

PREA Facility Audit Report: Final

Name of Facility: Lorain/Medina Community Based Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/14/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Pam Sonnen	Date of Signature: 04/14/2021

AUDITOR INFORMATION	
Auditor name:	Sonnen, Pam
Email:	psonnen@msn.com
Start Date of On-Site Audit:	04/07/2021
End Date of On-Site Audit:	04/07/2021

FACILITY INFORMATION	
Facility name:	Lorain/Medina Community Based Correctional Facility
Facility physical address:	9892 Murray Ridge Road, Elyria, Ohio - 44035
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Nicole Hepler
Email Address:	nhepler@lmcbscf.com
Telephone Number:	440-281-9708 ext. 12

Facility Director	
Name:	Michael Willets
Email Address:	mwillets@lmcbscf.com
Telephone Number:	440-281-9708

Facility PREA Compliance Manager	
Name:	Nicole Hepler
Email Address:	nhepler@lmcbscf.com
Telephone Number:	O: 440-281-9708 x1239

Facility Health Service Administrator On-Site	
Name:	Margaret Boise
Email Address:	margaret.boise@gmail.com
Telephone Number:	440-773-9465

Facility Characteristics	
Designed facility capacity:	130
Current population of facility:	100
Average daily population for the past 12 months:	88
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18- 83
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	38
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	15
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Lorain/Medina Community Based Correctional Facility Board of Directors
Governing authority or parent agency (if applicable):	
Physical Address:	9892 Murray Ridge Road, Elyria, Ohio - 44035
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Donald Nickerson	Email Address:	dnickerson@lmcbcf.com

AUDIT FINDINGS

Narrative:

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

I reviewed all policies that were related to PREA. I conducted 21 interviews. I toured the entire facility. I reviewed employee files and training files. I reviewed a sample screening and education records. I was on site 13 hours. I reviewed the standards, policies, documentation and interviews to determine compliance.

AUDIT FINDINGS

Facility Characteristics:

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

The Lorain/Medina CBCF provides the Common Pleas Courts of the two participating counties with an economical, local alternative to state prison commitments for 102 male and 28 female, adult, felony offenders. The goal of the facility is to provide a range of services that will offer each resident the best opportunity to successfully reintegrate into their home community. The first male resident was admitted in November, 1997 and the first female resident was admitted in October, 2005. The CBCF has been accredited by the American Correctional Association since 2003. The Lorain/Medina CBCF received the 2016 Cliff Skeen Award. The Clifford Skeen Award is presented annually to residential and non-residential programs in recognition of excellence in community corrections. The Clifford Skeen Award is a part of former Governor and former U.S. Senator Voinovich's commitment to enhancing the quality of community corrections programs in Ohio. The award, first presented in 1993, is given in honor of the late eight-term Ohio legislator who sponsored Ohio's Community Correction Legislation.

The mission of the Lorain/Medina Community Based Correctional Facility is to ensure public safety by reducing recidivism.

When touring the facility I observed that staff were able to observe the residents. Cameras were located throughout the facility.

I interviewed 11 residents and 10 staff. The staff included resident staff, case managers, medical, PREA coordinator, Operations Manager, Program Director.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	32
Number of standards met:	9
Number of standards not met:	0

The facility had 32 exceeds standards. This was the facilities 3rd audit. The culture of the facility is all about helping the residents be successful. This was evidenced by the knowledge of the staff and the residents on policies and procedures on PREA and how to complete the program and get ready for release. The staff were notably tired after a year of fighting Covid but they continue to come in everyday and work to get the residents through programs and get released. The facility was spotless. Case managers see the residents weekly and the administrators continually walk the facility. The residents have a high regard for the Operations Director. All staff were polite and helpful. The director is well respected and staff are comfortable going to him with any issues. The PREA Coordinator is very organized and she is detail oriented.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The policy clearly outlines all required information on the standards. It is the policy of the Lorain/Medina C.B.C.F. that the facility provide a safe, humane, and appropriately secure environment, free from threat of sexual misconduct for all residents by maintaining a zero tolerance towards all forms of sexual misconduct. Sexual harassment and sexual abuse of residents by other residents or staff, including contract staff and volunteers is strictly prohibited. The policy outlines the definitions of what is sexual harassment or abuse. The facility outlines its approach to preventing, detecting and response to such conduct. A written facility plan to coordinate actions taken in response to an incident of sexual abuse, amongst staff first responders, medical and mental health practitioners, investigators, and facility leadership is developed.</p> <p>The facility employs or designates an upper-level, facility-wide PREA coordinator, with sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards. The policy outlines preventing, detecting and response in a proactive approach to prevent sexual abuse.</p> <p>All staff and residents interviewed have read and understand the policy.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard is N/A as this facility does not contract with outside agencies.

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility reviews the staffing plan at least yearly as documented by the down loaded documents. There is a mandatory staffing plan that covers all posts and the facility has an excellent camera monitoring system. The plan is reviewed every year and this is documented. The facility management reviews logs to insure compliance.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility documents all cross-gender strip searches and cross-gender visual body cavity searches, and will document all cross-gender pat-down searches of female offenders. The facility has implemented policies and procedures that enable offenders 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. Policies and procedures require staff of the opposite gender to announce their presence when entering an area where offenders are likely to be showering, performing bodily functions, or changing clothing. All male and female residents interviewed stated that they have not ever observed a cross gender search. The also stated that the oposite gender always announces themselves prior to entering their living area.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency takes appropriate steps to ensure that residents with disabilities (include for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps will include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency will ensure that written materials are provided in formats through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Residents with who are not fluent in English, or who have disabilities (including, for example, residents who are hard of hearing, or those who have low vision, or those who have intellectual, psychiatric, or speech disabilities) are provided.</p> <p>Within five (5) calendar days of admission, all residents will be provided comprehensive education either in person or through video regarding their right to be free from sexual misconduct; their right to be free from retaliation for reporting such incidents; and will also include the facility's policies and procedures for responding to such incidents.</p> <p>Accommodations will include effective communication with residents who are hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, and using any necessary specialized vocabulary. During the detection, response, and investigation of an alleged sexual misconduct or sexual harassment incident a resident interpreter, resident reader, or other resident assistant will not be used. All staff interviewed stated they would not use resident interpreters. The facility has used staff interpreters but most of the residents speak english. Line staff were unaware of the method of locating an interpreter if needed but the administration can step in and contact an interpreter if needed.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy States; The agency shall not hire or promote anyone who may have contact with residents, and will not enlist the services of any contractor who may have contact with residents, who-- 1) 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); 2) 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; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) of this section. b.) The agency will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may contact with residents. c.) Before hiring new employees who may have contact with residents, the agency will: 1) Perform a criminal background records check; and 2) 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. d.) The agency will also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. e) The agency will 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. f.) The agency will also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency will also impose upon employees a continuing affirmative duty to disclose any such misconduct. g.) Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination. h.) Unless prohibited by law, the agency will 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.</p> <p>Policy promoting decisions in regards to potential candidates for hire and existing staff which considers their background investigation and any sexual harassment/abuse history. I reviewed all the background checks for the last 3 years and all backgrounds were complete and followed policy and the standards.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Police states; When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. the facility has not upgraded or expanded. There has been no expansion of the facility but the administration continually upgrades the video system.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Facility provides uniform evidence protocol. The facility provides a qualified agency staff member or a qualified community-based staff member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. They will also provide the victim with emotional support.</p> <p>It is the policy of the Lorain/Medina C.B.C.F. that facility, to the extent in which it is responsible for investigating allegations</p> <p>Staff will take appropriate steps to preserve and protect any evidence until the contracted service provider, Nord Rape Crisis Center or the Lorain County Sheriff's Department can coordinate the collection of such evidence.</p> <p>Nord Rape Crisis Center is an entity that provides intervention and related assistance. All victims of sexual abuse will have access to forensic medical examinations at the Nord Rape Crisis Center facilities, without financial cost. Examinations will be performed by Nord Rape Crisis Center staff who are Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs are not available, the examination is performed by other qualified medical practitioners provided by Nord Rape Crisis Center. The Nord Rape Crisis Center provides a victim advocate to the victim to accompany and support the victim through the support, crisis intervention, information, and referrals. Only victim advocates designated by the Nord Rape Crisis Center</p> <p>To the extent the Lorain/Medina C.B.C.F. itself is not responsible for investigating allegations of sexual abuse, the facility will administratively investigate all allegations of abuse or harrassment. The Lorain County Sheriff's Department is responsible for investigating all allegations of sexual abuse at the Lorain/Medinafacility. All staff interviewed understood the policy and evidence protocol. I used the resident phone and dialed the number for the NORD crisis center to insure that residents were able to contact the center. I spoke the a NORD representative.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Lorain/Medina C.B.C.F. upon notification of either verbal or written reporting of a sexual harassment or sexual abuse that it is referred to the Lorain County Sheriff's Department, for criminal investigation.</p> <p>Administrative Investigation: Non-consensual sexual contact and threats of sexual abuse; and attempted and completed sexual abuse will be administratively investigated by the designated facility investigator. All reports of sexual misconduct, that does not involve potentially criminal behavior are investigated. Any reports of retaliation are also investigated. All findings are documented in writing.</p> <p>Criminal Investigation: C.B.C.F. will notify the head of the facility or appropriate office of the agency where the alleged abused occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>All allegations of sexual misconduct that involves potentially criminal behavior is referred to the Lorain County Sheriff's.</p> <p>All referrals to the Lorain County Sheriff's Department are documented by the PREA Investigator.</p> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Lorain/Medina</p> <p>Lorain/Medina C.B.C.F will document that it has provided such notification to the appropriate facility head. I reviewed all allegations for the last 3 years and all were completed as stated by policy and the standards.</p>

115.231	Employee training
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 528">The facility trains all employees who may have contact with residents on areas related to the prevention, detection, response, and investigation of sexual misconduct during new hire orientation. This training will include, but not be limited to the following:</p> <ol data-bbox="260 539 1469 1211" style="list-style-type: none"> <li data-bbox="260 539 1171 573">1. The zero-tolerance policy for sexual abuse and sexual harassment; <li data-bbox="260 584 1401 696">2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; <li data-bbox="260 707 1198 741">3. Residents' right to be free from sexual abuse and sexual harassment; <li data-bbox="260 752 1469 819">4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; <li data-bbox="260 831 1214 864">5. The dynamics of sexual abuse and sexual harassment in confinement; <li data-bbox="260 875 1225 909">6. The common reactions of sexual abuse and sexual harassment victims; <li data-bbox="260 920 1273 954">7. How to detect and respond to signs of threatened and actual sexual abuse; <li data-bbox="260 965 1011 999">8. How to avoid inappropriate relationships with residents; <li data-bbox="260 1010 1445 1077">9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, <li data-bbox="260 1088 1394 1211">10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and to utilize the least intrusive manner possible consistent with security needs. <p data-bbox="252 1223 1390 1290">Such training is tailored to the gender of the residents at this facility. The employee will receive additional training</p> <p data-bbox="252 1301 1453 1379">if the employee is reassigned from a facility that houses only male residents to a facility that houses only</p> <p data-bbox="252 1391 1453 1469">All current employees who have not received such training will be trained within one year of the effective date of the</p> <p data-bbox="252 1480 1485 1559">PREA standards, and the facility will provide each employee with refresher training annually to ensure that all</p> <p data-bbox="252 1570 1398 1648">employees know the facility's current sexual abuse and sexual harassment policies and procedures.</p> <p data-bbox="252 1659 1358 1771">The facility will document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p data-bbox="252 1783 1477 1895">Contractors receive training on the zero tolerance policy and their responsibilities for reporting. I reviewed all training records and interviewed staff and all policy requirements were meant and exceeded the requirements.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Volunteer/Contract Training</p> <p>It is the policy of the Lorain/Medina C.B.C.F. that the facility trains employees, volunteers and contractors who have contact intersex, or gender nonconforming residents.</p> <p>The Executive Director or designee will approve all training materials used for staff, resident, volunteer, and</p> <p>The facility ensures 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.</p> <p>The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents will be notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The facility will maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>All training will be documented on the Acknowledgment for Volunteer/Contractor PREA Training form. I reviewed all training records.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>During orientation the facility will provide resident education on the facility's zero tolerance policy, residents will be informed of the following:</p> <ol style="list-style-type: none"> a. How to report incidents or suspicions of sexual abuse or sexual harassment; b. Their right to be free from sexual abuse and sexual harassment; c. Their right to be free from retaliation for reporting such incidents; d. The facility's policies and procedures for responding to such incidents. <p>The facility will maintain documentation of resident participation in these education sessions. In addition to providing visible to residents through posters, resident handbooks, or other written formats including those who are limited English proficient, hearing impaired, visually impaired, or otherwise disabled as well as residents who have limited reading skills.</p> <p>Whenever a resident is transferred to another facility, it is that facility's responsibility to provide training on their zero tolerance policy regarding sexual abuse and sexual harassment, as well as how to report such incidents, their rights to be free from sexual abuse/harassment and retaliation, and the receiving facility's policies and procedures for responding to such incidents.</p> <p>It is the policy of the Lorain/Medina C.B.C.F. that during the intake process, the facility will provide information to the such education, the Lorain/Medina C.B.C.F. will ensure that key information is continuously and readily available or The Lorain/Medina C.B.C.F. will provide resident education in oral and written formats accessible to all residents,</p> <p>All resident education materials or lesson plans are approved by the Executive Director. During the interview with the residents they all stated they received the training the same day as they arrived or within 3 days of arrival. They also noted there are signs everywhere and every time they use the phone it gives them information on PREA.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Specialized training for investigators will include the following:</p> <ul style="list-style-type: none"> a. Conducting investigations in confinement settings; b. Techniques for interviewing sexual abuse victims; d. Sexual abuse evidence collection in confinement settings; and e. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>substantiated sexual abuse incidents for the facility and will provide such training to its agents and investigators who conduct such investigations.</p> <p>regularly in its facilities have been trained as mandated for employees under PREA standard 115.231 or for contractors and volunteers under 115.232:</p> <ul style="list-style-type: none"> a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>documentation that medical and mental health practitioners, and victim support advocates have received the training referenced in standard 115.235.</p> <ul style="list-style-type: none"> c. Proper use of Miranda and Garrity warnings; <p>The Lorain/Medina C.B.C.F. will maintain documentation that facility investigators have completed the required specialized training in conducting sexual abuse investigations. The Lorain County Sheriff's Department will investigate</p> <p>The Lorain/Medina C.B.C.F ensures that all full- and part-time medical and mental health care practitioners who work</p> <p>Medical staff contracted by the facility do not conduct forensic examinations. Lorain/Medina C.B.C.F contracts with the</p> <p>Nord Rape Crisis Center for services, which includes forensic examinations.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Lorain/Medina C.B.C.F. will maintain documentation that facility investigators have completed the required specialized training in conducting sexual abuse investigations. The Lorain County Sheriff's Department will investigate</p> <p>The Lorain/Medina C.B.C.F ensures that all full- and part-time medical and mental health care practitioners who work</p> <p>Medical staff contracted by the facility do not conduct forensic examinations. Lorain/Medina C.B.C.F contracts with the</p> <p>Nord Rape Crisis Center for services, which includes forensic examinations. I interviewed the medical contractor who identified the appropriate protocols when an allegation occurs. I have reviewed all training records and MOUs to insure compliance.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy dictates that all residents will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. Intake screening will takeplace within 72 hours of arrival at the facility. Assessments will be conducted using an objective screening instrument. The intake screening will consider, at a minimum, the following criteria to assess residents for risk of sexual victimization. The intake screening considers, the following criteria to assess residents for risk of sexual victimization: 1. Whether the resident has a mental, physical, or developmental disability; 2. The age of the resident; 3. The physical build of the resident; 4. Whether the resident has previously been incarcerated; 5. Whether the resident's criminal history is exclusively nonviolent; 6. Whether the resident has prior convictions for sex offenses against an adult or child; 7. Whether the gender nonconforming; 8. Whether the resident has previously experienced sexual victimization; and 9. The resident's own perception of vulnerability. The intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. g. A resident's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. h. Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. The agency implements appropriate controls on the dissemination within the facility of responses to questions. The facility uses an objective tool to determine risk. The PREA Coordinator had a spread sheet to insure all timelines are met. The residents interviewed stated the had been asked the questions on the form and a follow up was completed. Residents also stated they see their case manager weekly for a follow up.</p>

115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility uses information from the risk screening tool to inform housing, bed, work, education, and program assignment sexually victimized from those at high risk of being sexually abusive. The agency will make individualized determinations about how to ensure the safety of the resident to a facility for male or female residents, and in making other housing and programming assignments, the agency will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. If genital status is unknown it may be determined through conversations with the resident or by reviewing medical records. If staff members are unable to determine the resident's genital status, the resident will be referred to medical for a broader medical examination conducted in private by facility medical staff in a professional and respectful manner using the least intrusive means while maintaining consistency with security needs. Staff members are expected to treat all residents with respect; however, as with all residents staff will be mindful ensuring the use of respectful words and avoidance of demeaning language including common slurs. I interviewed a transgender and she stated that she met with administration and together they developed a plan for housing and restroom usage when she arrived, She stated she felt comfortable and stated she was fine with living in the male dorm area and having males perform searches.</p>

115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides a method and requires staff to immediately and privately report sexual abuse/ harassment of residents according to facility policy. Staff reporting includes any of the following: Staff will privately report any knowledge, suspicion, or information regarding an incident of sexual misconduct that may have occurred to Administration. Any staff member that observes incidents or behaviors that cause a reasonable concern that a resident may be at risk of sexual victimization will document this incident or observation on an incident report form designated for this purpose only and submit it directly to Administration.</p> <p>Any staff member that receives a verbal or written report from a resident, an anonymous source, or a third party of sexual misconduct or retaliation will immediately notify Administration and complete an incident report, marked as confidential. If it is a report of sexual abuse, staff will request that the alleged victim not take any action that could destroy physical evidence. Medical and mental health providers are required to report sexual abuse and to inform the resident of their duty to report and the limitations of confidentiality at the initiation of services. Medical and mental health providers are further obligated to report any communications indicating a danger to any other person or to the person making the communication, regardless of any established professional privilege. Apart from reporting to designated supervisors or officials, staff are not to reveal information to anyone other than to the extent necessary in order to make treatment, investigation, and other security and management decisions. The facility has several ways to report an allegation of abuse. When you pick up the resident phone it will instruct you to dial NORD the crises center, the Ohio department of correction, the probation office or the facility administrator if there is an allegation of abuse or harrassment. i listened to the recording and then dialed and spoke with the crisis center. All residents know how to make a report and most stated they would tell staff.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Lorain/Medina C.B.C.F has a procedure for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the staff will immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to Administration at which immediate corrective action will be taken. The facility will investigate and provide an initial response within 48 hours. A final facility decision will be issued within 5 calendar days. The initial response and final facility decision will document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. There will be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. A resident will not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint. Such grievance is not referred to the staff member who is the subject of the complaint. The facility will issue a final facility 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 will not include time consumed by residents in preparing an administrative appeal. The Lorain/Medina C.B.C.F may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The facility will notify the resident in writing of any such extension and provide a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, the Lorain/Medina C.B.C.F may require as a condition of processing the request that the alleged victim agrees 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. If the resident declines to have the request processed on his or her behalf, the facility will document the resident's decision. The Lorain/Medina C.B.C.F. may discipline a resident for filing a grievance related to alleged sexual abuse only if it is filed in bad faith. No grievances have been filed in the last 3 years.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services through Nord Rape Crisis Center and/or local hospital emergency room, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Security staff first responders will take preliminary steps to protect the victim and will immediately notify the Operations Director, 911, Nord Rape Crisis Center, and Lorain County Sheriff's Department as appropriate. Qualified facility medical or mental health personnel that are on duty at the time a report of a recent abuse is made will only provide first aid as appropriate. The facility will provide victims with emergency/on-going medical and mental health services consistent with the community level of care through Nord Rape Crisis Center or other qualified medical/mental practitioner. The Lorain/Medina C.B.C.F has entered into memoranda of understanding with the local rape crisis center, Nord Rape Crisis and will maintain this relationship in order to provide residents with confidential emotional support services related to sexual abuse. The facility will maintain copies of such agreement. The facility will provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing them with Nord Rape Crisis Center's mailing address and telephone number, including a toll-free hotline number in order to enable reasonable communication between residents and this local rape crisis organization. This contact information is posted in the dayroom areas. All communication between the resident and rape crisis is as confidential a manner as possible. The facility will 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. All inmates interviewed understood what protocols were established to help them in case of abuse.</p>

115.254	Third party reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Lorain/Medina C.B.C.F. will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment incidents, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are notified of at least one way to report abuse or harassment to a public or private entity or office that is not part of the facility and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to officials, allowing the resident to remain anonymous upon request. Third parties may also report allegations to outside entities Lorain County Rape Crisis and Ohio Department of Rehabilitation & Corrections by using the phone number and/or address provided via lmcbcf.com, lobby area posting, or visitor/volunteer orientation. All reports of allegations of sexual misconduct including anonymous reports will be reported to Lorain/Medina C.B.C.F. Administration. All residents interviewed named several ways the could report sexual misconduct and most of them stated they would tell staff.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Staff will privately report any knowledge, suspicion, or information regarding an incident of sexual misconduct that that may have occurred to Administration. Any staff member that observes incidents or behaviors that cause a reasonable concern that a resident may be at risk of sexual victimization will document this incident or observation on an incident report form designated for this purpose only and submit it directly to Administration. Any staff member that receives a verbal or written report from a resident, an anonymous source, or a third party of sexual misconduct or retaliation will immediately notify Administration and complete an incident report, marked as confidential. If it is a report of sexual abuse, staff will request that the alleged victim not take any action that could destroy physical evidence. Medical and mental health providers are required to report sexual abuse and to inform the resident of their duty to report and the limitations of confidentiality. Medical and mental health providers are further obligated to report any communications indicating a danger to any other person or to the person making the communication, regardless of any established professional privilege. Apart from reporting to designated supervisors or officials, staff are not to reveal information to anyone other than to the extent necessary in order to make treatment, investigation, and other security and management decisions. All staff interviewed understood their duty to immediately report any information on sexual abuse or harrassment.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>When the facility learns that a resident is subject to substantial risk of imminent sexual abuse, immediate action will be taken to protect the resident. All reports of substantial risk of imminent sexual abuse will immediately be forwarded to the PREA Investigator and Executive Director. Upon receipt of a report, Resident Advisor staff will take immediate action to employ protection measures to ensure the resident's safety. All staff interviewed would secure the resident in a safe area until back up arrived.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Upon receiving an allegation that a resident was sexually abused while confined at another institution, the facility administrator will notify the institution where the alleged abuse occurred within 72 hours after receiving the allegation. This notification will be documented. there was one allegation recieved after the facility completed their information and it was handled appropriately.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The first staff member to respond to sexual assault report is required to: Separate the alleged victim and abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</p> <p>In cases where completed sexual abuse has allegedly occurred anally or vaginally within the previous 96 hours, the victim will be advised not take any actions that could destroy physical evidence, including as appropriate, showering or otherwise washing themselves, changing their clothes, urinating, or defecating.</p> <p>If the sexual abuse was oral within the previous 24 hours, the victim will be advised not to smoke, eat, drink anything. All staff interviewed outlined the steps to be taken upon learning if an incident. There have been no incidents in which to review the reponse.</p>

115.265	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility has developed a comprehensive plan to coordinate actions in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility Administration. This plan will be used to supplement PREA policies and procedures regarding sexual misconduct reporting, response, investigation, and prevention of retaliation.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There is no collective bargaining.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility will protect all residents and staff who report sexual abuse/harassment or cooperate with sexual misconduct investigations from retaliation by other residents or staff. The facility investigator will monitor all cases of retaliation for at least 90 calendar days. This monitoring includes the conduct and treatment of residents or staff who reported sexual abuse/harassment. Any retaliation discovered will promptly be remedied by Administration. The facility will employ multiple protection measures, such as dorm/bunk changes, transfers for resident victims or abusers, and removal of alleged staff or resident abusers from contact with victims. The facility investigator may monitor beyond 90 calendar days if needed. During my visit there was on staff separated because of a allegation of sexual harrasment for investigation. When I was interviewing residents one of the residents informed me that the accuser was retailiating against the staff member because he recieved a discipline report.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Where sexual abuse is alleged, the facility will use investigators who have received special training in sexual abuse</p> <p>the evidence in determining whether allegations of sexual harassment or sexual abuse are alleged. The Lorain County Sheriff's Department conducts investigations into sexual abuse allegations and does so in pursuant to the minimum PREA standard requirements. The Lorain/Medina C.B.C.F. cooperates fully with the Lorain County Sheriffs department. i reviewed the report and it was done correctly. I have reviewed thr training records to insure compliance.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Where sexual abuse is alleged, the facility will use investigators who have received special training in sexual abuse</p> <p>the evidence in determining whether allegations of sexual harassment or sexual abuse are substantiated. Once an</p> <p>Department determines that the sexual abuse may have occurred the sheriff's office will be contacted to take over the remainder of the investigation. The sheriff's investigators conducting such investigations have received training in conducting investigations in community confinement. The facility and will remain informed about the progress of the investigation. The sheriff's office with cooperation with the facility will;</p> <ul style="list-style-type: none"> a. Gather and preserve direct and circumstantial evidence; b. Any available physical and DNA evidence; c. Any available electronic monitoring data; d. Interview alleged victims, suspected perpetrators, and witnesses; and e. Review prior complaints and reports of sexual abuse involving the suspected perpetrator. <p>The designated victim support person may consult with the investigator on the case and offer assistance as is appropriate based on their training. With the victim's consent, the victim support person may sit in on administrative interviews,</p> <p>It is the policy of the Lorain/Medina C.B.C.F. that facility has policies and procedures which governs its criminal and investigations pursuant to 115.234. The facility imposes no standard higher than a preponderance of evidence.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Once the investigation is complete the facility will notify the resident of the findings. Once the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. This notification will be in writing. If the abuser is a staff member the notification will include whether the staff member is no longer posted within the resident's unit;</p> <ul style="list-style-type: none"> b. The staff member is no longer employed at the facility; c. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or d. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Staff will be subject to disciplinary sanctions up to and including termination for violating the facility's sexual harassment or sexual abuse policies. Any employee determined to have engaged in sexual misconduct, retaliation, or conversations or correspondence which suggests a romantic or sexual relationship with a resident will be subject to discipline consistent with the staff code of conduct, up to and including termination. The employee may also be subject to criminal prosecution. Automatic termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. After one of the investigations the staff member was terminated for a substantiated claim.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Any contractor or volunteer who engages in sexual harassment that is not considered criminal activity will be prohibited from returning to the facility and may be prohibited from any other contact with residents such as calling, writing or attending outside community meetings. There has been no alledged claims.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual harassment of another resident or staff member. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. There has be no cases.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services through Nord Rape Crisis Center and/or local hospital emergency room, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility will provide victims with emergency/on-going medical and mental health services consistent with the community level of care through Nord Rape Crisis Center or other qualified medical/mental practitioner. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or not.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services through Nord Rape Crisis Center and/or local hospital emergency room, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility will provide victims with emergency/on-going medical and mental health services consistent with the community level of care through Nord Rape Crisis Center or other qualified medical/mental practitioner. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or not.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The PREA Investigator with the Sexual Abuse Review Team (hereby referred to as SART) will conduct a sexual abuse incident review at the conclusion of every administrative or criminal sexual abuse investigation. This includes sexual abuse allegations that were unsubstantiated. No sexual abuse incident review is required when an allegation has been determined to be unfounded.</p> <p>B) The SART review will ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>C) The SART will include the Executive Director, Operations Director (PREA Investigator), and Program Director. D) The SART will:</p> <ol style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Consider whether the allegation or incident was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. I reviewed the report and the team did an excellent job of documenting what happened and what actions to take in the future.

115.287	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility collects accurate, uniform data for every allegation of sexual abuse using a standardize instrument and set of definitions.</p> <p>The facility aggregates the incident-based sexual abuse data at least annually. The incident-based data collected will 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. The facility maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. Upon request, the facility will provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The facility;</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for the facility. <p>Reports will include a comparison of the current year's data and corrective action with those from prior years data and will provide an assessment of the facility's progress in addressing sexual abuse.</p> <p>The facility redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but will indicate the nature of the material redacted.</p> <p>A) The Lorain/Medina C.B.C.F will collect accurate, uniform data for every allegation of sexual abuse using a standardized</p> <p>E) The Lorain/Medina C.B.C.F does not contract with private facilities for the confinement of its residents.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Lorain/Medina C.B.C.F. will review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for the facility.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Lorain/Medina C.B.C.F.'s data collection report will be approved by the Executive Director and made readily available to the public through its website lmcbcf.com. The annual data collection report will be available to the public through other means as required by the Ohio Public Records Sunshine Law. The facility will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but will indicate the nature of the material redacted.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	I was able to review any information that I needed. I interviewed resident and staff. I was given access to the entire facility.

115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The facility has all audits posted on their website.

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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

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

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by 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.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

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

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

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

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

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

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes