional, respectful manner consistent with security needs.

As part of supportive documentation sent prior to the onsite visit, the auditor reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training included instructions on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents. These training also include instructions on how to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The auditor also reviewed staff training completions sheets for searches. The hands-on training, provided during new hire on the job training, also demonstrates to staff how to conduct cross-gender searches (only allowed in exigent circumstances) and transgender/intersex searches.

The Director and PREA Coordinator report that the facility has not recently housed a transgender resident. They report that approximately four years ago was the last time a transgender resident was housed at the facility. The resident was given a designated shower time, housed in the Brier Patch- a dorm that is partially seen on camera and houses residents that require increased monitoring. Staff confirm that no transgender residents have been housed at the facility since the last PREA audit.

The auditor was able to view a pat search during the onsite visit. The search was

conducted per facility policy.

Policy 200-05 ensures that residents are allowed appropriate levels of privacy while showering, changing clothing, or performing bodily functions. Residents are able to practice these without staff of the opposite gender viewing their buttocks or genitalia. The policy requires staff of the opposite gender to announce their presence when entering areas where residents are likely to be showering, changing clothing, or performing bodily functions. The policy requires transgender or intersex residents to be provided a separate area to change clothing. This designated area is not designed to isolate the resident, but provide a safe area for the resident to be unclothed.

The facility has one housing unit that has a shower room and a toilet room. The shower room has a curtain at the entrance and three showers lining each side. The bathroom entrance has a door, and has stalls with 1/2 walls in between. You cannot see into the shower room or toilet room from outside the shower and toilet rooms. The rooms are designed in such a way as to provide privacy and safety.

When asked about cross-gender announcements, all residents stated that anytime a female staff enters the bathroom, she announces herself before entering into the room. None of the male residents interviewed reported any incidental viewing from a member of the opposite sex. All the residents report that the daytime female monitor will only go into the bathroom (shower and toilet) in order to assist with cleaning detail. They report that male staff members conduct rounds in the bathroom. The residents report that there is an announcement made over the PA system before a female staff member enters the housing unit. The unit is open bay style with three rows of sectioned off pod areas in each row. The sectioned off areas are created using a 1/3 wall with 4 single beds in each pod. Row A are for residents that need more monitoring for various reasons, row B are for residents that are doing well in the program, and row C are for residents who need less monitoring.

The Operations Supervisor states the facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation, and a refresher training is given annually. The Supervisor will periodically review pat downs, live or reviewing surveillance video, and provide training/guidance to staff if necessary.

The auditor interviewed Monitor staff from all shifts. All staff interviewed indicated that they received annual training on how to conduct proper pat searches. The Monitor staff report that it is not the practice of the facility to conduct cross gender pat searches. They all state that at no time do they conduct strip or body cavity searches. The staff report during training they are taught female staff members, regardless of the role, are required to announce themselves when entering the housing unit. Female staff interviewed report that in addition to the announcement over the PA system, they will announce themselves before entering each row and bathroom area.

The auditor was able to verify training during staff file audits.

	<p>Review:</p> <p>Policy and procedure</p> <p>Training curriculum</p> <p>Training course records</p> <p>Tour of facility</p> <p>Interviews with staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with Director</p> <p>Interview with residents</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>CTC policy 800-51 states that oral and written information will be given to all residents within 24 hours of their arrival at CTC which explains that facility's zero tolerance policy regarding sexual misconduct and must include:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Self-protection</li> <li>• Reporting</li> <li>• Treatment and counseling</li> </ul> <p>Within 72 hours, the policy requires the facility to provide all residents comprehensive education, either in person or through video, regarding their rights to be free from sexual misconduct. This education must also include their rights to be free from retaliation for reporting such incidents, and the agency's procedures for responding to such incidents.</p> <p>The facility will make appropriate provisions for residents not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided. The PREA Coordinator will ensure that all residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the CTC's efforts to prevent, detect, and respond to sexual misconduct. A resident interpreter, resident reader, or other resident assistant will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the</p>

performance of first responder duties, or the investigation of the resident's allegations.

The Intake Coordinator states that at intake a resident will be asked to indicate how he communicates most effectively, if he/she has a language barrier, literacy issue, and/or sensory impairment. If such barrier exists, assistance shall be provided to the resident by a staff member or other qualified person. The assistance shall be provided at no cost to the resident. Assistance can take the form of closed caption videos, closed caption videos in Spanish, auxiliary items for residents who may be deaf/hard of hearing or blind/seeing impaired, and interpreter services. Should community resources be necessary, the facility would contact agency leadership in order to contract with outside services.

The facility has a MOU with an individual that has agreed to provide translation and interpreter services upon request.

The Intake Coordinator discussed a situation where the facility was sent a resident that did not speak English. He states that due to no availability with an interpreter, the resident was moved to another institution where those services could be provided. The Coordinator reports that this situation is very rare. Most residents are English as a second language. The Intake Coordinator reports that he has worked with residents that can speak English but not write it. He states that he will allow the residents to talk and he will write down the answers. He states that if a resident is a low reader, non-reader, or has a cognitive issue, he will work one on one with the resident, and ask how he can assist the resident so that the resident can benefit from everything the facility has to offer. He will also share this information with the resident's case manager and group facilitator so that these staff members can assist the resident while interacting with him.

The PREA Coordinator states the facility's policy is to accommodate residents that may have reading, cognitive, sensory, or English proficiency limitation. The Coordinator reports that should a resident be in need of services, it would be documented in the resident's file, along with the type of assistance needed. The Coordinator indicated that an appropriate staff member may be tasked with providing assistance to the resident during their stay, or the facility would provide auxiliary items or interpreter services should it be necessary.

The auditor interviewed any resident that identified as having a reading or cognitive disability or physical disability. No resident in this targeted category were in need of any additional services in order to benefit from the agency's effort to prevent, detect, or respond to sexual abuse or sexual harassment. All residents interviewed were capable of describing the facility's zero tolerance policy, reporting options, and services that are provided free of charge to any resident that request such services.

Review:

Policy and procedure

Resident handbook

	<p>Resident intake packet</p> <p>Interview with Intake Coordinator</p> <p>Interview with PREA Coordinator</p> <p>Interview with targeted residents</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 700-06 states that the facility will have a plan of action for all new hires. This will ensure that all potential new hires have no criminal history that would exclude them from being employed at CTC. They do this by:</p> <ul style="list-style-type: none"> <li>• Reviewing all applications and/or resumes submitted by potential employees</li> <li>• All new hires will be required to obtain a criminal background check</li> <li>• Ensuring no new hire, who may have contact with residents, and will not enlist the services of any contractor who may have contact with residents, who: <ul style="list-style-type: none"> <li>◦ has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. &amp; 1997)</li> <li>◦ 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</li> <li>◦ Has been civilly or administratively adjudicated to have engaged in the activity described above</li> </ul> </li> </ul> <p>The auditor was provided a copy of the agency’s employment application. The application, for both internal and external candidates, has a self-reporting question regarding allegations of sexual misconduct in the community and while working in an institution. While reviewing employee files, employees who completed applications after implementation of the PREA standards in 2014. The application also contains language that informs candidates that any omission regarding sexual misconduct is grounds for termination.</p> <p>To ensure that the facility does not hire a prohibited applicant, the Director or Assistant Director will screen all internal and external applicants to ensure they meet the requirements and that any reported background issues do not disqualify them.</p> <p>Policy requires the facility to:</p>

- 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
- 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
- Conduct criminal background checks at least every five years on current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees
- Ask all applicants and employees who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees
- Impose upon employees a continuing affirmative duty to disclose any such conduct

The policy also states that material omissions regarding sexual misconduct, or the provision of materially false information, are grounds for termination.

The facility gets background checks from the Fairfield County Sheriff's Office. The Assistant Director will run a report annually, and any staff member that is due for an updated background check will have one completed by the Sheriff's Office. During the onsite visit, the auditor reviewed employee files and verified an initial background check at hire, and updated background checks for staff members after every five years. All files contained the initial background check and the updated check. All employees, independent contractors, volunteers, and interns are required by to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards.

In addition to initial background checks, the Assistant Director will ensure that any potential candidate that has worked at an institution has a reference check to verify the candidate has not had a substantiated allegation of sexual abuse or resigned during an investigation into sexual abuse. During employee file reviews, there were two employees that worked in other institutional settings that have been hired after 2014. These employees had an appropriate reference check.

Annually, employees will document their continued affirmation during personnel evaluations. The auditor was able to confirm the annual affirmation during file review. The agency documents any request from outside confinement facilities requesting PREA reference checks on potential employees. The Director reports no request at this time.

The auditor conducted a lengthy interview with the Director and Assistant Director, who took the auditor systematically through the hiring and promotion process. The Director states that during the hiring process, applicants are questioned about criminal or administrative sexual misconduct allegations on the application, and

	<p>during the in person interview. Once hired, all new employees are provided the agency's zero tolerance and continued affirmation policy to disclose misconduct. Employees document their acknowledgment of this annually. The Director reports that to be eligible for a promotion, all employees will submit an application or letter of interest to the department supervisor. The department will review the employee's file, including disciplinary actions. Employees with disciplinary action that includes sexual misconduct are not eligible for promotion. The Director reports that due to the small size of the facility, there has been no promotions.</p> <p>The facility provided the auditor with documentation for each step of the hiring process to ensure that the facility is complying with each provision of the standard. This includes interview questions with the confirmation of no administrative, civil, or criminal allegations of sexual abuse or sexual harassment, continued affirmation, background checks, disciplinary action, promotions, and reference checks.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Employee files</li> <li>Job application</li> <li>Interview questionnaire</li> <li>Background checks</li> <li>Reference checks</li> <li>Personnel evaluation</li> <li>Interview with Director</li> <li>Interview with Assistant Director</li> </ul>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Director reports that the facility has not acquired any new facility, nor is it planning any substantiate expansion or modification to the current facility. He reports his understanding of including the PREA Coordinator on any plans to change the building's physical plant to ensure the protection from and detection of incidents of sexual abuse and sexual harassment.</p> <p>The Director reports that the facility has not enhanced the electronic monitoring system or other monitoring technology since the last PREA audit.</p>

	<p>Facility management will continue to monitor and address technology monitoring issues as needed.</p> <p>Review:</p> <p>Interview with Director</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-52 states that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary, criminally investigated by the agency with legal authority to conduct such investigation. The agency has provided the auditor with certificates for the administrative investigator training for all three administrative investigators. The facility has a MOU with the Ohio State Highway Patrol to collaboratively provide a uniform process for evidence collection and the investigation of PREA related incidents.</p> <p>The MOU states:</p> <ul style="list-style-type: none"> <li>• All PREA incidents investigations will follow a uniform evidence protocol adapted from the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011.</li> <li>• Investigators will have specialized training in conducting investigations in confinement settings</li> <li>• Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview victims, suspected perpetrators, and will review prior complaints and reports of sexual abuse involving suspected perpetrators</li> <li>• Investigators will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution</li> <li>• Credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. Inmates who allege abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation</li> <li>• Investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence</li> </ul>

- with attached copies of all documentary evidence where feasible
- The departure of the alleged victim or abuser from employment or control of the facility will not provide a basis for terminating an investigation

The PREA Coordinator reports that should there be a PREA related incident at the facility, the facility would contact Lancaster City Police Department.

The facility does not conduct forensic medical exams. Any resident in need of a forensic medical exam will be taken to Fairfield Medical Center. The hospital has certified Sexual Assault Nurse Examiners (SANE) who receive training by the International Association of Forensic Nursing, an accredited provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The Hospital partners with Family Health Services of East Central Ohio, who operates Victim Services of East Central Ohio. This agency will provide victim advocacy services for sexual abuse victims at CTC.

Advocates do not hold an official role in any of the civil/criminal justice system; however, they are trained to provide various types of assistance for victims of crimes. The services they provide will depend upon the situation. CTC has an MOU with Family Health Services of East Central Ohio's Victim Services. Victim Services of East Central Ohio provides:

- 24 hour/7day a week crisis hotline
- Crisis intervention
- Emotional support
- Information/resources
- Accompaniment to forensic exams, interviews, court hearings/meetings/appointments
- Referral
- Civil and criminal advocacy
- Support groups
- VINE registration assistance

The facility makes every effort to provide resident victims of sexual abuse a victim advocate from Victim Services of East Central Ohio. If an advocate is not available or not available in a timely manner, the facility will provide the resident with the option to have a trained victim support person. The auditor was able to interview the trained victim support person during the onsite visit. She reports that she will meet with any resident, upon request, to provide victim support services. She states that information discussed during the meetings as a support person are confidential unless the resident reports a crime or another PREA incident. The emotional support person reports that she has only been called to provide services one time, and it was for a resident that experienced previous sexual abuse in a prison.

The facility provided the auditor with a copy of the training for the administrative investigators and the victim support person.

	<p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training certificates</p> <p>Victim Support Person training certificates</p> <p>MOU with Ohio Highway Patrol</p> <p>MOU with Family Health Services of East Central Ohio</p> <p>Fairfield Medical Center SANE services- website</p> <p>Interview with PREA Coordinator</p> <p>Interview with victim support person</p>
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<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>CTC policy 800-51 requires an administrative and/or criminal investigations are completed for allegations of sexual assault, abuse, and harassment. The facility is to ensure that investigations are conducted by properly trained individuals or local law enforcement following sexual abuse and sexual harassment. The facility post its Report Response Policy, 800-51 on its website, <a href="https://www.communitytransitioncenter.com/pdf/PREA-Policy.pdf">https://www.communitytransitioncenter.com/pdf/PREA-Policy.pdf</a>.</p> <p>The facility has not had an allegation since July 2021. The auditor reviewed the allegation during the onsite visit with the PREA Coordinator:</p> <p>Investigation #1: The facility received a verbal report from a resident to staff that a staff member established a sexual relationship with a resident. The allegation was administratively investigated and determined to be substantiated. The staff member resigned during the investigation, and the resident went AWOL. The facility referred the allegation to the Lancaster City Police Department for a criminal investigation. No criminal investigation was conducted due to the resident going AWOL from the facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Facility website</p>

<b>115.231</b>	<b>Employee training</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1390 461">CTC policy 800-50 states that employees will receive instruction related to the prevention, detection, response, and investigation of sexual misconduct. The training will include, but not be limited to, the following:</p> <ul data-bbox="352 528 1474 1272" style="list-style-type: none"> <li>• Department policies that address the agency's zero tolerance for sexual abuse and sexual harassment</li> <li>• The employee's responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures</li> <li>• The resident's right to be free from sexual abuse and sexual harassment</li> <li>• The resident and employee's right to be free from retaliation for reporting sexual abuse and sexual harassment</li> <li>• The dynamics of sexual abuse and sexual harassment in confinement settings and the common reactions of sexual abuse and sexual harassment victims</li> <li>• How to avoid inappropriate relationships with residents</li> <li>• Effective and professional communication with residents including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents</li> <li>• How to comply with relevant laws for mandatory reporting of sexual abuse and sexual harassment to outside authorities</li> <li>• Reading the PREA Community Confinement Standards and acknowledging in writing that the employee understands such standards</li> </ul> <p data-bbox="280 1312 1362 1388">The facility provides this training during new hire orientation, and thereafter annually to all employees.</p> <p data-bbox="280 1429 1474 1550">The facility provides training to staff through facilitated training during staff meetings. The auditor reviewed the curriculum used through the facilitated training to ensure the training sufficiently covers section a.1-10 of standard 115.231.</p> <p data-bbox="280 1585 1474 1742">In addition to ensuring the training provided to staff meets the standard, the agency also provides employees with training that improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. The additional training topics include:</p> <ul data-bbox="352 1809 1442 2056" style="list-style-type: none"> <li>• PREA zero tolerance policy annual acknowledgement</li> <li>• Emerging from the margins: Identifying the behavioral health needs of the LGBTI+</li> <li>• Mandatory reporting</li> <li>• Mental health first aid</li> <li>• Pat down process</li> </ul>

- How to report- includes reporting numbers
- Policy and procedure manual
- Personnel policies
- Emergency procedures
- Confidentiality
- Supervision of residents
- Grievance procedures
- Offender rights and responsibilities
- Code of conduct
- Communication skills
- Cultural diversity
- Crisis intervention
- De-escalation techniques
- Personnel handbook
- Code of ethics
  - No social contact with residents
  - No withholding of information that could jeopardize the facility
  - No discrimination
  - No endangering residents through neglect
  - No failing to report violation
  - Do not engage in criminal activity
  - Do not display favorites or preferential treatment

The auditor reviewed employee files during the onsite visit.

During the file review, the auditor was able to verify staff received all required training and additional training related to complying with the PREA standards. The agency provides this training annually.

The auditor interviewed staff from operations, programming, and administration on the PREA training provided by the agency. All staff members were able to discuss the training provided at varying levels. With some prompting, the staff were able to identify details of their training that includes first responder duties, pat searches, reporting options for residents and requirements for staff, retaliation monitoring, and providing support. Staff that had specific responsibilities, such as conducting assessments, were trained to conduct the instrument properly.

The PREA Coordinator reports that she will conduct training for staff during their onboarding. She ensures that all PREA training topics are covered and will provide refresher training on any specific topic based on any trends at the facility. She states that some staff members receive training specific to their job duties. Monitors receive pat search training, and case managers receive training on motivational interviewing and informed consent.

Review:

Policy and procedure

<p>Training records</p> <p>Training curriculum</p> <p>Employee files</p> <p>Employee handbook</p> <p>Acknowledgements</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-50 states that all interns, volunteers, and contractors who have contact with residents will be notified of the facility zero tolerance regarding sexual misconduct and how to report such incidents. All volunteers and contractors will also be trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training will be based on the services they provide and the level of contact they have with residents.</p> <p>The PREA Coordinator reports that the facility has two volunteers that provide religious services to the residents. She reports that all interns, volunteers, and contractors must complete an orientation before being allowed to interact with residents and that the orientation includes PREA zero tolerance and reporting responsibilities.</p> <p>After completing training, interns, contractors, and volunteers are required to sign an acknowledgment of receiving training and adhering to the agency's zero tolerance policy.</p> <p>There were no interns, contractors, or volunteers at the facility during the onsite visit.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training acknowledgment</p> <p>Interview with the PREA Coordinator</p>

<b>115.233</b>	<b>Resident education</b>
	<p data-bbox="280 188 981 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1445 456">CTC policy 800-50 states that oral and written information will be given to all residents upon their arrival, within 72 hours, that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and must include:</p> <ul data-bbox="352 528 754 685" style="list-style-type: none"> <li>• Prevention</li> <li>• Self-protection</li> <li>• Reporting</li> <li>• Treatment and counseling</li> </ul> <p data-bbox="280 730 1445 887">Upon arrival at the facility, residents are provided information about the agency's zero tolerance policy and must sign an acknowledgement. The residents are also provided a handbook that gives the residents ways they can report allegations, including outside reporting numbers, and the following information:</p> <ul data-bbox="352 954 1461 1783" style="list-style-type: none"> <li>• Residents of CTC have the following rights- <ul style="list-style-type: none"> <li>◦ Be treated with consideration and respect for personal dignity, autonomy, and privacy</li> <li>◦ Confidentiality of communications and personal identifying information within the limitations are requirements for disclosure of resident information under state and Federal laws and regulations</li> <li>◦ File a grievance in accordance with program rules and to exercise those rights without reprisal</li> </ul> </li> <li>• Violations- <ul style="list-style-type: none"> <li>◦ Non-consensual sexual conduct or contact with another whether compelled by force, threat of force, intimidation other than threat of force, by any other circumstances evidencing a lack of consent by the victim</li> <li>◦ Consensual physical contact for the purpose of sexually arousing or gratifying either person</li> <li>◦ Seductive or obscene actions including indecent exposure or masturbation; words, actions, gestures, or other behavior that is sexual in nature and would be offensive to a reasonable person</li> <li>◦ Establishing or attempting to establish a personal relationship with an employee, contractor, or volunteer</li> </ul> </li> </ul> <p data-bbox="280 1827 1461 1939">The facility also provides PREA education and reporting information available to residents through posters located throughout the facility. The information is posted in English and Spanish. The information on the poster includes:</p> <ul data-bbox="352 2007 1318 2085" style="list-style-type: none"> <li>• Reporting will trigger an investigation of allegation</li> <li>• Perpetrators of substantiated allegations will be held accountable</li> </ul>

- Victims will be provided with relevant information and support services
- Reports can be made anonymously, verbally, or written
- Ways to report include:
  - Division of Parole and Community Services 614-728-3399
  - Any staff, volunteer, contractor, medical, or mental health practitioner
  - Submitting a grievance or sick call slip
  - Directly to PREA Coordinator
  - Tell a family member, friend, legal counsel, or anyone else outside the facility to call 614-728-3399 to report on your behalf
  - Third party on behalf of another resident
- Family Health Services East Central Ohio- free victim advocate/emotional supportive services 800-688-3266 or 100 McMillen Dr., Newark, Ohio 43055

The policy requires the facility to make appropriate provisions for residents not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided. The PREA Coordinator will ensure that all residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the CTC's efforts to prevent, detect, and respond to sexual misconduct. A resident interpreter, reader, or other assistant will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties, or the investigation of the resident's allegation.

See standard 115.216 for how the facility ensures residents with physical, mental, or cognitive disabilities or residents who are limited English proficient receive PREA education.

During orientation, a staff member will review resident expectations, what to expect, how to complete various forms, disciplinary procedures, phase rules, and PREA information. The PREA information contains information on reporting options, phone numbers and addresses for outside emotional support agencies, grievance procedures, limits to confidentiality, mandatory reporting, and keeping themselves safe. The staff member also details good faith and bad faith (false or misleading) allegations. Residents are able to ask questions and receive private consultation for any questions at a later time.

The auditor interviewed targeted residents from standard 115.216 and non-targeted residents. All residents interviewed reported receiving information concerning PREA at intake, and that staff reviewed this information with them verbally. The residents also confirm receiving formal PREA education during orientation group. The residents were able to discuss their rights, how to report, the ways available to report, and the free services offered. Most of the resident report being familiar with PREA from their stay at other confinement facilities, but understood the facility's responsibility in ensuring they had appropriate PREA education specific to this facility.

	<p>The auditor was provided a resident handbook and posters available to the residents, which include options for those who are limited English proficient.</p> <p>The auditor reviewed resident files during the onsite visit. The files contained signed and dated acknowledgements of PREA education and receipt of the resident handbook.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Resident PREA posters</p> <p>Resident files</p> <p>Signed acknowledgements</p> <p>Facility tour</p> <p>Interview with orientation instructor</p> <p>Interview with Monitors</p> <p>Interview with residents</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 800-50 states all investigators will receive specialized training, which will include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Techniques for interviewing sex abuse victims</li> <li>• Proper use of Miranda and Garity warnings</li> <li>• Sexual abuse evidence collection in confinement settings</li> <li>• Criteria and evidence required to substantiate a case for administrative action or prosecution referral</li> </ul> <p>The auditor reviewed the training curriculum which was provided for some investigators by the Moss Group, Inc. and others the Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions. The training is appropriate for this standard.</p>

	<p>The administrative investigators were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. The investigators understand Garity; however, this is a private non-profit organization and Garity warnings do not apply. The PREA Coordinator, who is also a trained investigator, states that the facility would not interview a staff member if the allegation appears to be criminal in nature.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator certificates</p> <p>Administrative investigator curriculum</p> <p>Interview with administrative investigators</p> <p>Interview with PREA Coordinator</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility does not have employees or contractors who act as medical or mental health practitioners. The PREA Coordinator reports that residents who experience sexual abuse will be transported to Fairfield Medical Center to have a forensic examination performed by a SANE nurse, and mental health services are performed by Family Health Services East Central Ohio. Services provided to resident victims from these organizations are free of charge.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>CTC policy 800-51 states that all residents will be assessed for risk of victimization or abusiveness within 72-hours of arrival at the facility. This includes new intake or</p>

transfer residents. The Assistant Director or designee will administer the screening instrument and considers the following:

- Youthful age (under 25)
- Elderly (65 or older)
- Small physical stature, thin build, frail, severe physical disability, history of mental health disability, developmental disability
- Social indicators- isolated withdrawn, lacking in community residential experience
- Identifies as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- History of being raped or sexually assaulted within the past ten years
- Previously incarcerated (including county jail and halfway house)
- Placement in protective custody within the past ten years
- History of correctional facility consensual sex within the past ten years
- Previously experienced sex abuse during confinement (jail, prison, halfway house)
- Other's perceive as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- (Staff perception) is resident perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming

The policy does not allow for residents to be disciplined for refusing to answer or not disclosing complete information.

The auditor was given a copy of the risk assessment instrument. The assessment not only documents the resident's answers to the required questions, but also identifies what types of assessment (initial, reassessment, new information, allegation). After the screening is complete, the screener will score the instrument based on the resident's answers. The resident can be classified as a:

- Known victim
- Potential victim
- Non-victim

The back side of the instrument assess the residents potential to be abusive during confinement. The assessment questions include:

- Institutional sexual taunting toward staff or offenders within the past ten years
- Current or prior convictions for sex offenses against an adult or child
- Current gang affiliations
- History of violence within ten years
- Overly masculine (females only)
- Length of previous incarceration is more than ten years
- Previous incarceration (three or more times), if yes, where, type of facility

- Openly discriminatory of gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Current or prior criminal convictions of abuse, neglect, or rape of a child or elder
- History of sexual misconduct in a correction facility including sexual contact, masturbation, etc.

After the screener scores the abusive tool, the resident can be classified as:

- High risk
- Potential risk
- No risk

The Assistant Director is responsible for conducting the initial risk assessment on all new intakes/transfers to the facility. She states that when meeting with residents, she will meet one-on-one in a private setting. She will explain the assessment, provide explanations to the questions/ definitions, move through the assessment slowly to ensure the resident understands, and will rephrase/reframe the question if necessary. No resident has been disciplined for not answering an assessment question. The Assistant Director reports that most of the residents have had assessments at other confinement facilities and understands the process and necessity of the screening.

The case managers are responsible for conducting the thirty-day reassessment. The two case managers interviewed during the assessment report they will review the initial assessment and ensure the information is in line with the information received from the referring agency, or collateral documentation such as the Pre Sentencing Investigation report (PSI). They report that information reported is confidential and is used to ensure the resident is safe while confined to the facility.

The auditor interviewed the Clinical Director during the onsite visit. He reports that he will review files from each case manager to ensure the assessments have been completed for each resident. He reports that programming staff only have access to resident files.

The Assistant Director reports that residents can have additional assessments beyond the initial and 30 day reassessment if the facility received additional information that would impact the resident's classification or if the resident is involved in a substantiated PREA allegation.

The auditor interviewed sixteen residents during the onsite visit. The residents were questioned on the risk assessment and reassessment. All residents interviewed stated that they received an initial assessment upon arrival in the facility. They state that they understand the need for the assessment and answered as honestly as possible. When questioned about a reassessment conducted with their case manager, some residents remembered having a reassessment, while others were unsure.

	<p>The auditor was able to review initial and 30-day reassessments. The assessments contained the required information, scored according to the instructions on the instrument, and were completed within the correct timelines.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Risk assessments</p> <p>Reassessments</p> <p>Interview with residents</p> <p>Interview with case managers</p> <p>Interview with Clinical Director</p> <p>Interview with Assistant Director (PREA Coordinator)</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>CTC policy 800-50 states that the screening information will be made available to appropriate staff to ensure that all housing, programming, and community assignments are given in a way to minimize the risk of the resident being sexually victimized. The facility will use the information to ensure residents that are classified as known victims will be kept separate from those residents classified as high risk.</p> <p>The facility has an area in the housing unit designated for residents that screen at high risk for victimization. These residents are housed in an area that is located nearest to the entrance of the housing unit and partially on camera. This dorm, called the Brier Patch, it has high traffic flow in front of the entrance and allows for easy observation. Staff have a post desk inside the housing unit, and can see the entrance to this dorm.</p> <p>The facility has three rows inside the housing unit, and each row has seven dorm-like areas. Residents are assigned to a row based upon their behavior at the facility. Residents that have a potential risk classification can be housed in a row and/or dorm area separate from a resident that has been classified as a high or potential risk.</p> <p>The Security Director reports that he can move a resident at any time during their stay if the resident needs additional monitoring or support.</p>

The PREA Coordinator reports that resident that have been identified as a known victim and at a high risk to abuse will either not be scheduled for programming together, or be monitored in such a way as to prevent any safety and security issues during programming.

The Clinical Director reports that residents that report a previous history of sexual victimization will be offered mental health counseling. He reports that the facility does not have on-staff mental health practitioners; however, the Family Health Center of East Central Ohio has workers who come into the building to conduct assessments and can provide some services. If the service needed is beyond their scope of practice, the resident will be transported to the center for treatment. All treatment related to sexual abuse or sexual harassment is provided at the request of the resident.

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facility does not have a dedicated facility, unit, or wing that solely houses residents that identify as lesbian, gay, bisexual, transgender, or intersex. The facility recognizes that residents that do identify as LGBTI or gender non-conforming are at higher risk for victimization and has developed a plan to ensure the resident's safety.

Any resident that has been identified as transgender or intersex will have a safety plan developed. The resident would be allowed to express their preferred pronoun, and be offered private shower time. The PREA Coordinator reports that during the initial evaluation process, the resident would be assessed to determine if they are appropriate for placement in the facility. During these assessments, facility administrators would determine if placement would present management or security problems. The facility reports that they have not housed a transgender resident since the last PREA audit.

The auditor interviewed any resident that identified as LGBTI during the onsite visit. The residents were questioned on any incidents of bullying, harassment, or discrimination. The residents report that at no time did they feel bullied, harassed, or discriminated against. All residents were complimentary of the staff and the efforts to provide a safe and secure environment. No resident reported being housed in a row or dorm area based on their gender identity or sexual preference.

The auditor completed a web search to ensure the facility was not under consent decree, legal settlement, or legal judgment. The auditor did not find any such reports.

Review:

Policy and procedure

Risk assessment

Reassessment

	<p>Facility tour</p> <p>Web search</p> <p>Interview with residents</p> <p>Interview with Security Director</p> <p>Interview with Clinical Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility provides multiple ways for the residents to report allegations of sexual abuse and sexual harassment. CTC policy 800-51 states that residents may report allegations of sexual abuse and sexual harassment; retaliation; staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Residents have the following ways to report:</p> <ul style="list-style-type: none"> <li>• Verbally</li> <li>• In writing</li> <li>• Outside entity</li> <li>• Anonymous upon request</li> <li>• Via third party</li> </ul> <p>Residents are provided the methods, along with contact information on reporting options, in the resident handbook at intake. The information in the handbook is also listed on PREA posters that are located throughout the facility. The information includes:</p> <ul style="list-style-type: none"> <li>• Fairfield county hotline- dial 211</li> <li>• Crisis center- 740-687-8255</li> <li>• Crisis hotline- 800-825-0541</li> <li>• Lighthouse- 740-687-4423</li> <li>• Mental Health- 614-728-3399</li> <li>• www.fairfieldADAMH.org</li> <li>• Facility 740-689-1200</li> </ul> <p>The facility will contact a speech and hearing center will be contacted for hearing impaired or deaf residents for initial communication assistance. Residents will then be referred to the Deaf Services Center for continuing services.</p>

Translate.google.com will be used for residents with limited English proficiency.

Residents are allowed to have personal cell phones on them during their stay at CTC. The residents can make private and/or anonymous reporting with their own phones. Residents, who do not have their own phone, can use the facility's cordless phone to make private phone calls. Residents report to the auditor that if they do not borrow a phone from another resident, the resident can request to use the phone from staff in Central Control. The resident will be allowed to use a cordless phone and sit on a bench across from Central Control.

The auditor verified that the methods available to residents were posted in various areas throughout the facility and listed in the resident handbook. The facility has posted PREA reporting posters in English and Spanish that provide residents information on reporting numbers, physical address, and email address to internal and external entities.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions Chief. He reports that the hotline is monitored by himself and two other Assistant Chiefs. They will contact the facility where the call originated from and inform the PREA Coordinated of the information reported. All PREA allegations that involve offenders housed on behalf of the Ohio Department of Rehabilitation and Corrections are required to be reported to the Bureau of Community Sanctions within forty-eight hours of receiving the allegation. At the conclusion of the investigation, the facility is required to report the outcome of that investigation. The Chief confirms that residents can remain anonymous by request.

During interviews of targeted and random interviews, they report to the auditor that during intake and again when meeting with the Assistant Director during the initial risk assessment, and during meetings with their case manager they receive information on how to report allegations of sexual abuse, sexual harassment, and retaliation. They state that throughout the facility there are posters with the reporting information, and the information is always available to them through the handbook. Several of the residents report that "Ms Mindy (the PREA Coordinator) is mean, but she will not let you be abused or bullied while you are here." The residents did not believe that sexual abuse or sexual harassment would take place at CTC. When questioned about reporting, most state that there is a staff member that they could go to and report an allegation. No resident told the auditor that they made a report of sexual abuse or sexual harassment.

All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. The staff stated they felt comfortable privately reporting to their supervisor or the PREA Coordinator.

The facility had one allegation since the last PREA audit. The allegation was reported by a resident via a third-party report from another resident. The allegation

	<p>was investigated and determined to be substantiated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>PREA posters</p> <p>Outside agency test</p> <p>Interview with resident</p> <p>Interview with staff</p> <p>Investigation report</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility has a grievance policy and will accept allegations reported through that mechanism; however, the process for addressing resident grievances regarding sexual abuse is outlined in facility policy 800-50 and 800-51. The facility does not have an explicit administrative remedy policy.</p> <p>Review</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>CTC policy 800-51 states that the PREA Coordinator will compile mailing addresses and telephone numbers including toll-free hotline numbers of local, State, and national victim advocacy or rape crisis organizations. This information will be provided to the staff for communication to the residents. Residents must be notified</p>

that telephone calls are not confidential.

The facility has a Memorandum of Understanding with the Family Health Center of East Ohio to provide outside confidential emotional support services. The nature and scope of which will be determined by the practitioner's professional judgement. CTC will be responsible for covering all financial cost as well as transportation until necessary services conclude, or when the resident is no longer in the custody of CTC. The facility provides the telephone number and address of the agency and education on the limitation of confidential services provide by the agency.

In addition to contact information to Family Health Center of East Ohio, the agency provides the following emotional support and rape crisis information:

- Fairfield County Crisis Hotline (211)
- Lighthouse Advocacy Services of Fairfield County

This information is listed in the information provided to the residents at intake, during orientation, inside the resident handbook, and on posters. The residents sign and date acknowledgement forms of receiving this information.

The residents are informed of the limits to confidentiality and informed consent through the facility's resident handbook.

- Residents have the right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of resident information under State and federal laws and regulations

The auditor was able to see the posters throughout the facility and in each housing unit during the onsite visit. The auditor also reviewed resident files and verified residents received and acknowledged receipt of this information.

The residents reported during interviews that the facility has provided them with supportive services information during orientation group and that services could be access free of charge.

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

Review:

Policy and procedure

Resident handbook

PREA posters

MOU with Family Health Center of East Ohio

Resident interviews

<b>115.254</b>	<b>Third party reporting</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 622">CTC policy 800-51 requires the PREA Coordinator to establish an email link on the facility's website that allows for third-party reports of sexual misconduct on behalf of a resident. Notification of the purpose and use of this email account will be posted in the resident visiting areas and entry to the building. The auditor reviewed the facility's website, <a href="https://www.communitytransitioncenter.com/pdf/Reporting-Form.pdf">https://www.communitytransitioncenter.com/pdf/Reporting-Form.pdf</a>, and was able to see the posted information on how to report an allegation.</p> <p data-bbox="280 663 1458 779">The party is able to click the report link that will open to a report form that one can complete and email to the PREA Coordinator or to the outside reporting entity, or mailed to the facility to the attention of the PREA Coordinator.</p> <p data-bbox="280 819 1477 1016">Residents are informed during orientation that they can report a PREA allegation on behalf of another resident. The information is also listed on PREA posters located in conspicuous places throughout the facility. Residents confirm during interviews that they understand that they can report on behalf of a resident, and that they can have family, friends, attorney, or others report on their behalf.</p> <p data-bbox="280 1057 392 1093">Review:</p> <ul data-bbox="280 1133 577 1447" style="list-style-type: none"> <li data-bbox="280 1133 577 1169">Policy and procedure</li> <li data-bbox="280 1205 497 1240">Facility website</li> <li data-bbox="280 1276 555 1312">Resident handbook</li> <li data-bbox="280 1348 469 1384">PREA posters</li> <li data-bbox="280 1420 619 1456">Interview with residents</li> </ul>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 1657 983 1693"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 1733 564 1769"><b>Auditor Discussion</b></p> <p data-bbox="280 1809 1477 2056">CTC policy 800-51 requires staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred, even if it did not occur at CTC. Staff will also report retaliation against residents or staff who report such incidents, and any staff neglect or violation of responsibilities that may be contributed to an incident or retaliation. Any staff member that observes incidents or behaviors that cause a reasonable concern that a resident may be at</p>

significant risk of sexual victimization, will document this incident or observation on an incident form marked confidential. A copy of the report will be immediately reported to the PREA Coordinator. Staff may privately report sexual abuse and sexual harassment by completing a Reporting Form or Incident Report marked confidential and submitting it directly to the PREA Coordinator.

The PREA Coordinator is responsible for ensuring all allegations, including anonymous and third-party allegations, are investigated in accordance with agency policy, while maintaining the anonymity of the reporting staff.

The staff at CTC are informed of their reporting responsibilities during onboarding and annually during training. This information is also provided to them in the Personnel Handbook. The handbook states that staff members are prohibited from:

- Withholding information that could jeopardize or threaten the security of the facility, residents, employees, or the community
- Endanger the wellbeing of residents, fellow employees, or the community through intent or neglect

The staff also must sign and date an annual acknowledgement of the facility's zero tolerance policy. The acknowledgement states:

- I acknowledge that I will report any suspicion, knowledge, or information of sexual abuse, sexual harassment, and/or retaliation immediately

The auditor reviewed employee files. All files contained acknowledgements of receiving the employee handbook, zero tolerance policy, code of ethics policy, and policy and procedure manual acknowledgement.

The policy requires the facility to report all allegations involving a minor vulnerable adult to the appropriate local or state service agency. The policy states, unless otherwise precluded by federal, State, or local law, staff will be required to report sexual abuse pursuant to relevant laws. The Clinical Director reports that staff with licensure are required to provide informed consent prior to rendering services. He states that when discussing group rules, staff will inform residents of the limits to confidentiality and mandated reporting obligations.

The auditor interviewed programming, security, and administrative staff during the onsite visit. The staff were interviewed on agency reporting protocols and expected practice. All staff were capable of listing the reporting options available to residents, staff, and outside sources. Security staff state that they would report this information to their immediate supervisor or the manager on call. Treatment and administrative staff state they would report this information directly to the PREA Coordinator. The staff state that the facility trains staff on recognizing "red flag" behavior, and they feel comfortable reporting this behavior either directly to the staff member (depending upon the severity of the situation) or going to their supervisor.

	<p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Reporting Form</p> <p>Employee files</p> <p>Employee acknowledgements</p> <p>Interview with staff</p> <p>Interview with Clinical Director</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-51 states once the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident at risk of victimization. The protection measures include but are not limited to housing unit row moves, dorm area moves, close observation, or placement in "Area 51."</p> <p>The PREA Coordinator reports that should the facility receive a report from a resident that they feared risk of imminent sexual abuse, the facility would immediately act to protect that resident. The protection measures would depend upon the situation and the alleged abuser.</p> <p>The Director and the PREA Coordinator both report that it is the practice of the agency to place staff on administrative leave during investigations into sexual abuse and sexual harassment. Should the alleged abuser be another resident, they report that the victim would be placed under close observation by staff and sleep in "Area 51" which is located outside the housing unit during the investigation (Area 51 is the group room that is located at the back of the main hallway).</p> <p>The PREA Coordinator reports, that in all instances of allegations of sexual abuse or sexual harassment, the facility acts to ensure the safety and security of residents.</p> <p>The facility did not have a report that a resident was at risk for imminent sexual abuse during this audit cycle.</p> <p>Review:</p> <p>Policy and procedure</p>

	<p>Investigation report</p> <p>Facility tour</p> <p>Interview with PREA Coordinator</p> <p>Interview with Director</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>CTC policy 800-51 states upon receiving an allegation that a resident was sexually abused while confined at another institution, the Director will notify the Managing Officer of the institution or appropriate office of the agency where the abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Coordinator will maintain documentation of the notification.</p> <p>The PREA Coordinator reports that staff are trained to report any allegation that is reported to them to the PREA Coordinator. This includes allegations that happened at other institutions. She reports that the facility has not had an allegation reported to them that a resident was victimized at another institution since 2019. The auditor was provided with the email of the notification from the Director of CTC to the warden of Noble Correctional Institution, a prison with the Ohio Department of Rehabilitation and Corrections.</p> <p>The PREA Coordinator reports that should another confinement facility provide CTC notification that a resident reported sexual abuse or sexual harassment while being housed at CTC, the facility would immediately initiate an investigation. She reports that the investigation would take place in accordance with facility policy and would not be contingent upon if the alleged abuser was still at the facility. The Coordinator reports that the facility has not received a report from another agency.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Email to Noble Correctional Institution</p> <p>Interview with PREA Coordinator</p>

<b>115.264</b>	<b>Staff first responder duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

CTC policy 800-51 and 800-52 outline the first responder duties for any allegation of sexual abuse. Upon report of an allegation of resident sexual abuse, the first security staff member to respond to the report will be required to:

- Separate the alleged victim and abuser
- Notify the PREA Coordinator and/or Director
- Preserve and protect the crime scene(s)
- If it is learned that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident at risk of victimization

Staff are to explain to victims in a language they understand how to preserve bodily evidence until it can be collected (e.g., do not wash, change clothes, urinate, defecate, smoke, drink, eat, brush hair or teeth, or rinse mouth). The staff are to protect bodily evidence from abusers and prevent the abuser from washing, changing clothes, urinating, defecating, smoking, drinking, eating, brushing teeth, rinsing mouth until the evidence can be collected from law enforcement.

All staff are trained during new hire orientation and annually during training on how to conduct the first responder duties. The facility does not distinguish between security and program staff, all staff are trained on the first responder duties.

During interviews of targeted and random staff members, all staff were able to relay the first responder duties should there be an incident of sexual abuse. Staff report being trained on the coordinated response plan protocols annually. Program and security staff are trained on the same protocols.

The facility had one allegation of sexual abuse during this audit cycle. The first responder steps were not necessary to initiate; however, the facility always separates the victim and alleged abuser during investigations. During this investigation, the staff abuser was placed on administrative leave.

During the onsite visit, the auditor was able to see, posted in the staff office and in other locations throughout the facility, the steps to the first responder duties.

Review:

Policy and procedure

Uniform response plan

Investigation report

Interview with staff

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1471 542">Policy 800-52 outlines the facility's written coordinated response plan. The plan outlines the actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The facility posts its Coordinated Response Plan in conspicuous places throughout the facility where staff have access. The states that:</p> <ul data-bbox="352 609 1477 1523" style="list-style-type: none"> <li>• Enact the first responder duties</li> <li>• Assess victims' needs for immediate care for potentially life-threatening or serious injuries. Administer necessary first aid and request/obtain emergency medical assistance according to policy</li> <li>• Address safety needs of victims and others at the scene (e.g., offenders may be present), calling for assistance/backup if needed</li> <li>• Assess quickly the age, abilities, communication modality, and health condition of victims and tailor your response as appropriate (e.g., a qualified interpreter, assistive devices, or protective service worker may be needed).</li> <li>• Respond to requests for victim assistance as quickly as possible</li> <li>• Follow procedures to obtaining a victim advocate from Family Health Center of East Ohio, use a victim support person until an advocate arrives</li> <li>• Explain options for interpretation and translation for victims who are not proficient in English or who may prefer to communicate in a non-English language.</li> <li>• Take measures to preserve crime scene evidence, including evidence on the body and clothing of victims. Document victims' demeanor and statements related to the assault, according to policy.</li> <li>• Responding law enforcement officials should seek basic information from victims about the assault in order to apprehend suspects and facilitate crime scene preservation in a timely manner.</li> <li>• Transport victim to Fairfield Medical Center for a forensic medical exam</li> </ul> <p data-bbox="280 1563 1356 1639">During staff interview, they were able to identify the location of the Uniform Evidence Protocol (coordinated response plan).</p> <p data-bbox="280 1680 392 1715">Review:</p> <p data-bbox="280 1751 577 1787">Policy and procedure</p> <p data-bbox="280 1823 654 1859">Uniform Evidence Protocol</p> <p data-bbox="280 1895 555 1930">Interview with staff</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with</b>
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	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A: The Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. Staff members sign an acknowledgement of "At Will" employment during onboarding.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-50 1080 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees. The facility does this by employing multiple ways to protect, such as dorm changes, close observation, or the removal of abusers from the facility. The facility can limit staff to a post that does not interact with residents or place on administrative leave.</p> <p>For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and 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 shall act promptly to remedy any such retaliation.</p> <p>Residents who are on 90-day retaliation watch will be monitored more closely, and an assigned staff member will check in with the resident to ensure the resident feels safe and does not have concerns of being retaliated against. The Security Director will ensure that there is no retaliation for reporting any incidents of sexual abuse or sexual harassment. During walk through, staff will complete a wellness check on any resident that may be a target of retaliation. These checks will continue for at least 90 days or until such a time that the resident, Security Director, or both feel there is no longer a threat to the reporting party's safety.</p> <p>The Security Director or designee will be responsible for documenting status checks that include monitoring:</p> <ul style="list-style-type: none"> <li>• Disciplinary reports</li> <li>• Housing or program changes</li> <li>• Negative performance reviews</li> <li>• Staff reassignments</li> </ul> <p>The facility's obligation to monitor for retaliation will end if the allegation is</p>

	<p>determined to be unfounded. The facility can elect to extend the 90-day period of monitoring if necessary.</p> <p>The facility had one allegation of sexual abuse in 2021. The alleged abuser was placed on administrative leave at the initiation of the investigation. The PREA Coordinator reports there was no retaliation monitoring due to the victim going AWOL from the facility.</p> <p>The auditor made the recommendation to use a specific monitoring form over documenting in progress notes. This allows for the facility to easily ensure the monitoring is being conducted and limiting the number of staff that has access to the information reported during the status checks.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with Security Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>CTC policy 800-51 states that when the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigators are required to:</p> <ul style="list-style-type: none"> <li>• Gather and preserve direct and circumstantial evidence</li> <li>• Collect physical and electronic data</li> <li>• Interview alleged victims, suspected perpetrators, and witnesses</li> <li>• Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator</li> <li>• Document the investigation in a written report</li> <li>• Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated</li> <li>• The PREA Coordinator will be responsible for keeping records of these referrals and the outcomes of police investigations</li> <li>• Provide the victim with the outcome of the administrative and/or criminal investigation</li> </ul>

The administrative investigators review their investigation process with the auditor during the onsite visit. They report that they conduct trauma informed care interviews with victims. They state that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as a resident or staff member. The investigators will review video footage and interview any witnesses in order to try to corroborate the victim's allegation. The facility does not require residents who allege sexual abuse to submit to a polygraph examination, or other truth-telling device, as a condition for proceeding with the investigation. All investigators report that if there is any criminal behavior identified, the facility will be responsible for protecting and preserving evidence until the Lancaster Police Department arrives.

The auditor received a copy of the PREA investigation packet. The packet includes the investigation report. The report contains a description of physical, testimonial, and documentary evidence. The reporting form includes:

- Type of allegation
- Name of victim
- Medical services provided
- Victim services
- Mental health services
- Name of abuser
- Video coverage
- Status of abuser
- Law enforcement response
- Witnesses
- Description of incident
- Protection measures taken
- Reassessment (risk screening)
- How the allegation was reported
- Previous reports
- Location of abuser
- Location of victim
- Findings
- Notification to resident
- SART review

The facility had one allegation of staff-to-resident sexual abuse during this audit cycle.

The PREA Coordinator reports that all allegations, regardless of how they are reported, will be investigated. She states that a staff member who resigns during an investigation, will not be cause to end the investigation. The PREA Coordinator reports that she would remain in contact with the Lancaster Police Department should the facility have an allegation that has been referred for a criminal investigation. She reports that it is up to the police department to refer allegations for criminal prosecution. The administrative investigation would continue with

	<p>permission from the Lancaster Police Department.</p> <p>The PREA Coordinator reports that she is responsible for maintain documentation related to investigations of sexual abuse and sexual harassment. She reports that she would retain the documentation for as long as the abuser is incarcerated or in the case of staff abuser unit the employee is no longer employed, plus five years for both cases.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA investigation packet</p> <p>Interview with administrative investigators</p> <p>Interview with PREA Coordinator</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-51 states that the facility imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.</p> <p>The auditor interviewed the facility’s administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation.</p> <p>The auditor reviewed the allegation from the past audit cycle to verify the standard of proof used. The allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with administrative investigators</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>CTC policy 800-51 requires the facility to inform residents of the outcome of the investigation. If there was a criminal investigation, the facility is required to request all relevant information from the criminal investigator so that the resident may be informed of the investigation outcome.</p> <p>The information required to be reported includes:</p> <ul style="list-style-type: none"> <li>• If the alleged staff member is no longer posted in the resident’s facility</li> <li>• If the alleged staff member is no longer employed with the agency</li> <li>• If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p>All such notifications are documented on the PREA investigation packet. The obligation to make such report under this standard will terminate if the resident is released from the agency prior to an investigation determination.</p> <p>The facility had one allegation of sexual abuse during this audit cycle. The victim in the allegation went AWOL prior to the conclusion of the investigation. No notification was able to be provided.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA investigation packet</p> <p>Interview with PREA Coordinator</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 800-50 state all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies. Terminations for violations of agency sexual misconduct policy, or resignations by staff that would have been terminated, if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies.</p>

Disciplinary sanctions, other than engaging in sexual abuse, will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed on other staff with similar histories.

Staff members are informed of the facility's disciplinary policies during employee onboarding, inside the employee handbook, and annual training on the PREA zero tolerance policies. The staff are also informed that all serious violations, including violations of the facility's zero tolerance policies, may be referred to the Lancaster Police Department for criminal prosecution.

In addition to outlining the agency's disciplinary policies in the employee handbook, the handbook outlines prohibitive behavior by staff that is subject to the facility's disciplinary policies. Prohibited activities include but are not limited to:

- Social contact with residents
- Endangering residents through neglect
- Withholding information that could jeopardize the facility
- Failing to report a violation
- Engaging in criminal activity
- Displaying favorites or preferential treatment
- Accepting from or giving to residents any gifts, favors, or services

The employee handbook outlines the disciplinary policy. Disciplinary action may take the following steps:

- Verbal counseling
- Written counseling
- Probation
- Suspension
- Involuntary termination

The handbook states that CTC expressly reserves the right to discharge for cause. The Director will determine the course of action best suited to the circumstances.

During interviews with facility staff, the auditor questioned staff on the agency's disciplinary policy in regard to violations of the zero tolerance policy. All staff reported that termination was the presumptive disciplinary action for violations of the agency's zero tolerance policy. Some staff members responded that just knowing about incidents of sexual abuse and sexual harassment and not reporting can be a fireable offense.

The auditor interviewed the Director. The Director reports that it is agency practice to place a staff member on administrative leave during the course of an investigation. He states the agency enforces their strict zero tolerance policies by terminating employees found to be in violation of the policy, and terminating employees whose allegation was determined to be unsubstantiated but a major violation of the boundaries/integrity policy has been committed.

	<p>Employees must sign an acknowledgement of receiving the employee handbook and the agency’s zero tolerance policy. Employees who have been disciplined by the agency had a disciplinary action notice in their employee file. The documentation listed the disciplinary charge, appeal, information, and sanction. None of the disciplinary charges reviewed were related to PREA.</p> <p>The facility had one substantiated allegation of staff-to-resident sexual abuse during this audit cycle. The staff member resigned during the investigation. The legal authority did not pursue criminal charges due to the victim going AWOL from the facility and unable to participate in the investigation.</p> <p>An allegation summary can be found in standard 115.222.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Employee handbook</li> <li>Investigation report</li> <li>Interview with staff</li> <li>Interview with Director</li> </ul>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>CTC policy 800-50 states any contractor, intern, or volunteer who engages in sexual misconduct is prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and also to relevant licensing bodies. The facility will take appropriate remedial measures and terminate the contract, intern arrangement, or volunteer arrangement with independent contractors, interns, or volunteers or will demand that the offending employee of a contractor be excluded from providing services under the contract.</p> <p>During the onsite visit, the auditor reviewed the only allegation reported since the last PREA audit. There has not been an allegation against a contractor, intern, or volunteer.</p> <p>The PREA Coordinator reports should the facility have a substantiated allegation against a contractor, intern, or volunteer, the facility will not allow further contact with residents.</p> <p>Review:</p>

	<p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-50 states residents will be subject to disciplinary sanctions, up to and including termination, following an administrative and/or criminal finding that the resident engaged in resident-on-resident sexual misconduct. The will agency to consider whether a resident’s mental disabilities or mental illness contributed to his/ her behavior, the resident’s disciplinary history and sanctions imposed for comparable offenses by other residents with similar histories, when determining what type of sanction, if any, should be imposed.</p> <p>The agency does not allow for the disciplining of a resident for a good faith report of sexual abuse when there is a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>The facility not allow for offenders to have consensual sexual contact; however, such conduct will not be defined as resident sexual abuse. The facility also does not allow for the discipline of offenders for resident sexual contact with staff unless the staff member did not consent to such contact.</p> <p>The resident handbook outlines the facility's disciplinary procedures. The residents are provided a handbook at intake and the disciplinary process is reviewed with each resident. The handbook list these violations:</p> <ul style="list-style-type: none"> <li>• Non-consensual sexual conduct or contact with another, whether compelled by force, threat of force, intimidation other than threat of force, by any other circumstances evidencing a lack of consent by the victim</li> <li>• Consensual physical contact for the purpose of sexually arousing or gratifying either person</li> <li>• Seductive or obscene actions including indecent exposure or masturbation; words, actions, gestures, or other behavior that is sexual in nature and would be offensive to a reasonable person</li> <li>• Establishing or attempting to establish a personal relationship with an employee, contractor, or volunteer</li> </ul> <p>The handbook states that sanctions can range from internal restrictions to removal from the program. The Director reserves the right to unsuccessfully terminate any</p>

	<p>resident in the event of the offense warrants the removal from the program. Sexual misconduct is listed as a violation that is sanctioned by an automatic referral to behavioral review committee and/or removal from the program.</p> <p>The PREA Coordinator states that any resident found to have sexually abused another resident will be terminated from the facility. All other substantiated allegations of sexual harassment will be disciplined according to the agency's progressive discipline policy. She states that if sexual harassment incidents are egregious or repetitive, the agency will terminate the resident. The agency does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.</p> <p>During resident interviews, all residents were aware of the facility's zero tolerance policy, received a handbook during intake, participated in orientation group and understood the facility's disciplinary policies. When questioned on the possible sanction for a violation of the policy, all residents stated that termination from the facility would be the consequence for a PREA violation.</p> <p>The auditor reviewed signed and dated acknowledgements of receiving a handbook and PREA education.</p> <p>The facility did not have an allegation of resident-to-resident sexual abuse or sexual harassment during this audit cycle.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Resident handbook</li> <li>Investigation report</li> <li>Interview with residents</li> <li>Interview with PREA Coordinator</li> </ul>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 402-15 mandates the offering of timely, unimpeded access to emergency medical treatment and crisis intervention services free of charge to an alleged victim of sexual assault. The treatment offered also includes timely information about and timely access to sexually transmitted infection prophylaxis and emergency contraception. The services are provided to the victims free of charge</p>

and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services provided include:

- Medical and mental health evaluation and treatment
- Evaluation, treatment, and follow-up services
- Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody
- Case and services consistent with the community level of care
- Test for sexually transmitted infectious disease
- Pregnancy testing and comprehensive access to pregnancy related medical services (transgender residents)
- Information about and access to sexually transmitted infections prophylaxis and emergency contraception

The facility will ensure medical services are available to all resident victims. CTC staff will transport residents to the appropriate agency for treatment unless the resident's conditions requires immediate assistance, then 911 will be called to evaluate and transport, if necessary. Access to a victim advocate from Family Health Services of East Ohio will be provided. All medical and mental health services will be provided free of charge.

The PREA Coordinator reports that the facility does not perform any medical services, including forensic medical exams. Any resident needing medical services related to sexual abuse would be immediately transported to Fairfield Medical Center. Mental health and advocate services are provided by Family Health Services of East Ohio. The scope and length of services will be determined at the discretion of the medical or mental health practitioner. The PREA Coordinator confirms that all services are free of charge.

The auditor interviewed two trained staff victim support persons during the onsite visit. The support people both state that they will be contacted if a resident either experiences sexual abuse while confined to the facility or report previous sexual victimization. They would provide support services until an advocate can be made available. The victim support persons report that they have not been requested for services for residents that have been sexually abused.

The PREA Coordinator reports that staff are trained on the coordinated response plan to ensure all staff respond appropriately after incidents of sexual abuse. Since the last PREA audit, the facility had one allegation of staff-to-resident sexual abuse. The resident involved in the allegation was offered services at the initiation of the investigation, to which he declined and eventually went AWOL.

Review:

Policy and procedure

Coordinated response plan

MOU with Family Health Services of East Central Ohio

	<p>Fairfield Medical Center website</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p> <p>Interview with victim support persons</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>CTC policy states that residents who have been sexually abused in a jail, lockup, or juvenile facility to be offered medical and mental health counseling services. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility.</p> <p>The policy states that should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer pregnancy testing, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. This part of the policy would only be applicable if the facility houses a transgender male in the facility. All residents, male and female, will be offered a test for sexually transmitted infections as medically appropriate.</p> <p>Any known resident-to-resident abuser will receive an evaluation as soon as possible but within 60-days from a community mental health provider. If appropriate, treatment services would be provided. The PREA Coordinator reports that the facility has not housed a known resident-to-resident abuser.</p> <p>The services are provided to the victims free of charge and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services provided include:</p> <ul style="list-style-type: none"> <li>• Medical and mental health evaluation and treatment</li> <li>• Evaluation, treatment, and follow-up services</li> <li>• Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody</li> <li>• Case and services consistent with the community level of care Test for sexually transmitted infectious disease</li> <li>• Pregnancy testing and comprehensive access to pregnancy related medical services (transgender residents)</li> <li>• Information about and access to sexually transmitted infections prophylaxis</li> </ul>

	<p style="text-align: center;">and emergency contraception</p> <p>The PREA Coordinator reports that medical services would be provided by the Fairfield Medical Center and mental health services would be provided by Family Health Center of East Ohio.</p> <p>The facility had one allegation of sexual abuse during this audit cycle. The resident did not need services and eventually went AWOL.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Coordinated response plan</p> <p>Interview with PREA Coordinator</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-51 states that within 30 days of the conclusion of a sexual abuse investigation that was determined to be substantiated or unsubstantiated, the facility will conduct a sexual abuse incident review. The review team will be comprised of upper level management, and will receive input from line supervisors, and investigators. The team will:</p> <ul style="list-style-type: none"> <li>• Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse</li> <li>• 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 was motivated otherwise caused by other group dynamics at the facility</li> <li>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse</li> <li>• Assess the adequacy of staffing levels in that area during different shifts</li> <li>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff</li> <li>• Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to PREA standard 115.286, and any recommendations for improvement, and submit such report to the facility head and PREA Compliance manager</li> </ul>

The PREA Coordinator reports that the SART team is made up of herself (Assistant Director), the Director, the Security Director, and the Clinical Director. The team will add any additional staff member to the team as needed.

The facility provided the auditor with the PREA Investigation Packet that includes a section for the Sexual Abuse Incident Review. The form includes:

- Names and titles of the staff members conducting the review
- Documentation of training on the agency's zero tolerance policy for the victim and alleged abuser
- Language used to communicate by the victim
- Number of staff on duty during the time of the incident
- Surveillance monitors
- Additional monitoring technology
- Physical barriers and/or vulnerabilities identified
- Changes to policy or procedure necessary
- Motivation- race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification; gang affiliation; or otherwise group dynamics
- Documentation of victim receiving handbook
- Documentation of alleged abuser receiving handbook
- Additional comments
- Recommendations

The facility had one allegation of sexual abuse since the last PREA audit.

The auditor was able to interview several SART members during the onsite visit on the review process. The members that were on the team state that a comprehensive review of the situation took place and no recommendations were made beyond updating the camera system, which the facility is not currently able to complete for budgetary reasons. The PREA Coordinator is responsible for ensuring all recommendations are implemented or documents the reasons the recommendations were not implemented.

The Director reports that he is responsible for removing barriers to implementing recommendations.

Review:

Policy and procedure

PREA investigation packet

Interview with Security Director

Interview with Clinical Director

Interview with PREA Coordinator

Interview with Director

**115.287 Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

CTC policy 800-51 requires the tracking of accurate, uniform data for every allegation of sexual abuse and sexual harassment using a standardized instrument and definitions. The PREA Coordinator reports that the information is collected, reviewed, and retrained from all PREA related reports. The information is documented in the facility's annual PREA allegation summary report.

Determination	Year	Resident-Resident	Staff-Resident	Contactor/Volunteer-Resident
Substantiated	2021	0	1	0
Unsubstantiated	2021	0	0	0
Unfounded	2021	0	0	0
Ongoing	2021	0	0	0
Substantiated	2022	0	0	0
Unsubstantiated	2022	0	0	0
Unfounded	2022	0	0	0
Ongoing	2022	0	0	0

The information is posted on the agency's website, <https://www.communitytransitioncenter.com/pdf/2022-PREA-Allegation-Summary-Report.pdf>. The auditor accessed the agency's website and reviewed the 2022 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data.

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

Review:

Policy and procedure

PREA Allegation summary 2022

Agency website

Interview with PREA Coordinator

<b>115.288</b>	<b>Data review for corrective action</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1458 501">The facility is required to use annual data collected and aggregated to assess and improve the effectiveness of the facility's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The review will have an assessment of the facility's policies, procedures, practices, and training to include:</p> <ul data-bbox="354 568 1414 730" style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Tacking action on an ongoing basis</li> <li>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole</li> </ul> <p data-bbox="280 770 1458 931">The auditor reviewed the facility's website to examine the PREA annual report. The report contains a comparison of the current year's data and corrective actions with those of previous years; and provides an assessment of the facility's ability to address of sexual abuse.</p> <p data-bbox="280 972 1394 1043">The report identifies that the facility has had one allegation of staff-to-resident sexual abuse in 2021.</p> <p data-bbox="280 1084 1474 1285">The report states that staff receive on going PREA training, in order to recognize, report, and prevent sexual abuse and sexual harassment among both staff and residents. Residents are given a handbook at intake informing them of their rights and how to report any incidents of sexual abuse, sexual harassment, and retaliation by either internal or external reporting.</p> <p data-bbox="280 1326 1458 1527">Administrative staff will, at a minimum once annually, review policies, procedures, and security measures, in order to endure that both residents and staff have a safe housing and work environment. Any recommendations to prevent and/or minimize risk for sexual assault, sexual abuse, sexual harassment, and/or retaliation will be adhered to within the scope of CTC's capabilities.</p> <p data-bbox="280 1568 1353 1680">The report is posted on the agency's website at <a href="https://www.communitytransitioncenter.com/pdf/2022-PREA-Allegation-Summary-Report.pdf">https://www.communitytransitioncenter.com/pdf/2022-PREA-Allegation-Summary-Report.pdf</a>.</p> <p data-bbox="280 1720 389 1756">Review:</p> <p data-bbox="280 1796 580 1832">Policy and procedure</p> <p data-bbox="280 1872 746 1908">PREA Allegation Summary report</p> <p data-bbox="280 1948 501 1984">Facility website</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CTC policy 800-51 requires the agency to collect data requested in standard 115.287 and that this information will be aggregated, and made available to the public through the agency's website. The information posted to the agency's website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p>The auditor accessed the facility's website, <a href="https://www.communitytransitioncenter.com/pdf/2022-PREA-Allegation-Summary-Report.pdf">https://www.communitytransitioncenter.com/pdf/2022-PREA-Allegation-Summary-Report.pdf</a>, to ensure the report is posted. The annual reports are completed based on a calendar year. The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility website</p> <p>PREA Allegation summary report</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency post its final audit report of this facility on the agency's website, <a href="https://www.communitytransitioncenter.com/pdf/Final-PREA-AUDIT-REPORT-2020.pdf">https://www.communitytransitioncenter.com/pdf/Final-PREA-AUDIT-REPORT-2020.pdf</a>. The auditor reviewed the agency's website to confirm that the final report from 2020 has been posted. This is a single facility and has the PREA audit conducted during year one of each cycle.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator escorted the auditor around the facility's campus and opened every door for the auditor. The auditor viewed the housing unit, dorm rooms, group rooms, recreation area, dining hall, kitchen, staff offices, control center, administrative area, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with facility documentation prior to the onsite visit through the OAS. The auditor was also provided additional information as requested during the</p>

	<p>onsite visit.</p> <p>The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. Residents and facility staff were interviewed during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor reviewed resident files and staff files for additional information and confirmation of reported information.</p> <p>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit or during the onsite visit. The auditor did receive a letter from a resident after the completion of the onsite visit. The auditor interviewed this resident during the onsite visit, and the resident did not report any allegations or problems during that interview. The auditor contacted the facility and requested to speak privately with the resident. The resident denied writing the letter and stated that he has not ever, and does not currently have, any issues with sexual abuse or sexual harassment at the facility.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has published on its agency website, <a href="https://www.communitytransitioncenter.com/pdf/Final-PREA-AUDIT-REPORT-2020.pdf">https://www.communitytransitioncenter.com/pdf/Final-PREA-AUDIT-REPORT-2020.pdf</a>, the audit report from the agency's 2020 PREA audit is posted. The auditor reviewed the agency's website and verified that the final audit report was posted.</p> <p>This is year one of the current audit cycle. The agency is a single facility operated by Community Transition Center of Lancaster. The PREA Coordinator reports that the facility will have an audit conduct every year one of each cycle. The audit report will be posted within 30 days of receiving the report.</p> <p>The PREA Coordinator reports she understands the audit requirements of posting the final report on the agency's website.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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