

PREA Audit: PREA AUDITOR'S FINAL SUMMARY REPORT

Community Confinement Facilities

Name of facility: West Central Community Correctional Facility
Physical address: 18200 State Route 4 North, Marysville Ohio, 43040
Date report submitted: January 2, 2015

Auditor Information

Name: Michelle Bonner
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Date of facility visit: July 15-16, 2014

Facility Information

Facility mailing address: (if different from above) Same
Telephone number:

The facility is: County

Facility Type Other community correctional facility.

Name of Facility Head: David Ervin
Title: Executive Director
Email address: dervin@wcccf.org
Telephone number: 937-644-2838

Name of Facility PREA Coordinator: Lori Penrod
Title: PREA Coordinator
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Agency Information**Name of Agency:****Governing authority or parent agency:** (if different from above)**Ohio Department of Rehabilitation and Correction (ODRC)****Telephone number:****Agency Chief Executive Officer****Name:****Gary C. Mohr****Title:****Director****Email address:**Gary.Mohr@odrc.state.oh.us**Telephone number:****614-752-1164****Agency-Wide PREA Coordinator****Name:****Andrew Albright****Title:****Chief, Bureau of Agency Policy and Operational Compliance****Email address:**Andrew.Albright@odrc.state.oh.us**Telephone number:****614-752-1708****AUDIT FINDINGS**

NARRATIVE: [The auditor should provide a summary of the audit process that includes the date of audit, who was in attendance, a description of sampling procedures and staff and residents interviewed, areas of facility toured as part of the audit, etc.]

Michelle Bonner, an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of community confinement facilities to assess their compliance with the DOJ-adopted standards of the Prison Rape Elimination Act of 2003 (PREA), conducted an onsite audit of West Central Community Correctional Facility (hereinafter, "WCCCF"), 18200 State Route 4 North, Marysville, OH, 43040, on July 15-16, 2014. WCCCF serves eight surrounding counties, and is located in Union County, Ohio. During the audit, 126 residents were present at the facility, 44 of whom were women; and the facility employed 53 staff members.

WCCCF is one of nineteen community based correctional facilities (CBCF's) in the state of Ohio. Ohio's Bureau of Community Sanctions, Ohio Department of Rehabilitation and Corrections (ODRC), defines CBCF's as "residential sanctions that provide local

Courts of Common Pleas a sanctioning alternative to prison. Each program is highly structured with assessment, treatment, and follow-up services for offenders. CBCFs provide intensive substance abuse treatment/education, educational services, job training, mental health and transitional services to the community.”¹ The CBCF’s employ cognitive behavioral techniques (CBT) in their programming.² WCCCF opened in October 1999 as a male facility; and it added its female wing in June 2007. The facility provides chemical dependency education, assessment and treatment services to all residents, as well as academic, life skills, and character education. All of this is provided under the rubric of cognitive behavioral therapy process.

WCCCF is the fourth of nine CBCF’s for which Auditor Bonner conducted audits in July 2014, through a memorandum of understanding (MOU) between the auditor and CorJus, a nonprofit coalition of many of the CBCF’s in the state of Ohio. While ODRC provides partial to complete funding of these CBCF’s to serve multi-county regions of the state, the CBCF’s each stand alone as distinct agencies, with their own facility governing boards, staff, policies and procedures, and their individual PREA policies and implementation. Auditor Bonner is providing separate reports for each of the nine facilities, according to their individual audits.

Auditor Bonner arrived at WCCCF at 8:40am on Tuesday, July 15, 2014. There she was greeted by PREA Coordinator Lori Penrod. In the administration area’s conference room Auditor Bonner was also met by Facility Director David Erwin, Lead Counselor and PREA Team Member Tim Howdyshell, Resident Monitor Coordinator Demetrius Thomas, Education Coordinator and PREA Team Member Melinda Radabaugh, and Facility Coordinator Aaron Stidham. The brief opening meeting started with introductions, a description and history of the facility, and a description of the onsite audit process. Then the group conducted a complete and thorough tour of the entire facility. The tour consisted of examining all rooms, offices, closets, restrooms, and exits of the men’s wing, women’s wing, programming area, intake areas, segregation cells, control centers, kitchen and dining areas, recreation areas, maintenance and administration areas.

During the course of the two days, in addition to speaking with staff and residents during the tour, Auditor Bonner conducted one-on-one interviews with the following 12 staff for specialized staff and general staff inquiries:

- Facility Executive Director
- PREA Coordinator/Fiscal Specialist
- Court Services Coordinator (Intake)
- Executive Assistant/Human Resource Specialists
- Lead Counselor
- 2 Counselors
- Medical Coordinator
- Resident Monitor Coordinator/PREA Investigator

¹ Annual Report 2014, Bureau of Community Sanctions, Christopher Galli, Chief, Ohio Department of Rehabilitation and Correction, p. 3.

² *Id.*, p. 8.

- 3 Resident Monitors

Auditor Bonner also met individually with 12 residents, 4 of whom were female residents. Residents were chosen by their mention in investigation reports, by housing location, risk level (per OH Risk Assessment Survey), victim of sexual abuse (not at this facility), and sexual identity. During the two-day audit, Auditor Bonner conducted document review which included review of employee files (including new hires, terminations, spot check of five year background checks and promotions), security logs, PREA assessments/reassessments/designation documents, PREA investigation files, staff/volunteer training logs/acknowledgements, employee training materials (including Relias Online), resident orientation verifications and materials, PREA specialized training certificates, PREA forms and data logs. Auditor was onsite for 13 hours on July 15 and 10 hours on July 10. Near the end of the second day, Auditor held a closeout session with nearly all staff who were on duty present, during which she shared some of her immediate observations.

DESCRIPTION OF FACILITY CHARACTERISTICS: [The auditor should include a summary describing the facility.]

WCCCF is a primarily one level facility, except for a small mezzanine level above the male dayroom. In October 1999, the male wing, programming area and administration area were built; then the female wing was added in June 2007. (WCCCF has a third phase of development proposed, but that is not contained in this PREA audit of the facility.) The facility has 67 cameras, 15 of which were being installed in dormitory areas while the onsite audit was taking place. There is ample camera coverage, PREA signage, and communication monitoring notification throughout the facility, especially near phones, in dorms, in classrooms, and in other areas where residents frequent.

The male wing consists of a large dayroom with four dorms, a large dorm and smaller dorm on opposite sides of the day room. Before the dayroom is the Control Room that looks onto the open, expansive space; and at the back of the dayroom on the ground floor is the dining/kitchen area. At the time of the tour there were no cameras in the dayroom, but two were proposed on either side of the room to cover the room and entrance to restrooms. The restrooms should have shower curtains with clear tops to better monitor occupancy. In the dayroom, multiple pay phones (at least 7) have PREA signage in English and Spanish near them, as well as a sign above stating, "All calls subject to monitoring." The dorms are open spaces as well, with bunk beds on the side wall, PREA signage; and cameras in the sleeping areas. These dorm cameras have same sex monitoring protocols in place. Dorms are generally empty during the day. The smaller and larger recreation areas, or courtyards, are fenced in and covered by cameras. Men and women are not allowed outside for recreation at the same time. Laundry is an open room with windows across the length of the room. The facility laundry area is covered by camera, with locked doors to commissary and storage.

Towards the back of the dayroom there are open stairways up to a mezzanine level that overlooks the ground floor. The facility uses this space as a makeshift library. While there are two cameras in far corners of this space, the facility proposes another camera opposite the mezzanine space to capture the wide view of entire space. During the tour, staff moved bookcases to eliminate

blind spots between them.

The male dining room and kitchen are located below the library mezzanine, on the back of the male dayroom. There are two cameras in the dining room, pointing towards the two doors of the kitchen. In the kitchen itself there is another camera in back of the kitchen facing forward; and there is a camera on the opposite side down the hall where the kitchen office and sally port are located. A mirror would assist kitchen staff in monitoring residents while residents are in the dry storage space. The walk-in cooler and freezer are not locked, but they each have windows in doors.

Male intake area is also monitored by the Control Room as well as cameras. Two holding cells have doors with windows, but toilets are out of view of the windows. Maintenance and medical are in this area as well; and there is an external pan/tilt/zoom camera covering the outdoor maintenance equipment that residents sometimes use.

The programming area has cameras down the length of halls, and all office and classroom doors have windows for viewing inside. Classrooms, especially those with doors on far sides of rooms, can benefit from mirrors for better visibility.

The newer female wing has more cameras in halls and in intake areas; at the time of the tour the facility was in progress of putting cameras in the female dormitories. There are two female dormitories, a larger and smaller one, with bunk beds placed for open visibility of the space. The dayroom has two cameras. PREA signage is located in dorms, restrooms, and living area. There is also camera coverage in the female recreation yard and in the dining/library room. Unlike the male area, female intake has cameras in holding cells and in segregation cells. There is also a hall with records and medical, where there are cameras in the hallways and in an otherwise unused records room that can be used for PREA risk assessment screening. There are also cameras in the female classrooms and in female lobby area, where there is also ample PREA signage. Staff office furniture is appropriately placed so that residents sit in view of the door window to each office.

SUMMARY OF AUDIT FINDINGS: [The auditor should include a summary statement of the overall audit findings. E.g.: On March 1, 2013 X number of site visits were completed at facility XYZ in X County, Maryland. The results indicate....Facility X exceeded X of standards; met X of standards; X of standards were not met.]

At the time of the onsite audit, WCCCF had just started implementing PREA standards in earnest, but had come a very long way in a short period of time in integrating PREA in its operations. Lori Penrod, a Fiscal Specialist, volunteered to take on the PREA Coordinator position. While her position as Fiscal Specialist does not directly report to the Facility Executive Director, as PREA Coordinator she does have the ear of leadership. Also, the PREA Coordinator has the assistance of a PREA team, consisting of the Education Coordinator and two Lead Counselors, one of whom has extensive security experience. These team members are trained as victim advocates, assist in the PREA education of residents and staff, and help analyze security issues that may affect the safety of residents. Although the team is incredibly helpful for the quick and efficient implementation of PREA standards, such implementation should be led by an established PREA Coordinator long-term. As Ms. Penrod is also leading the preparation for other

audits, she in the position of Accreditations Manager will help ensure that PREA standards are being implemented long beyond the first audit year.

The facility has had the great benefit of having a chief of security in its present Resident Monitor Coordinator, who has worked there nearly as long as the facility has been open. He takes safety and security very seriously, as evidenced in the supervision of intense monitoring by staff and addition of cameras throughout the facility. This position, and indeed the resident population, would greatly benefit from additional PREA Specialized Investigator Training. The Resident Monitor Coordinator indicated that he is in the position to receive complaints of all sorts from residents and third parties; and he is usually in the center of facility disciplinary hearings and investigations. He shared with Auditor a complaint of sexual harassment and indecent exposure reported by a gay resident; but he also indicated that this complaint did not result in a disciplinary investigation and hearing to determine whether the complaint was substantiated, unsubstantiated or unfounded. Auditor instructed PREA Coordinator to further investigate the PREA allegation and conduct a disciplinary hearing in the matter. The facility did investigate, held a hearing, and came back with a determination of unsubstantiated. More specialized training will assist him, as the Special PREA Investigator, in the detection of sexual abuse and sexual harassment, as well as in the use of the appropriate standard of proof in deciding the administrative PREA cases. All PREA allegations should be referred to the PREA Coordinator as well to further ensure appropriate response, to include investigation and use of proper evidence standard.

Also at the time of the audit, the facility used medical staff to conduct PREA risk assessment screenings at intake. The medical staff did not screen for risk of abusiveness, they do not otherwise discuss criminal histories with clients, and they generally are not considered staff that need to know the answers to some of the intensely personal responses to PREA questions. On the other hand, the facility employs a Court Services Coordinator who already pre-screens residents prior to their arrival, is familiar with criminal histories and the criminal justice system in general, and who already conducts intake of residents. Furthermore, this particular Court Services Coordinator has already conducted at least two PREA investigations of reports of abuse at other facilities, so she is well versed in detection and response to sexual abuse and sexual harassment. There was an unused records room with a camera that could work as a private space in which she could conduct the PREA risk assessments during intake. At Auditor's suggestion, the facility changed its risk assessment process to allow the Court Services Coordinator to conduct these screenings in a confidential setting within the facility. In addition to changing how the PREA risk assessment is conducted, the facility has limited those who have access to the screening information. This information was being entered into the facility database for all staff to see. The PREA Coordinator has since established protocols to limit this information to the Court Services Coordinator who conducts the screening, herself, and each resident's individual counselor for 30-day reassessments and treatment.

Despite its age, WCCCF has the look and feel of a very new facility; and its staff takes immense pride in its condition and operation. The staff wishes to extend this pride to the implementation of PREA standards. The facility already implements best practices, including regular online (Relias) training on various PREA-related topics, and pointed interview questions to capture employment history related to sexual abuse or sexual harassment. With additional training, modification of implementation

protocols, and time, this facility is on its way to becoming a model of effective PREA implementation in a community confinement setting.

Number of standards exceeded: 1
Number of standards met: 36
Number of standards not met: 0
Number of standards N/A: 2

FOLLOWING INFORMATION TO BE POPULATED AUTOMATICALLY FROM AUDITOR COMPLIANCE TOOL:

PREVENTION PLANNING

Overall Determination: §115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

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

Auditor Comments (including corrective actions needed if does not meet standard): SUBSTANTIAL COMPLIANCE, BUT SEE NOTES BELOW.

(a) The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

The facility has a written policy outlining how it will implement the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

The policy includes sanctions for those found to have participated in prohibited behaviors.

The policy includes a description of facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

(b) The facility employs or designates an upper-level, facility-wide PREA Coordinator, who is also now Accreditations Manager.

The PREA coordinator has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards in its community confinement facility.

Overall Determination: **§115.212 - Contracting with other entities for the confinement of residents.**

N/A Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

Overall Determination: **§115.213 - Supervision and monitoring.**

Exceeds Standard (substantially exceeds requirement of standard)

✓ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

(b) Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common deviation from staffing plan is being short-staffed. The facility compensates by having staff work additional shifts or by calling non-security staff who have been formerly trained as security staff to assist.

Overall Determination: **§115.215 - Limits to cross-gender viewing and searches.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility DOES NOT conduct cross-gender strip or cross-gender visual body cavity searches of residents.
- (b) The facility does not permit cross-gender pat-down searches of female residents.
The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.
- (c) Facility policy does not require that all cross-gender strip searches, cross-gender visual body cavity searches or all cross-gender pat-down searches of female residents be documented because none are conducted here.
- (d) Facility has implemented policies and 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 (this includes viewing via video camera).
Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.
- (e) Facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
- (f) No security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. (The percentage given does not necessarily indicate compliance or non-compliance with the Standard.)

Overall Determination: **§115.216 - Residents with disabilities and residents who are limited English proficient**

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(b) The facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(c) While not yet in the written policy, the facility does not use 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.

Overall Determination: **§115.217 - Hiring and promotion decisions.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) Facility policy prohibits hiring or promoting anyone who may have contact with residents 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);
- 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

- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(b) Facility policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

(c) Facility policy requires that before it hires any new employees who may have contact with residents, it (1) conducts criminal background record checks, and (2) consistent with federal, state, and local law, makes 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) Facility policy does not require that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

(e) Facility policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

(f) The facility shall 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 facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Facility policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the facility shall 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.

Overall Determination:

§115.218 - Upgrades to facilities and technology.

Exceeds Standard (substantially exceeds requirement of standard)

✓ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has NOT acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012.

(b) The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012: addition of fifteen new cameras, including cameras in male dorms, male main family room area, and three administration, kitchen, and female laundry.

RESPONSIVE PLANNING

Overall Determination: **§115.221 - Evidence protocol and forensic medical examinations**

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Union County Sheriff's Office has responsibility for conducting criminal investigations.

When conducting a sexual abuse investigation, the facility investigators follow a uniform evidence protocol.

(b) The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

(c) The facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

The facility documents efforts to provide SANEs or SAFEs. Union Memorial County Hospital has SAFE/SANE staff. The facility has attempted to obtain an MOU from this facility.

(d) The facility does not attempt to make a victim advocate from a rape crisis center available to the victim, either in person or by other means because there is not one in the area. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from the local hospital or a qualified facility staff member, of which there are

three. The prosecutor's office also has Victims of Crime Advocate (VOCA) staff.

(e) If requested by the victim, a victim advocate, qualified facility staff member, or qualified hospital staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

(f) The facility is not responsible for investigating criminal allegations of sexual abuse and relies on Union County Sheriff's Office to conduct these investigations. The facility has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

Overall Determination: §115.222 - Policies to ensure referrals of allegations for investigations.

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct).

Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

(b) The facility has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facility policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the facility website or made publicly available via other means.

The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

(c) A separate entity is responsible for conducting criminal investigations, and such publication describes the responsibilities of both the facility and the investigating entity, Union County Sheriff.

TRAINING AND EDUCATION

Overall Determination: **§115.231 - Employee training.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility trains all employees who may have contact with residents on the following matters.
- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
 - (2) How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Residents' rights to be free from sexual abuse and sexual harassment;
 - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in confinement;
 - (6) The common reactions of sexual abuse and sexual harassment victims;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse;
 - (8) How to avoid inappropriate relationships with residents;
 - (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
 - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- (b) Training is tailored to the gender of the residents at the facility.
- (c) Between trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment through Relias online trainings. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.
- (d) The facility documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Overall Determination: **§115.232 - Volunteer and contractor training**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) All volunteers and contractors who have contact with residents have been trained on their responsibilities under the facility's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.
- (b) 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.
All volunteers and contractors who have contact with residents have been notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- (c) The facility maintains documentation confirming that volunteers/contractors understand the training they have received.

Overall Determination: **§115.233 - Resident education.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.
- (b) The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.
- (c) Resident PREA education is available in accessible formats for all residents including those who are: limited English proficient;

deaf; visually impaired; otherwise disabled; or limited in reading skills.

(d) The facility maintains documentation of resident participation in PREA education sessions.

(e) The facility ensures that key information about the facility's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Overall Determination: **§115.234 - Specialized training: Investigations.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) Facility policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. PREA Coordinator received additional specialized training for investigations from ODRC post-audit.

(c) The facility maintains documentation showing that investigators have completed the required training.

Overall Determination: **§115.235 - Specialized training: Medical and mental health care.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility does not have a specific policy related to the training of medical and mental health practitioners who work regularly in its facility.
- (b) Facility medical staff at this facility DO NOT conduct forensic exams.
- (c) The facility maintains documentation showing that medical and mental health practitioners have completed PREA training available to facility staff, as well as Relias Online training.
- (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Overall Determination: **§115.241 - Screening for risk of victimization and abusiveness.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The facility's Court Services Coordinator conducts the initial screenings in a confidential setting within 72 hours of admission to the facility.
- (b) The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
- (c) Risk assessment is conducted using an objective screening instrument.
- (d) The intake screening shall consider, at a minimum, 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 resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - (8) Whether the resident has previously experienced sexual victimization; and
 - (9) The resident's own perception of vulnerability.
- (e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive.
- (f) The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
- (g) The policy requires that a resident's risk level 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) The facility prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:
- Whether or not the resident has a mental, physical, or developmental disability;
 - Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
 - Whether or not the resident has previously experienced sexual victimization; and
 - The resident's own perception of vulnerability.
- (i) The facility shall implement 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.

Overall Determination: **§115.242 - Use of screening information.**

Exceeds Standard (substantially exceeds requirement of standard)
 ✓ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high

risk of being sexually abusive.

(b) The facility makes individualized determinations about how to ensure the safety of each resident.

(c) The facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

(d) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

(e) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

(f) The facility shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents.

REPORTING

Overall Determination: **§115.251 - Resident reporting**

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has established procedures allowing for multiple internal ways for residents to report privately to facility officials about:

- Sexual abuse or sexual harassment;
- Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
- Staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) The facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the facility.

(c) The facility has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately.

(d) The facility has established procedures for staff to privately report sexual abuse and sexual harassment of residents: they can confidentially and/or anonymously inform the PREA Coordinator or call the ODRC hotline as well.

Staff are informed of these procedures in the following ways: through training and the facility's policies and procedures.

Overall Determination: **§115.252 - Exhaustion of administrative remedies**

- N/A Exceeds Standard** (substantially exceeds requirement of standard)
- Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard** (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

The facility DOES NOT HAVE an administrative procedure for dealing with resident grievances regarding sexual abuse.

Overall Determination: **§115.253 - Resident access to outside confidential support services**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility provides 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) for local, state, or national victim advocacy or rape crisis organizations; and
 - Enabling reasonable communication between residents and these organizations in as confidential a manner as possible.
- (b) The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.
- (c) The facility attempts to obtain memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility maintains documentation of the attempts to enter into such agreements. The facility has an MOU with the Union County Sheriff's Office. It continues to try to obtain

an MOU with the prosecutor's office's Victims of Crime Act (VOCA) division, which provides supportive services.

Overall Determination: **§115.254 - Third party reporting.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. It provides an email and phone number to the PREA Coordinator to report any allegations of sexual abuse or sexual harassment. The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents on its website, www.wcccf.org, as well as on posters inside the facility.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Overall Determination: **§115.261 - Staff and agency reporting duties**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility requires all staff to report immediately and according to facility policy:
- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that

occurred in a facility, whether or not it is part of the facility.

- Any retaliation against residents or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Apart from reporting to designated supervisors or officials and designated state or local service agencies, facility policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the facility shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

(e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator and/or the Union County Sheriff's Office.

Overall Determination: **§115.262 - Agency protection duties.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

Overall Determination: **§115.263 - Reporting to other confinement facilities.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency where sexual abuse is alleged to have occurred. In the past 12 months, the facility received one allegation that a resident was abused while confined at another facility. The PREA Coordinator and Education Coordinator (also on PREA Team) contacted the jail in KY where the sexual abuse allegedly occurred, but they did not hear back from the facility.
- (b) Facility policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) The facility documents that it has provided such notification within 72 hours of receiving the allegation.
- (d) The facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

Overall Determination: **§115.264 - Staff first responder duties.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility has a first responder policy for allegations of sexual abuse. The facility policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:
 - (1) Separate the alleged victim and abuser;

- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

In the past 12 months, there have been no allegations that a resident was sexually abused.

(b) Facility policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

- Request that the alleged victim not take any actions that could destroy physical evidence; and/or
- Notify security staff.

Overall Determination: **§115.265 - Coordinated response.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility uses a detailed flow chart, easy to follow, with boxes and lines leading from one step to the next. Staff would rely on this flow chart in emergency situations.

Overall Determination: **§115.266 - Preservation of ability to protect residents from contact with abusers.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency, facility, or any other governmental entity responsible for collective bargaining on the facility's behalf has NOT entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.

Overall Determination: **§115.267 - Agency protection against retaliation.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility designates staff member(s) or charges department(s) with monitoring for possible retaliation: Demetrius Thomas, Resident Monitor Coordinator (security), to monitor residents; Rita Rausch, Executive Assistant (human resources), to monitor staff.
- (b) The facility shall 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.
- (c) The facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for no less than 90 days. The facility acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90

days if the initial monitoring indicates a continuing need.

(d) In the case of residents, such monitoring shall also include periodic status checks.

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

(f) Facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

INVESTIGATIONS

Overall Determination: **§115.271 - Criminal and administrative agency investigations.**

Exceeds Standard (substantially exceeds requirement of standard)

✓ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

(a) When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The facility has a policy related to criminal and administrative facility investigations.

(b) Where sexual abuse is alleged, the facility shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No facility shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

(f) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

(i) The facility shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five years.

(j) The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

(k) Justice component that conducts such investigations shall do so pursuant to the above requirements.

(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility has a good working relationship with Union County Sheriff's Department.

Overall Determination:

§115.272 - Evidentiary standards for administrative investigations.

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

Auditor Comments (including corrective actions needed if does not meet standard):

The facility imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Overall Determination: **§115.273 - Reporting to residents.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the facility.
- (b) If an outside entity conducts such investigations, the facility requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.
- (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the facility has determined that the allegation is unfounded) whenever:
 - The staff member is no longer employed at the facility;
 - The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- (d) Following a resident's allegation that he or she has been sexually abused by another resident in the facility, the facility subsequently informs the alleged victim whenever:
 - 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.
- (e) The facility has a policy that all notifications to residents described under this standard are documented.
- (f) Facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

DISCIPLINE

Overall Determination: **§115.276 - Disciplinary sanctions for staff.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) Staff is subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

In the past 12 months, no staff from the facility have violated facility sexual abuse or sexual harassment policies.

(c) Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

(d) All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Overall Determination: **§115.277 - Corrective action for contractors and volunteers.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) Facility policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, but does not clearly state reporting to relevant licensing bodies. Facility policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.
- (b) The facility takes appropriate remedial measures and prohibits further contact with residents in the case of any other violation of facility sexual abuse or sexual harassment policies by a contractor or volunteer.

Overall Determination: §115.278 - Disciplinary sanctions for residents.

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse.
- (b) Sanctions shall be 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.
- (c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- (d) The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Following an administrative finding or criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse, that resident is terminated from the program.
- (e) The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
- (f) The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g) The facility prohibits all sexual activity between residents and disciplines residents for such activity. The facility deems such

activity to constitute sexual abuse only if it determines that the activity is coerced.

MEDICAL AND MENTAL CARE	
Overall Determination:	<u>§115.282 - Access to emergency medical and mental health services.</u>
	Exceeds Standard (substantially exceeds requirement of standard) ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

- (a) Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.
- (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.
- (c) Resident victims of sexual abuse while incarcerated are 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.
- (d) Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Overall Determination: §115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers.

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility offers 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.
- (b) The evaluation and treatment of such victims shall 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.
- (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
- (d) Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.
- (e) If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.
- (f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- (g) Treatment services are 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.
- (h) The facility does not provide any program treatment for sexual abusers.

DATA COLLECTION AND REVIEW

Overall Determination: **§115.286 - Sexual abuse incident reviews.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
In the past 12 months, no criminal and/or administrative investigations of alleged sexual abuse have been completed at the facility, excluding only "unfounded" incidents.
- (b) The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
- (c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.
 - (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 incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise 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;
 - (4) Assess the adequacy of staffing levels in that area during different shifts;
 - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- (e) The facility implements the recommendations for improvement or documents its reasons for not doing so.

Overall Determination: **§115.287 - Data collection.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- (b) The facility aggregates the incident-based sexual abuse data at least annually.
- (c) The standardized instrument includes, 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.
- (d) The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) The facility obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.
- (f) The facility will provide the Department of Justice with data from the previous calendar year upon request.

Overall Determination: **§115.288 - Data review for corrective action.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility reviews 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, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the facility as a whole.

(b) The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the facility's progress in addressing sexual abuse.

(c) The facility makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the facility head.

(d) When the facility redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The facility indicates the nature of material redacted.

Overall Determination: **§115.289 - Data storage, publication, and destruction.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

- (a) The facility ensures that incident-based and aggregate data are securely retained.
- (b) Facility policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.
- (c) Before making aggregated sexual abuse data publicly available, the facility removes all personal identifiers.. (d) The facility maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION: The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the facility under review.	
AUDITOR SIGNATURE	/s/ Michelle Bonner
DATE	January 2, 2015