

PREA Facility Audit Report: Final

Name of Facility: West Central Community Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: 06/21/2020

Date Final Report Submitted: 10/30/2020

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: Ramona Wheeler	Date of Signature: 10/30/2020

AUDITOR INFORMATION	
Auditor name:	Wheeler, Ramona
Email:	ramona.wheeler@alvis180.org
Start Date of On-Site Audit:	02/20/2020
End Date of On-Site Audit:	02/21/2020

FACILITY INFORMATION	
Facility name:	West Central Community Correctional Facility
Facility physical address:	18200 OH-4, Marysville, Ohio - 43040
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Lori Penrod
Email Address:	lpenrod@wcccf.org
Telephone Number:	937-644-2838 ext.227

Facility Director	
Name:	David Ervin
Email Address:	dervin@wcccf.org
Telephone Number:	937-644-2838 ext. 22

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	136
Average daily population for the past 12 months:	139
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 and older
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	68
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	121

AGENCY INFORMATION	
Name of agency:	Ohio Department of Rehabilitation and Correction
Governing authority or parent agency (if applicable):	
Physical Address:	4545 Fisher Rd Suite D, Columbus, Ohio - 43228
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Lori Penrod	Email Address:	lpenrod@wcccf.org

AUDIT FINDINGS

Narrative:

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

Background

West Central Community Corrections Facility (WCCCF) started in 1996. David Ervin was hired by an established judicial governing board, which consisted of court judges representing eight (8) Ohio counties the organization was slated to serve:

- Delaware
- Morrow
- Marion
- Logan
- Union
- Madison
- Clark
- Champaign

Mr. Ervin is the original Executive Director of WCCCF. The Executive Director's office was originally located at the courthouse, while the program was developed. The office moved to the basement of the Masonic Temple, and Ervin hired a program director, and a secretary. Everyone was appointed by the judges. The facility accepted the first (male) resident in 1999 at the current location, 18200 State Route 4 North, Marysville, Ohio 43040.

In June 2007, WCCCF began serving women, and opened a female residential wing. The current location is the only facility operated by WCCCF, and was the only site audited. The WCCCF currently houses 144 men, and women. Cognitive-based Therapy (CBT) is the primary modality utilized for resident programming. This audit is the facility's third audit cycle. Prior PREA audits were conducted in 2015, and 2017. This auditor did not conduct the facility's 2015, or 2017 PREA compliance audits.

Admission:

Courts refer residents via email. An interview is scheduled with the resident, usually via video conference, or at the jail, or at the Probation office. Most residents are classified as Community Control. If they are unsuccessful, the Sheriff or Probation Officer will pick them up and take them to jail. There's a revocation hearing, and the judge can order the person to another CBCF, or WCCCF may accept them back. The facility's first priority is Community Control residents, followed by Post-Release Control (PRC) (parole violations) if bed space is available. Average length of stay at WCCCF is 4-6 months. The facility may also accept referral from a judge.

Contract Procurement

On 9/27/2019, WCCCF PREA Coordinator Lori Penrod contacted Ramona Wheeler via email regarding conducting a PREA audit, based on the established PREA audit cycle. Several emails were exchanged to

consider auditor and WCCCF schedules, and the requirement by the Ohio Department of Rehabilitation and Correction (ODRC) that all PREA audits in Ohio correctional facilities, be completed before March 1 of each year.

On 12/9/2019, WCCCF and Ramona Wheeler entered into an agreement for Wheeler to conduct a PREA audit February 20-21, 2020. A Memorandum of Understanding (MOU) between WCCCF and DOJ-certified PREA auditor Ramona Wheeler was submitted to the facility on 12/2/2019; the Executive Director, David Ervin, signed the MOU on 12/5/2019. The signed MOU was emailed to the auditor on 12/9/2019. The MOU agrees that the PREA Online Audit System (OAS) would be utilized for uploading pertinent documentation, and completion of the audit. The agreed upon review period for compliance was calendar year 2019 (i.e., January 1, 2019 through December 31, 2019).

On 1/31/2020, the auditor received a confirmation email from the PREA Resource Center that the OAS had generated the online audit tool for the WCCCF audit. The PREA onsite visit at the WCCCF was conducted on February 20-21, 2020. During the onsite audit, the auditor was provided with a resident census, which reflected 134 residents at WCCCF. This included 40 female residents, and 94 male residents. The auditor conducted a practice-based PREA audit, relying on a triangulation of the evidence provided during the pre-audit, onsite audit, and post-audit phases. Triangulation of the evidence requires the auditor to analyze:

- Policies and procedures
- Supportive documentation in the Pre-Audit Questionnaire (PAQ)
- Statements from random and targeted residents
- Random and specialized staff interviews
- Facility site observations

A PREA compliance audit seeks to discover a facility's institutionalization of the PREA standards, thus, taking compliance of standards beyond the existence of policies and procedures; measuring compliance by the facility's demonstration of how established policies and procedures are followed on an ongoing, consistent basis. The auditor reviewed WCCCF policies/procedures, documentation and information from calendar year 2019. Additional information was provided, upon request, when comparative data was required to demonstrate specific practices over more than a 12-month period (e.g., PREA training).

Pre-Onsite Phase/Notice of Audit Posting and Timeline

The WCCCF is accredited by the American Correctional Association. Under the Prison Rape Elimination Act (PREA), the facility is categorized as a community-based correctional facility (CBCF). The compliance audit is based on national PREA standards for Community Confinement Facilities. The PREA audit was conducted in three phases:

1. Pre-onsite audit;
2. Onsite audit; and,
3. Post-onsite audit phase.

During the Pre-audit phase, the auditor communicated the auditing process via email. This included instructions for posting audit notices in conspicuous locations throughout the facility. The notice advises residents and staff that a PREA audit of the facility is scheduled, and provides contact information to reach the auditor for confidential communication, and reporting allegations of sexual abuse, sexual

harassment, as well as resident and staff retaliation for reporting, or cooperating in an investigation.

On 1/10/2020, the auditor notified the PREA coordinator to post Audit Notices in the facility, as part of the pre-audit phase. The auditor provided instructions, via email, and attached PREA Audit Notices, in English and Spanish. The PREA coordinator was instructed to:

- Post the notices in the facility no later than 1/17/2020;
- Print postings on bright-colored paper
- Post in the Control Room area, and all areas where the notices would be visible to staff, visitors, and residents.

On 1/13/2020, the auditor received via email from WCCCF PREA coordinator Lori Penrod, containing photos of PREA notices. The email indicated notices were posted in the following facility locations:

- Male and Female building entrances
- Male and Female visitation areas
- All Male and all Female dorms
- All Male and all Female restrooms
- Male and Female dining areas
- Male and Female classrooms
- Male and Female Intake areas
- Medical wing
- Male and Female dayrooms

On 1/31/2020, the auditor received an automated email from the PREA Resource Center, indicating WCCCF completed the electronic submission of the PAQ. Pre-audit calls and communication occurred throughout the pre-audit phase. Purpose and topics of the calls included:

- introductions
- discussion of new PREA template forms (e.g., PREA Form 1.1)
- expectations of the upcoming onsite audit
- discuss issues, concerns with the PREA Online Audit System (OAS)
- discuss logistics regarding working space, internet access, interviewing room and work hours
- discuss the auditor's need for unfettered access and unimpeded access to the facility to complete the onsite audit phase
- discuss needed investigative files, employee files, and resident files upon the auditor's arrival.

On 2/7/2020, the auditor received from the agency PREA Coordinator two forms via email attachment:

- PREA Form 1.1 - PREA Interviews: Specialized Staff, and Specialized Inmates
- Form 5H - PREA Audit Request for Information: Allegations and Investigations Overview

The auditor provided six PREA Interview Protocol forms from the national PREA Resource Center website, as reference and preparation material:

- Agency Head

- Random Staff
- Facility director
- PREA coordinator
- Residents (random, and targeted populations)
- Specialized staff
- Request for Facility Lists
- Request for Facility Lists

The auditor requested the following lists from the PREA coordinator:

- a complete resident roster
- list of residents with disabilities
- list of residents who are limited English proficient
- any residents who identify as Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI)
- residents who reported past sexual abuse during incarceration
- residents who reported sexual victimization during risk screening
- complete staff roster with specialized staff names
- all contractors and volunteers who have contact with residents
- all allegations of sexual abuse and sexual harassment
- all investigative reports of allegations of sexual abuse and sexual harassment
- all hotline calls for outside reporting of sexual abuse and sexual harassment allegations in the last 12 months.

Also requested was a list of youthful residents and residents in segregation and isolation. WCCCF responded that they do not house youthful residents.

Number of Sexual Abuse and Sexual Harassment Allegations

WCCCF submitted completed PREA Sexual Harassment allegation files to the auditor via secure email. The PREA Incident and Investigation form, submitted on 2/13/2020, indicated there have been five allegations of resident-on-resident sexual harassment in 2019, and one allegation of staff-on-resident sexual harassment in 2020. The outcomes of the five sexual allegations in 2019 were:

- Substantiated = 2
- Unsubstantiated = 1
- Unfounded = 2

The 2020 allegation of staff-on-resident sexual harassment was deemed to be unfounded. The facility reported that there were no allegations of sexual abuse in the last 12 months.

External Contacts

The WCCCF does not contract with a community-based resource related to sexual abuse services. Resident victims are referred to Memorial Hospital of Union County for medical services. The facility has a documented Memorandum of Understanding (MOU) with the hospital, which documents that it will provide examination by a Sexual Assault Nurse Examiner (SANE), or a qualified medical practitioner, when needed.

The auditor reached out to one identified community resource via telephone, which WCCCF identified as an entity, to which residents may privately, and confidentially report allegations of sexual abuse. The

Ohio Department of Rehabilitation and Corrections (ODRC) provides a hotline number for residents at any Ohio-based community correctional facility to report sexual abuse, or sexual harassment. The auditor tested the phone system during the onsite facility review, and successfully connected with the message line for reporting PREA allegations.

Research

Prior research regarding WCCCF was conducted. The WCCCF website, <https://wcccf.org>, was reviewed. The site PREA page provides a short historical summary of PREA as a law. The site contains the WCCCF Zero Tolerance policy, past PREA annual reports, PREA audit reports (2015, 2017), and methods for reporting allegations of sexual harassment, sexual abuse, and retaliation.

The auditor conducted internet research about WCCCF, which produced several articles regarding programming offered to residents. There were no articles or findings specific to PREA, sexual abuse or sexual harassment at WCCCF. The auditor reviewed Mandatory Reporting laws; it was found that Ohio does not have defined confidential communications. Ohio mandatory reporting laws protect minor children, and elderly citizens who may be victims of any type of abuse, or neglect.

Onsite Audit Phase/Interviews

On 2/19/2020, the auditor communicated via phone, with the PREA coordinator, requesting that 3rd Shift staff are made aware of the PREA auditor's arrival at approximately 5:30AM. The auditor arrived on 2/20/2020, at approximately 5:15AM. Upon arrival, the auditor checked in at the facility Control Room, was provided a visitor badge. The auditor interviewed the 3rd shift staff prior to the PREA coordinator's arrival.

Upon the PREA coordinator's arrival, the auditor reviewed logistics for the audit, as well as the schedule and escorts for the onsite review later in the day. The PREA coordinator identified herself as the designee to accompany the auditor through the facility site review. The PREA coordinator provided to the auditor a West Central Community Correctional Facility Employee List. The list identified staff by Name, and position/title. At the time of the onsite audit, WCCCF employed 64 staff. The Employee list contained the following information:

- Employee name
- Position/Title

The PREA coordinator verbally reviewed the roster with the auditor, providing shift/schedules. She identified the following positions as Contractor(s) (not on the Employee List):

- ASPIRE staff = 2.5
- Physician = 1
- Mental Health Practitioner = 1

The PREA coordinator stated the following do not exist at WCCCF:

- SAFE/SANE practitioner(s)
- Mental Health, medical practitioner(s)

The PREA coordinator advised the auditor, regarding volunteers, that WCCCF has 125 volunteers who provide the following services, on varied scheduled days/times:

Spiritual:

- Bible Studies
Church Services
Revivals

12 Step Programs:

- AA Meetings
NA Meetings
Al-Anon

Mentorships:

Physical Fitness:

- Re-Fit Group
Yoga

Creative Arts:

- Music
Crochet
Meditation

Movement

The auditor selected for interview the following 18 staff:

- Volunteers = 2 (present during onsite audit)
- Full-time security staff, representing 1st, 2nd, and 3rd shifts = 7
- Specialized staff = 6
- Random non-security staff = 3

Security staff are classified as Resident Monitor I, II, III, or IV, depending on experience, role, and tenure. Level III, and IV staff supervise lower level RM's on their assigned shift. The methodology of selecting random staff was for a diverse cross section of staff. The auditor selected direct line and supervisory staff of varying positions, posts and rank. The auditor did not interview contract medical and mental health practitioners, as they are in the facility one day per week, which did not align with the onsite audit dates. ASPIRE contract staff were not interviewed due to conflicts with the auditor's interview schedule.

Contractors, and Volunteers receive PREA training, and sign a CONTRACTOR, VOLUNTEER PREA Acknowledgement form, which covers the agency's Zero Tolerance policy, reporting procedures, and accountability.

The auditor interviewed the following Specialized Staff:

- Agency Head

- PREA Coordinator
- Facility director (Deputy director)
- PREA Investigator (also Counselor)
- Intake staff
- Human Resources Manager
- Staff responsible for retaliation monitoring

The auditor was able to ask staff questions on:

- the agency's zero tolerance policy;
- training;
- reporting protocols;
- first responder duties, coordinated response plan;
- grievance procedures;
- investigation protocols;
- confidentiality;
- retaliation monitoring;
- risk screening;
- resident protection from abuse;
- LGBTI policies and procedures;
- data collection, annual reports;
- staffing plans, resident monitoring;
- reporting to other confinement facilities;
- disciplinary procedures;
- searches;
- opposite gender announcements; cross-gender supervision policies.

Based upon the resident population of 134 at the facility on Day 1 of the onsite audit, the PREA Auditor Handbook specifies that a minimum of 20 resident interviews must be conducted; a minimum of 10 random resident and 10 targeted resident interview are required. The auditor utilized the PREA investigator's office as a private location for conducting resident interviews. The auditor selected the residents to interview, and conducted the following number of resident interview during the onsite phase of the audit:

- Random residents = 18 (9 male; 9 female)
- Targeted residents = 2 (one male; one female)

The breakdown of targeted resident interviews:

- One female resident who identifies as LGBTI (Bisexual)
- One male resident who reported prior sexual abuse during incarceration (juvenile facility; unreported during the incarceration)

There was no resident or staff retaliation for reporting and allegation, or cooperating in an investigation.

The facility did not house the following resident populations:

- who identified as transgender or intersex;
- who are blind, deaf, or hard of hearing;
- who are Limited English Proficient (LEP), or have a cognitive disability.

On Day 2 of the onsite audit, there was no change in resident population; the auditor used the same Resident Roster for random, and targeted resident interviews. The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook for effective strategies for interviewing staff and residents. Residents were asked to discuss their experience with:

- PREA-related education;
- allegation reporting requirements;
- communication with staff;
- knock and announcements
- grievance procedures;
- searches, including pat, strip, cross-gender, and body cavity;
- housing unit concerns
- limits to confidentiality;
- outside supportive services;
- resident safety;
- retaliation, and disciplinary sanctions.

At the beginning of the onsite audit, the auditor was led by the PREA coordinator on a facility site review, including outer perimeter areas. The site review observations included:

- Male and female housing units (including two segregated units);
- Main control room;
- Male, and Female resident Day rooms/lounge areas;
- Kitchen;
- Male and female dining rooms (the female library room doubles as the dining room);
- Staff offices;
- Education/classrooms;
- Male, and female visitation rooms;
- Male and female laundry areas;
- Property storage areas;
- Male, and female shower/bathrooms;
- Outdoor recreation area.

During the onsite audit, the auditor engaged informally in conversations with staff, including kitchen staff, and residents. The auditor was provided a facility layout, which identifies the location of 121 surveillance cameras throughout the facility. Residents have the ability to move freely in the facility dayroom(s) unaccompanied, except for areas designated with signage as 'restricted', and/or 'authorized personnel'. The auditor observed resident phone(s) in the facility. The facility posts PREA posters containing reporting information near the resident phones. The auditor was provided a private space, in which confidential interviews with residents, and staff were conducted.

The facility has a total of 64 full-time staff members including a Facility Deputy Director who is the operational head of the facility, and whom reports to the CEO. The auditor was able to engage formally, and informally with agency leadership during the onsite visit, which includes:

- David Ervin, Executive Director (Agency Head)
- Craig Shumaker, Facility Director

Part-time staff were not interviewed due to absence on the onsite audit dates, or not having regular contact with residents.

Processes and Areas Observed

The WCCCF resident Intake process for newly admitted residents begins with an assessment, including PREA-specific assessment, and a follow-up orientation. Assessments are conducted by the Screening Specialist, who also serves as the facility Intake staff.

There were two residents to complete the process during the onsite audit. The auditor observed an Intake, which was conducted in a hallway cove, near two Segregated Housing units. New residents wait in the segregated units for the intake process to begin. The auditor observed the housing units marked 'dirty', and 'clean'. Residents wait in the 'dirty' housing unit, from which they are guided to be strip searched, and shower/delousing. Afterward, they are placed in the 'clean' housing unit, from which the Intake staff calls them to complete the resident Intake Process.

The auditor introduced herself to the resident, and explained that a PREA audit was underway. The Intake staff provided the resident a water bottle, resident handbook. He was advised to not write in the Handbook, that they are re-used. The Intake staff asked the resident if he was familiar with PREA. He replied, "Yes, I've been to prison before." The Intake staff explained to the auditor that she asks this question prior to beginning the PREA screening, as many residents have not been to prison, and do not know about PREA. The resident was asked if he was comfortable with the auditor observing the process. The auditor observed the Intake staff utilized a PREA Screening tool to conduct the PREA assessment. The screening tool is divided into four sections:

- **Identifying data** - resident demographic information; health history
- **Risk Indicators** – including weighted questions, which determine resident status (non-victim; potential victim; known victim) related to being sexually victimized, or sexually abusive. Residents who disclose prior sexual victimization during incarceration, are automatically classified as a Known Victim in the relevant category.

Residents who express fear for their own safety, or are perceived as vulnerable, may be housed in a more visible bed his/her assigned resident dorm. The resident's assigned counselor completes the 30-day re-screening. The PREA coordinator is required to approve recommended special accommodations.

The resident was provided a lock for their locker, and informed he would receive bedding. He was provided two nylon drawstring bags – one white (acceptable items), one red (items not permitted). The intake staff stated residents have arrived from jail with lamps, and other small furnishings. The auditor later observed a storage room with labeled storage totes, containing items not permitted in the facility. Family members may collect the items on behalf of the resident, or it will remain in storage until the resident terminates from the program.

The intake staff informed the resident of rules for new residents:

- No calls for 1 week
- No visits for 2 weeks
- Allowed 5 photos, socks

The resident was provided an ID badge, sent to the facility Nurse for shower/delousing, shave. Staff wear latex, pierce-free gloves to handle resident belongings. A screening is also conducted via video conferencing. Most jails are an hour, or so, from WCCCF.

The auditor did not observe a female intake, as none arrived during the onsite audit dates.

Specific Areas Observed:

The male resident dorm area is divided into sections, named with words of inspiration:

- Faith – 16 beds
- Acceptance 16 beds
- Leadership – 32 beds
- Willingness – 32 beds

A large common space is divided into three 'Family Rooms' for each dorm. Staff are posted at a security desk in the center of the area, facing a mezzanine, which is accessible by open stairways. Dorm rooms contain bunk-style beds, and individual lockers. Lockers are lined against a single wall, which minimizes blind spots. Cameras are mounted in corners, to maximize lines of sight. Residents are not permitted to sleep nude, dress or undress in the sleeping dorms. Residents are required to dress/undress in the restroom, and must be fully dressed in the dorm area at all times. The auditor observed female staff announce themselves when entering specific dorm sections. During resident interviews, all residents stated they are only permitted to change clothes inside the restroom/shower area.

Family room 1 is near a windowed door, which leads to the women's wing. Family room 2 faces the main control room. The hallway leads to the women's wing. An outer courtyard contains a picnic table, and fencing around the perimeter. Plans are underway to enclose the courtyard and renovate the space into a dorm of approximately eight (8) beds.

The Mezzanine area is accessible via Family Room 2 stairs. The area contains three tables with displays of materials related to substance abuse, mental health. Materials, which may be taken out of the area, are aligned along the tables. Material include topics such as:

- Relapse Prevention
- Parenting Skills
- Family Values

Some materials are utilized to complete programming assignments; residents without specific programming assignments may utilize the information as self-help, unassigned reading. The inside of the Mezzanine is a library, containing 10 tall, and 3 short book cases. Books are signed out by an Education Crew member. Open railings overlook Family Room areas. The auditor observed two Resident Monitors posted at desk in front of the control room; a 3rd staff walks the floor. A camera was observed opposite the Mezzanine, which provides a line of sight from the control room of the entire library. Two cameras at each rear corner of the Mezzanine provide an outward view. The camera facing the Mezzanine, above the security desk catches blind spots in each of the rear section under the Mezzanine cameras.

Family Room 3 is a mirror of Family Room 1 relative to layout, the two dorms – Acceptance and Willingness, each with the same number of bunks, and camera set up.

The laundry room is adjacent to Acceptance dorm, with large inside windowed walls and windowed door,

and contains washer and dryers, which residents can access on a schedule posted outside the laundry room.

Resident phones are located in the Family Room areas. PREA posters are located near the phones. Residents enter a PIN number, and are billed for calls. The auditor observed PREA Audit Notices posted in English, and Spanish, printed on brightly-colored pink paper. Large, laminated PREA posters provide information regarding ways residents can report, community-based resources. Posters provide phone numbers, email addresses, and mailing addresses for internal, and external reporting.

Men's dining:

Men's dining takes place in a large, open dining area, structured with 25 tables in five rows for 100 seat capacity. Microwave, vending machine and TV with DVD, XBox (gaming) are in the room, which is used for other activities. The front entrance is fully windowed, providing an internal line sight from a security desk; the space is also equipped with four (4) cameras in each upper corner, which cover the entire area. A staff phone mounted just outside the service line entrance door allows communication to control room for attention in specific area(s), or calls for assistance. The access door is closed when kitchen staff are not working, or if only female kitchen staff are working. Residents are required to knock to gain entry to the food line, where rear cameras provide a line of sight from the control room. Female-only staff for the past 12 yrs.

Kitchen:

Food is prepared in-house by an all-female food service staff, consisting of: Three (3) full-time; one (1) part-time cook staff, including a supervisor. The staff is supplemented with 14 clients, who help during meal times.

Residents at WCCCF do the cooking; food service staff supervise various functions. No food service experience is required to work in the kitchen; 'Sharps' (i.e., knives, other sharp objects) are locked in a glass front cabinet. Resident ID badges are recorded with a log sheet for sharps used – the ID badge is returned when utensils are returned. Dry storage has solid door; residents must announce themselves prior to entering, or risk receiving a sanction.

Three (3) cameras cover the kitchen - 2 rear, 1 at the kitchen entrance. Cameras can be monitored from kitchen office and control room. Clients announce when entering the walk-in freezer, which is unlocked. The walk-in refrigerator and freezer have windows in the door. Two (2) restrooms – one for residents, one for staff, are located at the rear of the kitchen. Each has signage for Resident or Staff.

A Coat room leads to an exit to the kitchen dumpster, and is equipped with a button to alert the control room to allow entrance or exit. A camera outside captures movements in and out. If no residents are working, the first to enter, or at meal time, announces so staff know to monitor the line. Dry erase board at rear of kitchen lists daily tasks for residents. Staff monitor dishwashers, as well. The auditor observed multiple photos on the food line wall of different kitchen teams who have worked over the years.

The female wing is constructed with a large central Dayroom, monitored by female staff, posted at a desk. Dorm rooms, surround the perimeter, and backside of the area, where additional beds are located in two bays. There is a clear line of sight from the central security desk. The resident restroom/shower area has a solid door, which remains open, unless a male staff enters the area. The restroom doors are required to remain closed when male staff are in the area.

Female wing:

The auditor observed that one monitor was not visible. When inquired regarding its function, the PREA coordinator stated it is operable, and records the female dorm. The monitor is turned off to prevent voyeurism by monitoring staff. If there is an allegation inside the dorm, footage can be collected from the DVR connected to the monitor.

As with the Male wing, the Female wing dorms are named with inspiring titles:

- Strength dorm = 16 combined bunk, and single beds
- Gratitude dorm = 32 bunk-style beds

Two camera in the aisle where lockers are located cover blind spots and provide lines of sight from the rear left corner; a camera on the rear right side covers the opposite view, covering the entire room.

Vision Room is used as a library, classroom, and dining room. The Agency Head stated a future plan is to convert the space to a dorm, which will offer an additional 22 bunk-style beds.

Female monitoring/security staff do not sit in the control room, but sit inside the day room. Classrooms are located outside the Female wing, along the left hallway from the control room.

Onsite Documentation Review/Conclusion

During the onsite, and post-onsite audit phases, the auditor reviewed 52 files:

- 20 Resident files (10 males, 10 females) reviewed for risk screening records, disciplinary records; history of sexual victimization or abusiveness, and the facility's response to such reports (if such exists)
- 13 Employee files reviewed of positions at all levels, from line security staff, to supervisory, managerial, and leadership levels; reviewed training records, completed criminal background checks
- 5 Contractor files, including contract agreements, PREA-specific training records, completed criminal background checks (Note: Contractor files were reviewed post-onsite audit, as they were not accessible during the onsite phase, as the HR Manager was on vacation, and the files were locked in his office)
- 9 Volunteer files, including training records, completed criminal background checks
- 5 administrative investigation files related to resident sexual harassment (2019)

There were no medical, or mental health records to review, as the facility does not provide such services in-house. Staff training records were reviewed to confirm staff received required PREA training.

On 2/21/2020, the auditor met with the PREA coordinator, and Agency Head to thank the facility staff for being welcoming, cooperative, and courteous during the onsite audit. The auditor expressed that compliance efforts were noticeable, and visible. Many of the residents speak highly of facility staff, who show care and concern for their wellbeing. Residents trust that they can reach out to a staff member, should there be a concern for their sexual safety, and staff would help them through the situation.

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.

Facility Characteristics

The West Central Community Correction Center (WCCCF) is a community-based correctional facility (CBCF) in Marysville, Ohio that serves a maximum of 144 adult male, and female offenders. The offenders are referred to the agency by local jails from an eight-county region in Central, and North-central Ohio counties:

- Champaign
- Clark
- Delaware
- Logan
- Madison
- Marion
- Morrow
- Union

The individuals are referred to as 'residents'. The facility was established in 1996 to operate as WCCCF; the first, and current Executive Director, was appointed the same year. In 1999, WCCCF began to receive, and serve adult male residents. The facility began serving female offenders in 2007. A plan is underway to expand the facility, and serve an additional 16 female beds, and 8-12 male beds.

The agency is considered as a political subdivision: the executive director reports to a County judicial corrections board, consisting of judges representing the eight (8) counties served. Staff are employees of the agency, and fall under the WCCCF policies, and procedures. All staff are at-will employees.

Sixty-four (64) employees work in various roles, from administrative and finance, to case management/counseling, food service, and security. Security staff are classified as Resident Monitors, and provide the core resident monitoring over three shifts. Levels of responsibility are identified through classifying Resident Monitors as level I, II, III, and IV. Two medical and mental health practitioners work as contract staff through Internal Medicine Physicians of Central Ohio, LLC, and independent contract. The unit consists of a Medical Coordinator/Nurse (staff) who works daily; a physician, and Psychiatrist, who each work one day per week. The physician and Psychiatrist were not in the facility during the onsite audit.

The front/main entrance of the facility is locked from the outside. Residents have a dedicated entrance; visitors, and staff enter through the main front entrance. The auditor arrived on Day-1 at approximately 5:10 am:

The auditor rang a front door buzzer, to which control room staff asked via intercom, "Can I help you?" The auditor was buzzed through a secure entrance after self-identifying as the PREA auditor. A security camera allows persons to be identified from the Control room. All other exits are locked from the outside

at all times, unless unlocked by staff for a specific purpose or use. Control room staff provided a visitor badge for the auditor. The auditor was provided workspace in the conference room inside the administrative wing of the facility, where male resident interviews were also conducted.

The auditor was greeted by PREA Coordinator Lori Penrod, whom also provided to the auditor:

- a private work/interview space on the male, and female sides of the facility;
- a guided site review of the WCCCF.

During the facility site review, the auditor observed the following areas:

The Front Lobby & Main Control Room – consists of a small seating area, inside the main entrance, across from the main Control room. There is a camera facing the Control room, and entrance to the adjacent administrative offices. To the right of the entrance, a visitation/group room is visible via large indoor windows.

Administrative Offices, Main control room:

The auditor observed nine security monitors; three were off: one used for video visits, and two that have feeds to female dorms. The monitors for female dorms record, but are not visible from the main control room, to protect residents from voyeurism. Staff use walkie-talkies, and dedicated phones in Family Rooms, kitchen/dining areas, to communicate with staff on the floor, or doing resident transports. The auditor observed a staff report conducting a modified search, which are verbally reported. Only strip searches are logged. Male and female staff are posted in the main control room.

Administrative Offices – accessible only to security, and management staff. The office area has a reception area, covered by an administrative support staff. The area contains a large conference room, which is also utilized for staff to each lunch, when not in use. Offices are situated along the hallway off the reception desk, and include all upper management staff. Staff restrooms are accessible in the area. A copier is located just outside the conference room.

Security Offices:

A Sally Port from Family Room 3 leads to what is identified as the Male Intake area. However, intakes are not conducted in this area. The entrance is utilized for residents entering and exiting the facility for work, outdoor maintenance work (e.g., salting, shoveling). Two segregated rooms are located where residents go to wait for strip search upon entering the facility (even if on the premises), as they are not always supervised.

Across from the restroom are offices for security supervisors – RM III, RM IV, and RM Coordinator, who supervises them. Resident urine drops are conducted in a restroom located in this area.

Programming Area:

Male program area, just inside the front entrance to the right of the control room; line of sight from control room to the visitor/ group room; male programs area to the right mid the visitor area. Secure access to programs area; offices along the main hallway, conference room with window in the door; court services coordinator oversees reentry program. MH manager office located in the hallway, across from classroom, with window in door. All offices have windows in the door. Shared office faces front corner of the facility with large outside windows. Records room is locked and houses resident files in locked cabinets. Counselors have access, along with clerical staff, and facility management. WCCCF is a GED testing site;

ASPIRE program teacher(s) (contract staff) conduct GED Prep courses, and administer the test to residents whom have completed the prerequisites.

The Education area houses a classroom, staff office and computer lab; glass internal walls provide lines of sight through all areas from the hallway, including the control room, opposite the computer lab.

Mezzanine:

Accessible via Family Room 2 stairs; three tables with treatment materials that can be taken out are aligned along the tables; programming materials (e.g., relapse prevention, parenting and family values) available to complete assignments, or self, unassigned reading. Library of 10 tall and 3 short book cases. Books are signed out by an Education Crew member. Open railings overlook family room areas; 2 RM staff posted at desks in front of the control room, a 3rd staff walks the floor. A camera opposite the mezzanine sees the entire library; 2 cameras at each rear corner see outward. The camera across the mezzanine catches blind spots in each of the rear sections under the cameras.

Two phones mounted in Family Room 1 and 3 are for staff use. There are no phones at the security desks. Residents may access video visitation or use facility phones to place outside calls; no cellphones allowed.

Exercise equipment is located just outside the dining area.

Laundry:

The Laundry room is adjacent to Acceptance dorm, with a large inside windowed wall and windowed door, which contains: 4 washers, and 5 dryers, which residents access on a posted schedule. An adjacent room has a commercial washer and dryer to wash larger items - sheets, blankets. A laundry crew does everyone's laundry on a daily schedule. Inside the laundry room is a door with a separation window to access the medication room, and resident shirt inventory.

New residents come to the laundry area to receive the required color shirt, and turn them in to receive shirts of a different color as they progress through the program. Jeans are provided for indigent residents; all wear jeans with facility-issued shirts, and sweatshirts if desired. Two medication carts are locked in the room. A solid door leads to an unlocked janitor closet.

Dining Area:

The Men's dining area consists of 25 tables, situated in five rows for 100 seat capacity. A microwave, vending machine and TV with DVD, XBox, located in the space for other activities during non-meal times. The front entrance is fully windowed, and provides a line of sight from the security desk.

The auditor observed four (4) cameras in each upper corner, which cover the entire area; a staff phone is mounted just outside the service line entrance door (open, no window). The door is closed when kitchen staff are not working or if only women are working. Residents are required to knock to gain entry; rear cameras capture entrance to food line, and kitchen. There has been a female-only staff for the past 12 yrs.

Men's Wing:

Residents at WCCCF have a standardized mode of dress. The facility provides items for residents who are transient, to ensure uniformity in attire, regardless of a resident's financial resources. Residents less than two weeks at WCCCF wear yellow over-shirts; green shirts represent main treatment phase; white

shirts are 'big brothers or big sisters', who mentor, and coach newer residents; tan shirts represent phase 3, whereby residents are preparing for his or her transition home; blue shirts are worn by residents currently under sanction for rule violation.

The large, open area is sectioned into three (3) FamilyRoom sections; Family room 2 faces the main control room. A windowed door to the right of Family room 1 is the staff entrance to the Women's wing. The door is locked; staff must be buzzed in by control room staff if they don't have a key. A camera above the door provides sight if a female resident tried to be seen by male residents.

An outside courtyard has picnic table and is fenced in. Residents have to be buzzed to access the entrance. Plans are underway to enclose the courtyard and convert the space into a dorm of approximately 8 beds. Leadership dorm has 20 beds bunk style; 2 cameras at entrance and rear of the room. Numbered lockers along the wall and between some beds.

Faith dorm:

- 18 bunk beds, room divided into sections with a solid wall in between.
- Camera above entrance and at rear of each side
- Lockers are all located on side 2 of the room. Lockers were moved to minimize blind spots.

Family room 3 mirrors 1, with 2 dorms *Leadership* and *Willingness* with same number of beds (32) and camera set up.

The auditor tested resident phones during the facility site review. Calls were successful; a recorded message asks to press 1 for English, 2 for Spanish, press 9 to make a confidential call for reporting sexual abuse or misconduct to reach the anonymous menu; the call is connected to ODRC PREA hotline voicemail. Caller is given two minutes to leave a message and press # when the message is complete. Press 1 to place a call, 4 for the message system, which goes to the PREA coordinator's phone and she can listen to the message. During the phone test, the auditor left a message that the phone is being tested. The auditor provided a printout of the call log, which indicated the call was confidential. Residents are not charged for calls to the message system.

Female wing:

The WCCCF has a separate entrance for visitors to access the female wing, which also contains an outer waiting room and sign-in at the female wing Control room. A classroom next to Counselor offices doubles as a visitor room for female residents, accessed from the female control room. Volunteer programs also take place for female residents on an established schedule.

Female control room:

One monitor is not turned on inside the control room. The connected DVR records the female dorms, while providing privacy in sleeping areas.

Off the Dayroom is a library/classroom identified as Vision.

Strength dorm - 16 beds

Two cameras in the aisle where lockers are to cover blind spot and line of sight from the rear left corner; a camera on the rear right side covers the opposite view, covering the entire room.

Gratitude dorm - 32 beds

Located to the right of the Dayroom; the space contains two cameras - one at front, and rear of the room. Resident lockers are lined against the wall and at the far wall.

Vision room

Serves multiple functions: Library, classroom, and dining room. The space is slated to be converted to a dorm with 11 bunks. A staff phone is mounted on the wall to the right of the entrance window.

Female RM's do not sit in the control room, but inside the Day room, instead. Classrooms are situated along left hallway from the control room.

Kitchen:

Food is prepared in-house by food service staff: 3 full-time, 1 part-time cook staff, including the supervisor.

14 residents work in the kitchen under staff supervision. Residents do the cooking, staff supervises various operational functions. No experience is required.

'Sharps' (e.g., knives, etc.) are locked in a glass-front cabinet. The Resident's ID badge is recorded on a log sheet for sharps used. The ID badge is returned when utensils are returned.

The Dry Storage has solid door: residents must announce prior to entering, or can receive a sanction. Three (3) cameras cover the kitchen area: 2 rear, 1 at the entrance. Cameras can be monitored from the kitchen office and main control room.

Residents announce when entering the walk-in freezer, which is not locked. The walk- refrigerator and freezer have windows in the door. Two restrooms at rear have signage for Resident or Staff.

A coat room leads to an exit to trash dumpster, which has a button to alert control room staff to allow entrance or exit. A camera outside captures movements in and out.

If no residents are working, the first to enter for meal time announces his presence so food service staff know to begin monitoring the line.

A dry erase board at rear of kitchen lists daily tasks for residents. Kitchen staff monitors the assigned resident dishwashers.

The auditor observed multiple photos on the food line wall of different kitchen teams, tagged as the "Wall of Fame".

Resident Restrooms/Shower:

The auditor observed the following:

Male wing:

- Showers: 6 individual showers, with PREA-compliant curtains (i.e., clear at top, solid vinyl in the center, clear from knee to the floor)
- Sinks: 8 with a long mirror spanning the wall
- Urinals: 4, divided by short walls
- Stalls with doors: 2

Female wing:

- Showers: 6 individual showers, including an ADA shower with rails; PREA-compliant shower curtains (i.e., clear at top, solid vinyl in the center, clear from knee to the floor); 3 hands-free dryers mounted above-head height across from the showers, used for hair drying
- Sinks: 6 on opposite sides of the wall, with a long mirror spanning the wall
- Toilets: 4 individual stalls with no front doors; 1 is ADA with rails

Male and female restrooms are equipped with paperless hand dryers.

Medical and Intake Observations:

The auditor observed two holding rooms marked 'dirty' and 'clean'. A shower is across from Dirty holding room. Female staff conduct urine drops for female residents in the same restroom when entering for drops. An office records room can be used for added privacy, and has a window in the door.

A numbered tote container is provided for items not permitted in the facility.

The next room is for medical supplies, including substance abuse medication such as Vivitrol. An inside restroom can be used by staff for overflow urine drops. The following door leads to two exam rooms, each with a single table, sink and staff phone. No cameras were observed in the room. The facility Medical office is at the end of the hall and has window in the door. A Mid-hallway camera captures movement up and down the Intake/medical unit hall. Through a glass door with window are counselor offices and a classroom; two staff restrooms are marked 'Male', and 'Female', but may be used by visitors.

The PREA coordinator escorted the auditor through all areas of the facility, including maintenance office, locked maintenance, storage, and supply rooms. All areas marked as restricted were locked, with the exception of those observed in use during the site review (e.g., cleaning supply closets).

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:	0
Number of standards met:	41
Number of standards not met:	0

The auditor identified eight (8) standards not in full compliance with the Prison Rape Elimination Act (PREA) standards:

115.211(a)

115.213(c)

115.215(f)

115.242(b-d)

115.263

115.267(d)

115.273(a)

115.283(h)

The facility received a 'meets' rating for standard 115.217; however, the auditor noted that WCCCF 'exceeded' provision (e) of the standard. The facility met sections (a-d), thus not rising to an overall rating of 'exceeds' in this standard.

The auditor remains in communication with the PREA coordinator, and is actively engaged in action steps to achieve full compliance within the 180-day Corrective Action period.

On 9/30/2020, the facility submitted final supportive documentation to demonstrate implementation of the documented Corrective Action Plan. The auditor reviewed information, documentation, and provided feedback during the Corrective Action period. Based on the evidence provided, the auditor finds the WCCCF has completed the Corrective Action Plan measures, and is in full compliance all PREA standards.

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: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.211: Zero Tolerance 2. Agency Table of Organization <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Medical Coordinator (Nurse) <p>Findings:</p> <p>115.211(a)</p> <p>The facility PAQ indicates there is a zero tolerance policy against resident sexual abuse, and sexual harassment. The PAQ provided policy 115.211 as supportive documentation. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy Section A. includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents</p> <p>Policy Section A. Prevention and Detection, mandates PREA screening for all residents; outlines required employee training on the agency's zero tolerance policy; resident education, including:</p> <ul style="list-style-type: none"> • a. Prevention; • b. Self-protection; • c. Reporting; • d. Treatment and counseling. <p>Policy Section B. Responding, includes four core first responder procedures for the agency's response to allegations of sexual abuse, sexual harassment, and retaliation:</p> <ul style="list-style-type: none"> • a. Separate the alleged victim and abuser. • b. Take appropriate steps to preserve, protect and collect any evidence. • c. Report all allegations of sexual abuse to local law enforcement. • d. Substantiated cases of sexual misconduct will result in termination from West Central. <p>Policy Section C. PREA Coordinator, states the agency has a PREA Coordinator, and outlines the duties of the role.</p> <p>The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p>	

Section D. Definitions, outlines the following definitions related to PREA:

Abuser – An inmate who has been found guilty of committing, attempting to commit or threatening to commit one or more instances of sexual abuse in an institutional setting.

Agency PREA Coordinator – The staff member designated by the Director to oversee the agency efforts to comply with PREA standards in all facilities. The Agency PREA Coordinator shall be the Operation Support Center liaison for the Institutional PREA Compliance Managers.

Indecent Exposure – Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate.

Institutional PREA Compliance Manager – The staff person designated by the Managing Officer at each facility to coordinate the institution's efforts to comply with PREA standards.

LGBTI – An acronym for a group of sexual minorities including lesbian, gay, bisexual, transgender, and intersex individuals.

PREA Risk Assessment System – A computer system designed to assist the institutions assessing risk of sexual abuse for an individual inmate and to assist in tracking and sharing information about PREA Classifications and LGBTI inmates. The electronic PREA Risk Assessment forms shall be utilized until the automated system becomes available.

PREA Classifications – For purposes of tracking risk of sexual abuse, all inmates will be designated as either an Abuser, Victim, Potential Abuser, Victim, or No Classification based upon screening results from the PREA Risk Assessment System.

PREA Accommodation Strategy (PAS) - A strategy plan prepared by the Unit Management Chief or in their absence, the Acting Unit Management Chief for an inmate's housing, bed, work, education and program assignments based upon the PREA Classification determined by the PREA Risk Assessment System, the needs of the individual inmate, the structure/security level of the facility, and the correctional judgment of the staff member. LGBTI inmates shall also be given a PAS.

Recent Sexual Abuse - Oral sexual abuse that has occurred within 24 hours; vaginal or anal abuse that has occurred within 96 hours.

Sexual Abuse - Any behavior or act of a sexual nature, or any attempt, threat or request for same, directed toward an inmate by an employee, contractor, or volunteer, which may include one or more of: 1) Sexual Conduct, 2) Sexual Contact, 3) Voyeurism, or, 4) Indecent Exposure; OR Any behavior or act of a sexual nature, or any attempt, threat or request for same, directed toward an inmate by another inmate which may include one or more of: (1) Sexual Conduct or (2) Sexual Contact.

Sexual Contact - Any touching of an erogenous zone of another including without limitation the thigh, genitals, buttocks, pubic region, or if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

Sexual Conduct – Vaginal intercourse between a male and female, anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and without relation to official duties, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object

into the vaginal or anal cavity of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.

Sexual Harassment – (1) Repeated and unwelcome sexual advances, requests for sexual favors or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate toward another, OR (2) repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Misconduct - Any behavior or act of a sexual nature directed toward an inmate by an employee, contractor, or volunteer or other inmate which may be Sexual Harassment, Sexual Abuse or a combination of both as defined in this policy.

Substantiated Allegation – An allegation that was investigated and determined to have occurred.

Unfounded Allegation – An allegation that was investigated and determined not to have occurred.

Unsubstantiated Allegation – An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Victim Support Person - A designated employee that has been specially trained to support a victim of sexual misconduct which may include: (1) Accompanying the victim to the hospital; (2) Supporting the victim through the forensic medical examination and investigatory interview; and/or (3) providing emotional support, crisis intervention information, and referrals.

Voyeurism – An invasion of privacy of an inmate by a staff member, contractor, or volunteer for reasons unrelated to official duties such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of any inmate performing bodily functions.

The policy does not include sanctions for those found to have participated in prohibited behaviors. Based on the evidence provided, the facility does not meet this provision.

115.211(b)

The facility PAQ indicates it employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The facility provided the agency's Table of Organization as supportive documentation. The person designated as the agency PREA coordinator reports to the agency Executive Director (Agency Head). She also oversees the agency's Accreditation function.

The position is among the agency's senior management. During her interview, she stated she has been the PREA coordinator the entire 12 years she has been with WCCCF. During interview with the agency executive director, he stated the PREA coordinator and deputy director work together, and meet with him on PREA implementation, and compliance matters, including recommendations to further efforts to ensure resident sexual safety.

During the onsite audit phase, the PREA coordinator greeted the auditor, and identified herself as the auditor's POC while onsite. This person led the auditor on the onsite facility review, answered all questions, and provided requested information. The PREA coordinator's office is located in the administrative wing of the facility, near the deputy director, and executive director. This places the PREA coordinator in line with what reflects on the organization chart as "upper-level" staff. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility does not meet this standard.

Corrective Action:

1. Incorporate into policy, specific sanctions for those found to have participated in sexual abuse and sexual harassment.
2. Update policy 115.211 to include retaliation against residents or staff who report sexual abuse, sexual harassment, or who cooperate in sexual abuse investigations, as part of the Zero Tolerance policy.

FACILITY RESPONSE:

The facility implemented language in policy 155.211, which states on page 4 (Investigations):

"An employee determined to have engaged in sexual harassment, or sexual abuse, will be disciplined up to, and including termination from employment. Additionally, the employee may also be subject to criminal prosecution.

A resident determined to have engaged in sexual harassment, or sexual abuse, will be disciplined according to the Resident Handbook. Additionally, the resident may also be subject to criminal prosecution."

WCCCF policy 115.211 reaffirms explicitly states its position on retaliation against staff or residents:

"There will be NO retaliation against staff or residents who report incidents of sexual abuse or harassment, or who cooperate in sexual abuse investigations."

Based on evidence provided, the facility is now compliant with this standard.

Review:

WCCCF Policy 115.211

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: 1. Pre-Audit Questionnaire</p> <p>Interviews: 1. Agency Head</p> <p>115.212(a) The facility PAQ indicates it does not contract with other facilities for the confinement of their residents. The facility indicated on the PAQ that N/A is the applicable response to this standard. During the onsite audit, the agency Executive Director confirmed during his interview that the organization does not contract with an outside entity for the confinement of residents. The WCCCF is a 144-bed Community Based Correctional Facility (CBCF), and serves the following eight (8) Ohio counties:</p> <ul style="list-style-type: none"> • Champaign; • Clark; • Delaware; • Logan; • Madison; • Marion; • Morrow; and, • Union counties. <p>WCCCF is a secure treatment facility, which provides a local alternative to prison with the primary purpose of rehabilitation for non-violent male and female felony offenders. Based on the evidence provided, the facility meets this provision.</p> <p>115.212(b) The facility does not contract with other facilities for the confinement of residents. The agency Executive Director explained in his interview that he is the original Executive Director since the facility was established in 1996, and began accepting residents in 1999. The facility is governed by a judicial corrections board, consisting of judges who represent the eight (8) counties served. WCCCF is planning to expand housing by an additional 16 beds for women; and 8-12 beds for men. Based on the evidence provided, the facility meets this provision.</p> <p>Based on evidence provided, the facility meets this standard.</p> <p>Corrective Action: No corrective action is recommended.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.213: PREA Staffing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Physical layout of the facility <p>Findings:</p> <p>115.213(a)</p> <p>The facility PAQ indicates WCCCF has a PREA Staffing Plan. Document 115.213 (PREA staffing plan), and a sample shift rotation document, were provided as supportive documentation. Section A. 1-2., indicates the facility has an established staffing minimum, to ensure the sexual safety of residents:</p> <ol style="list-style-type: none"> 1. <i>There is at a minimum, four (4) Resident Monitors per shift unless waived by the Executive Director/designee.</i> <ol style="list-style-type: none"> a. <i>1 Main Control</i> b. <i>2 Male Floor Supervision</i> c. <i>1 Female Floor Supervision</i> d. <i>1 Transport/Float</i> 2. <i>The Resident Monitor Staff monitors all areas of the facility 24 hours a day, seven (7) days a week.</i> <p><i>At least one male and one female Resident Monitor/Staff Member is present in the facility at all times.</i></p> <p>The facility provided a corresponding facility Floor Plan, which identifies the location of surveillance cameras throughout the facility. Two Floor Plans were provided, dated 6/18/19: one showing 74 cameras, and a second showing 36 cameras in the female wing, including offices, group rooms, and classrooms. The auditor observed and verified during the onsite facility review, all identified cameras on the Floor Plan. The facility provided in the PAQ a sample staff rotation form dated 1/17-19/19, which identifies staff who covered each post in the facility.</p> <p>During the onsite interview with the PREA coordinator, she stated WCCCF has a documented PREA staffing plan, which is reviewed annually with management staff. She explained the</p>

PREA coordinator is responsible for maintaining the PREA staffing plan. The PREA coordinator serves in a dual capacity, and is the facility Accreditation Manager. In this capacity, she ensures facility compliance with American Correctional Association (ACA) standards, a national accrediting entity for correctional facilities and institutions. She was able to articulate how the staffing plan is utilized to identify facility 'blind spots' where cameras do not provide lines of sight, and how to cover them; resident risk levels, and known vulnerability (e.g., prior sexual abuse victim, or abuser); staffing levels; and, patterns, trends related to sexual abuse allegations, the reasons behind them, and how it compares to previous years.

The auditor interviewed eight (8) specialized staff during the onsite audit, who were in supervisory and managerial positions. Eight of eight stated they participated in staff meetings, during which the facility staffing plan was reviewed. Given a staffing plan was provided, and eight of eight staff in supervisory and managerial roles, and whom would have an opportunity to provide input on the development and content of a PREA staffing plan, the conclusion is that such is an accurate statement in the context of PREA standard 115.213. Based on the evidence provided, the facility meets this provision.

115.213(b)

The facility PAQ indicates deviations from the established PREA staffing plan is "not applicable", as the facility does not deviate from what is documented in the PREA staffing plan. The facility director stated during his interview that the PREA coordinator oversees the PREA staffing plan. If there were a reason to deviate from it, she would communicate it with him, and the Agency Head. The PREA coordinator stated during an informal conversation with the auditor that line and management staff are very supportive, and flexible with their schedules. It is common for a supervisor to cover on a shift if a staff person is going to be absent, so other line staff can maintain their days off. One of the supervisors stated during his interview that "...everyone works together here to make sure everything is covered." During the onsite audit, the auditor observed the number of security staff on each shift coincided with the established PREA staffing plan. Based on the evidence provided, the facility meets this provision.

115.213(c)

The facility PAQ indicates the facility PREA staffing plan is reviewed at least annually. The facility provided no supportive documentation to support the PAQ response. During her interview, the PREA coordinator stated the Agency Head is the "gatekeeper" of the facility staffing plan. She stated personnel, staffing levels are reviewed during each board meeting, not just annually. She and the Agency Head formally review the staffing plan on an annual basis.

The PREA coordinator was able to articulate during her interview the components of the staffing plan that are reviewed with supervisory and management staff. However, no evidence was provided to substantiate that the stated annual reviews take place, or when. No evidence (e.g., board meeting notes, staff meeting notes) that the staffing plan is reviewed with management and line staff, at least annually. Based on the evidence provided, the facility does not meet this provision.

Based on evidence provided, the facility does not meet this standard.

Corrective Action:

1. Document annual PREA staffing plan reviews, when such is a meeting topic internally,

and/or at board meetings.

2. Document what aspects of the staffing plan is reviewed in each meeting (e.g., the need for monitoring technology; staffing requests; facility vulnerabilities).

FACILITY RESPONSE:

The facility has re-vamped its PREA Staffing Plan. The facility provided to the auditor a meeting agenda for the WCCCF Governing Board meeting on 8/26/2020. The agenda indicates item #6., ii., is for the Board's review of the updated PREA Staffing Plan. The approved Staffing Plan was reviewed by staff, who were required to acknowledge their receipt, and understanding via documented 'Read and sign' forms. The facility provided to the auditor signed Acknowledgement forms as evidence of the staff review.

Based on the evidence provided, the facility is now in compliance with this standard.

Review:

WCCCF Governing Board Meeting Agenda, dated 8/26/2020

Staff training records

WCCCF PREA Staffing Plan

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. 13 Staff training record 2. 13 Staff files 3. WCCCF Policy 115.215: Facility and Individual Searches <p>Interviews:</p> <ol style="list-style-type: none"> 1. Non-Medical Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Auditor site observations of Operational Procedures <p>Findings:</p> <p>115.215(a), (b)</p> <p>The facility PAQ response indicates staff do not conduct manual or instrument inspection of client body cavities. The PAQ response also states that the facility does not permit crossgender strip searches of residents. The auditor reviewed the facility staffing plan, which requires, at minimum, one female, and one male staff on each shift. If a female staff is not available to conduct a required strip search, or pat search, the staff on the current shift will be permitted to work over-time, or a non-security staff will cover until the next female staff arrives. The same is true for male strip searches. The auditor did not observe evidence that the facility deviates from the staffing plan. The facility response for PREA standard 115.213 is that there is no deviation from the staffing plan. The PAQ indicates there have been no cross-gender searches. Based on the evidence provided, the facility meets provision (a) of this standard.</p> <p>WCCCF policy 115.215 states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 residents). The PREA staffing plan indicates that female residents at WCCCF are searched only by female staff. The PREA coordinator affirmed such during her interview. The auditor interviewed 10 female residents during the onsite audit. Of the 10 interviewed, 100 percent of the residents stated they have not experienced, or witnessed, a female resident strip searched by a male staff. All residents articulated that such is not permitted. All residents stated there is always a female staff in the facility.</p> <p>The facility PAQ indicates it does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. During the onsite audit, the auditor did not observe any female residents being held from programming or other outside opportunities due to lack of female staff available to conduct a strip search, or pat search. The auditor interviewed nine random security and nonsecurity staff during the onsite audit. All staff, male and female, stated a resident would not be held from access to regularly available programming or other outside opportunities due to female staff being unavailable to conduct a required search. The facility PAQ indicates no cross-gender pat</p>

searches of female residents have occurred, and no exigent circumstance(s), which would justify conducting a cross-gender female resident search. Based on the evidence provided, the facility meets provision (b) of this standard.

115.215(c)

The facility PAQ indicates that the facility does not document all cross-gender strip searches and cross-gender visual body cavity searches, or cross-gender pat-down searches of female residents. The facility commented in the PAQ, *"West Central does not conduct cross gender strip searches or pat downs."* During the site review female staff were observed monitoring the female wing of the facility. The auditor observed male supervisory staff passing through the common area; no cross-gender strip searches or cross-gender body cavity searches, or cross-gender pat-down searches of female residents were observed. The auditor interviewed 10 random female residents. No resident stated they experienced being strip searched, or pat searched, of a visual body cavity search by a male staff. Based on the evidence provided, the facility meets this provision.

115.215(d)

The facility indicated in the PAQ that policies and procedures are in place, which 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. Policy 115.215 was provided as supportive documentation. Policy section A. 1. a. states,

"1. West Central restricts nonmedical staff from viewing residents of the opposite gender who are nude or performing bodily functions.

a. Staff of the opposite gender will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes."

Policy 115.215 requires staff of the opposite gender to announce themselves when entering the client dorm area, or restroom. The auditor interviewed 10 male random residents, and 10 female random residents during the onsite audit. All female residents stated male staff are good about announcing themselves when entering their wing. They also stated male staff do not enter their restrooms. One resident stated the supervisor will ask, "Everyone decent?", before walking past their dorm/sleeping area. All male residents stated in their interview that female staff announce themselves when entering the men's wing. During the facility site review, the auditor observed a male manager enter the female wing, and announced himself loudly ("Male on the floor"). Based on the evidence provided, the facility meets this provision.

115.215(e)

The facility PAQ indicates the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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. Policy 115.215 was provided as supportive documentation. The policy states in section B. 1. *"If a resident's gender is not known, it may only be determined during conversation, by reviewing medical records or by medical practitioners conducting examinations of transgender individuals as part of a broader medical examination to determine their genital status only in private settings and only when an individual's genital status is unknown."*

During the PREA coordinator's interview, she stated no residents self-identified as transgender or intersex. During random staff interviews, seven of seven security staff stated they are not aware of the facility housing transgender, and intersex residents. The PREA coordinator stated the facility has not had a transgender or intersex resident. During a review of 20 resident files, the auditor found no evidence of a resident classified as, or whom self-identifies as transgender or intersex. The auditor observed a resident Intake during the onsite audit. The resident was asked to disclose their gender identity. Resident screening information provides residents the ability to self-identify as a transgender or intersex. Based on the evidence provided, the facility meets this provision.

115.215(f)

The facility PAQ indicates 100 percent of staff were trained on how to conduct crossgender pat-down searches in a professional and respectful manner. Policy 115.215 was provided as supportive documentation. Section B. of the policy states, "*West Central will train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex, in a professional and respectful manner.*" The auditor reviewed 13 staff training records. Training records verified a PREA refresher training was provided throughout the year, and in 2018: 12/2/18, 12/19/18, 1/17/19, 6/12/19, 7/17/19, 9/7/19, 10/17/19. The facility utilizes Relias online training for PREA training. Relias Course Completion History documentation dated 1/22/2020, was provided as supportive documentation during the onsite audit. The training lists a variety of PREA trainings completed on the identified dates in 2019, and 2020. The PREA coordinator indicated a PREA Audit Compliance staff meeting was held on 7/17/19; there is no evidence that crossgender pat-down searches was a topic. Five of seven security staff stated during random staff interviews that no training has been received on how to conduct crossgender pat-down searches in a professional and respectful manner. The PREA coordinator stated during interview that there have been no transgender clients. Based on the evidence provided, the facility does not meet this provision.

Based on the evidence provided, the facility does not meet this standard.

Corrective Action:

1. Develop and implement staff training regarding searches of transgender and intersex residents, (despite not having transgender or intersex residents in the facility).
2. Include in New Hire training, and PREA refresher training how to conduct crossgender pat-down searches in a professional and respectful manner; ensure such is documented (i.e., signed, dated employee attendance forms).

Recommendation:

1. Utilize training sources such as National Institute of Corrections (NIC), PREA Resource Center archives for training curriculum on searches of transgender and intersex residents.

FACILITY RESPONSE:

The facility updated the Security Staff Training Checklist form, which outlines job duties, on which newly hired staff are trained over a three-week period. The updated form indicates transgender, intersex, and cross-gender pat searches are part of the training during Week two. The training has been included in general staff refresher training via online Relias training

course(s), to ensure staff stay abreast of the procedures, albeit, the infrequency of the facility housing transgender, intersex residents, and the general practice of same gender pat searches.

Based on the evidence provided, the facility is now in compliance with this standard.

Review:

WCCCF Security Staff Training Checklist form

Employee training records

Relias training course information

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.216: Resident Rights 2. WCCCF website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Random Staff <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Dorm/housing unit common areas, control room, case management office area, common areas, public entrance to building, and visitation 2. Posted materials, English and Spanish 3. WCCCF Resident Handbook, English only <p>Findings:</p> <p>115.216(a)</p> <p>The facility PAQ indicates the agency has established procedures to provide disabled residents 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. states the facility complies with this provision. Policy 115.216 was provided as supportive documentation of compliance with this provision. Policy section A. 2. states:</p> <p><i>"Residents with disabilities are housed in a manner that provides for their safety and security. Housing used by residents with disabilities is designed for their use and provides for integration with other residents. Programs and services are accessible to residents with disabilities who reside in the facility (ACA 6A-4)."</i></p> <p>The facility commented in the PAQ, <i>"West Central uses the Supreme Court of Ohio roster of court interpreters by region for language barriers. West Central staff reads training material for those with intellectual difficulties. The PREA Coordinator works closely with the Education Department to identify any resident with disabilities."</i> The Agency Head explained during his interview that residents are interviewed prior to admission to the program. If there were a significant language barrier, the individual may not be a good fit for the program. He stated the agency would utilize the same local resources used by the courts, should a resident request interpretive services.</p> <p>According to the Agency Head, special needs due to disability, vision or hearing limitations are considered on a case-by-case basis. The Agency Head stated they would weigh out whether an individual's need is beyond their ability to serve the individual, prior to admittance into the program. The agency has no documented Memorandum of Understanding (MOU) with a specific organization, or company to provide assistance with resident interpretation needs, hearing or vision assistance, or language translation service. The Agency Head stated there is</p>

a referral resource available through the courts, should interpretive services be needed.

The WCCCF website states in the Family Information tab that the facility allows resident phone service through IC Solutions. The website explains telecommunication provisions via live links to the company's brochure. The website provides the brochure in English and Spanish.

During the onsite facility review, the auditor observed PREA posters in the resident Day room bulletin board, and visitation areas. Posters were in English, and Spanish. Resident phones provide the option of English or Spanish communication. Based on the evidence provided, the facility meets this provision.

115.216(b)

The facility indicated in the PAQ that the agency has established procedures to provide residents with limited English proficiency 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. Policy 115.216 was provided as supportive documentation. The facility provided in the PAQ the following comment: *"West Central uses the Supreme Court of Ohio roster of court interpreters by region for language barriers. West Central staff reads training material for those with intellectual difficulties."* The PREA Coordinator works closely with the Education Department to identify any resident with disabilities. Policy section A. 4. states:

"All residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection, and response training. West Central will ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient."

The Agency Head stated in his interview that interpretive services would be utilized, if needed, through court resources. He explained that clients are interviewed prior to being accepted in the program. If someone were very limited in their English proficiency, their needs may be beyond what the program can provide.

During random resident interviews (male and female), no residents were identified as limited in English proficiency. The auditor reviewed 20 resident files (10 male, 10 female). No files indicated a resident was identified as limited in English proficiency. The PREA coordinator stated during her interview they would contact the court for interpretive service referral, if such was needed. Based on the evidence provided, the facility meets this provision.

115.216(c)

The facility PAQ indicated WCCCF policy prohibits use of 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. The agency documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. The PAQ indicates there have been no instances in the past 12 months where resident interpreters, readers, or other types of resident assistants have been used.

Policy 115.216 was provided as supportive documentation. Policy section A. 5. states:

"5. Interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or sexual harassment except in

limited circumstances where a delay in obtaining an interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations."

During the onsite facility review, the auditor tested the resident phones for PREA reporting. The phone system provides options for English, or Spanish. During random security staff interviews, all seven random staff stated they wouldn't utilize a resident to interpret for another resident. During his interview, the Agency Head explained to the auditor that pre-admission interviews are conducted before a resident is accepted to WCCCF. If there were a significant language barrier, the facility would have to consider whether WCCCF is an appropriate placement. The facility would not likely accept someone who could not speak English, or understand English in written form. During random resident interviews, none of the 20 residents presented as having a need for interpretive services, or identified as Limited English proficient (LEP). Based on the evidence provided the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

Recommendation:

1. Ensure all staff who engage with residents are aware of the designated point person to request interpretive services for residents, should such be deemed beneficial to the resident.

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination: Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.217: Hiring and Promotion Decisions 2. 13 Staff files 3. 9 Volunteer files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resources manager 2. Facility director 3. Family and Volunteer Services Coordinator <p>Findings:</p> <p>115.217(a) The facility PAQ indicates there is a policy that prohibits hiring or promoting anyone, or enlists the services of any contractor 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 (a)(2) of this section.</p> <p>Policy 15.217 was provided as supportive documentation of the facility's hiring, including contractors, and promotional practices. The policy states:</p> <p><i>"...West Central will not hire or promote anyone who may have contact with residents should a background check reveal information suggesting:</i></p> <ol style="list-style-type: none"> 1. <i>Engagement in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution</i> 2. <i>Conviction 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 or refuse; or</i> 3. <i>Civilly or administratively adjudicated to have engaged in sexual abuse or sexual harassment."</i> <p>The HR coordinator stated in his interview that questions related to sexual conduct are not on the employment application, but are documented in an accompanying form. NWCCC has a specific job application form. The form indicates it was last updated on 2/27/07. The auditor observed that the agency's job application form does not contain questions related to sexual conduct. The auditor observed an insert form in job applications, titled Prison Rape</p>

Elimination Act Annual Acknowledgement. The form asks the applicant questions related to:

- past sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;
- convictions 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;
- civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) above.

The HR manager stated reference checks include the three components of this provision for candidates with prior experience in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997). The auditor observed the PREA statement in 13 of 13 employee files. The HR manager stated promotional questions are not asked that include disclosure related to sexual abuse, and sexual harassment, as such would already be known for current staff. The auditor observed seven employee files that reflected promotions. Seven of seven files contained signed PREA affirmation forms.

During the onsite audit, the auditor inquired about contractors, and volunteers. The auditor interviewed the agency's Family and Volunteer Services Coordinator during the onsite audit. She stated the agency has 127 volunteers, who provide a variety of services on a part-time basis. Volunteer activities include, but are not limited to:

- Bible studies, daily;
- church services on Sunday;
- expressive arts;
- essential oils;
- knitting/crocheting classes;
- guitar lessons;
- Father Factor parenting classes.

There are multiple volunteer activities going on daily, on the men's, and women's side of the facility. She stated more people want to volunteer, but there are few openings. Groups have an identified contact person. The control room has a volunteer book. If a volunteer's name isn't on the list, they can't participate. A Volunteer roster is maintained daily, by group activity, and time slot. Residents participate as they desire. The auditor reviewed nine volunteer files. All volunteer files contained documentation verifying the three core administrative adjudication questions required by this provision.

The volunteer coordinator stated during the onsite audit that approximately 25 volunteers come from the same local church. During the facility site review, the auditor observed volunteers in the female wing teaching crochet; a men's bible-based recovery group was observed, as well. Two of nine volunteer files reflected hire dates of 2013 and 2015, respectively. The remaining seven files reflected hire dates in the past 12 months.

The agency Table of Organization identified two medical staff who are contractors, and 2.5 staff who work under a grant called ASPIRE. The auditor did not interview the contractors. There were no medical or mental health contractors in the facility during the onsite audit

dates. The HR manager stated in his interview that contractors are required to complete the same paperwork as regular employees. The auditor reviewed all five contractor files. All files contained PREA Acknowledgment forms for contract staff. Based on the evidence provided, the facility meets this provision.

115.217(b)

The facility PAQ indicates the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. It complies with this provision. Policy 115.217 was provided as supportive documentation of compliance. Policy 115.217 states the facility will not hire or promote anyone who has been "*...Civilly or administratively adjudicated to have engaged in sexual abuse or sexual harassment, and considers 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 the residents.*"

During the onsite audit, the HR manager stated sexual harassment would be a determining issue on whether to hire, or promote someone. The agency would have the record regarding an internal candidate, so the situation would be reviewed. If a reference check result indicated an new hire was involved in sexual harassment, it's possible the person could be hired, but not likely.

The auditor reviewed 13 employee files, nine volunteer files, and five contractor files. Five employees had been promoted between 2014 and 2019. There was no evidence of the facility hiring or promoting anyone who was involved in alleged sexual harassment. There was no evidence that any of the seven promoted employees received discipline, including sexual harassment of a resident. The auditor was provided information on the 4.5 contract staff who provide medical and mental health services, and employment services. All files contained PREA Acknowledgment forms, affirming the contractor has not been involved in alleged sexual harassment. Based on the evidence provided, the facility meets this provision.

115.217(c)

The facility PAQ indicates all job candidates to submit to and pass a criminal background check. Policy 115.217 is provided as supportive documentation. The policy states, "*West Central Community Correctional Facility conducts background investigations and criminal record checks on all new employees and volunteers in accordance with state and federal law.*" The HR coordinator stated during his interview that the Union County Sheriff's Office conducts pre-employment criminal background checks for WCCCF. He explained that a dispatcher conducts the background checks. There is no cost. Background checks are state-wide. No applicants are hired if they have a history of sexual abuse or forced sexual activity.

The auditor reviewed 13 employee files during the onsite audit. Of the 13 files reviewed, all, or 100 percent, contained background checks, which coincide with the time of hire. Based on the evidence provided, the facility meets this provision.

115.217(d)

The facility PAQ states WCCCF requires contractors who have access to residents to submit to and pass a criminal background check. The reviewed nine volunteer files during the onsite audit; one file was uploaded in the PAQ as supportive documentation. Of the nine volunteer files reviewed, all contained background check documentation.

The Table of Organization indicates there are 4.5 contractors whom have access to residents. The HR manager stated in his interview that the facility follows the same process for contractors as for staff. The contract physician and Psychiatrist were not onsite during the PREA onsite audit. The auditor reviewed all contract staff files. All files contained background check documentation. Based on the evidence provided, the facility meets this provision.

115.217(e)

The facility PAQ indicates criminal background checks are conducted at least every five years. Policy 115.217 was provided in the PAQ as supportive documentation. The policy states, *"Every five years, all current employees and contractors will have an updated background check completed."* The HR coordinator stated during his interview that background check requests for current employees are submitted to the local Sheriff's Office each January. He submits signed release forms to the courthouse via email, and picks up (hard copy) results.

The auditor reviewed 13 employee files while onsite. Of the 13 files reviewed, all or 100 percent contained background checks each year between 2018 and 2020. One file contained a background check in 2017, when the employee was hired, and annually, thereafter. The all who were employed in earlier years contained consecutive yearly background checks in 2014, 2015, and 2016. Policy 115.217 states, *"Every five years, all current employees and contractors will have an updated background check completed."* Based on the evidence provided, the facility exceeds this provision.

115.217(f).

The facility PAQ indicates it also asks 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 shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The auditor verified that WCCCF has a standardized employment application form for hiring staff who have access to, and engage with residents. The form does not ask applicants about any past sexual misconduct. The application includes a PREA Acknowledgment form, which requires applicants to affirm the requirements in section (a) of this standard. The auditor observed that this form is utilized for volunteers whom have access to, or engage with residents.

The HR coordinator stated the facility conducts institutional reference checks on job candidates who have prior experience at a correctional facility, or other institution. He further stated the facility imposes upon staff a continuing affirmative duty to disclose any such misconduct. The auditor reviewed 13 employee files during the onsite audit. The auditor observed in 13 of 13 files signed affirmations, along with the employee application. Updated affirmation forms were observed in five of seven promotional files. The forms are dated within the same timeframe, which indicates the updates were part of a larger effort, and not the promotions in, and of, themselves. The HR coordinator stated in his interview that criminal background checks are updated annually. The auditor observed background checks in all employee files, and annual updates of such in years 2018, 2019, and 2020. Based on the evidence provided, the facility meets this provision.

115.217(g), (h)

The facility PAQ indicates material omissions related to the disclosure of prior sexual conduct is cause for termination. Policy 115.217 was provided as supportive documentation. The policy states, *"Any false or misleading information given on the application, during an interview, or on*

pre- or post-employment paperwork, may result in termination of employment." The HR coordinator stated there have been no terminations based on material omissions during the hiring of new staff, or promotion of current staff. The auditor reviewed 13 employee files during the onsite audit. The auditor was not provided any terminated files of former employees who were terminated due to material omission(s) discovered during the hiring process, or any time during employment at WCCCF. Interview response from the HR manager affirmed that they would inform another potential employing agency if asked regarding a substantiated case for sexual abuse or harassment involving a former employee of WCCCF. Based on evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard. ***It is noted that the facility exceeds requirements of provision 115.217(e), as background checks are updated annually, rather than every five years.***

Corrective Action:

No corrective action is recommended.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Facility layout with 43 camera locations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility director <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Main public entrance, administrative offices; resident Dayroom, housing dorms, control room, common areas, recreation area (outside), cafeteria (not an all-inclusive list; see the report narrative for more information) <p>Findings:</p> <p>115.218(a)</p> <p>The facility PAQ states, <i>"West Central added 3 classrooms which each were equipped with cameras and phone systems. Additionally, cameras were added to the hallway outside of the entrances to the classrooms."</i> During the onsite audit, the PREA coordinator was able to show the video monitoring system, and how footage can be captured onto a DVD. The control room contains nine monitors that covers 121 cameras (5 recently added), including views on the outside perimeter, kitchen pantry, laundry, class rooms; visitation/group room; hallway to women's wing; education area (e.g., classroom, staff office, and computer lab); three Family Rooms; resident dorm rooms have cameras at entrances, rear of the room; divided dorm rooms have camera on each side of the dividing wall, and entrance. A large upper Mezzanine is accessible via two staircases, serves as study area and library; camera opposite the mezzanine provides a line of sight to the entire area, and covers known blind spots in each of the Mezzanine's two rear areas immediately under the cameras; During the onsite interview, the Agency Head stated new construction, and modification to the facility is underway, with bid requests being issued on February 26, 2020. The new construction will increase the women's wing by 16 beds, and 8-12 beds on the men's side. The Agency Head stated the PREA coordinator participates in blueprint reviews, and construction meetings to ensure compliance with PREA standards. Based on the evidence provided, the facility meets this provision.</p> <p>115.218(b)</p> <p>The facility indicates in the PAQ new monitoring technology has been installed in the resident education/classroom area. The PREA coordinator provided to the auditor a schematic of the facility, including camera locations in the added classrooms. The facility uploaded in the PAQ a detailed meeting agenda dated 12/12/19 between WCCCF and John Poe Architects, regarding the planned expansion. The document reflects input from the PREA coordinator as part of the meeting agenda. The document indicates the meeting was held via conference call.</p> <p>During the onsite audit, the Agency Head stated that when he considers the facility layout, and</p>

physical aspects, a major consideration is the security staff's ability to monitor resident movement in, and around the facility, and whether technology can be deployed and installed to increase the facility's general visibility. During the facility site review, the auditor observed the identified classrooms, and monitoring technology. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.221: Evidence Protocol and Forensic Medical Examinations 2. PREA Victim Support Person training certificate 3. MOU: Union Memorial Hospital 4. MOU: Union County Sheriff <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator 2. Random Staff <p>Findings:</p> <p>115.221(a)</p> <p>The facility PAQ indicates the facility does not conduct administrative investigations of reported allegations of resident sexual abuse, when such is not deemed to be criminal. The facility provided a documented Memorandum of Agreement (MOA) with the Union County Sheriff, which serves as the investigating entity related to reported allegations of sexual abuse. The facility provided policy 115.221 as additional supportive documentation. Policy section I. A. states:</p> <p><i>"A. All investigations will include gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator."</i></p> <p>During interviews with seven random operations/security staff, all consistently stated they would take the following steps:</p> <ul style="list-style-type: none"> • Separate the victim from the abuser • Secure the area • Call the Sheriff's Office to collect any physical evidence • Contact the supervisor, deputy director, and/or PREA coordinator <p>One staff specified that they would not allow the abuser to do anything to contaminate or erase evidence (e.g., brush teeth, use the restroom, eat, wash clothes). All seven staff stated they are trained on this protocol in staff PREA training. Two staff specified PREA training is</p>

provided via Relias, an online training tool. The PREA coordinator provided to the auditor a printed history of Relias-based PREA training. The auditor observed staff completed PREA Refresher training on various dates throughout 2019. The auditor was able to review the curriculum of the training, which includes a uniform evidence protocol. Based on the evidence provided, the facility meets this provision

115.221(b)

The facility PAQ indicates it does not house youth. Auditor observation indicates there are no youth housed at this facility. Policy 115.221 indicates a uniform evidence protocol is used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PAQ indicates the Union County Sheriff Department would be contacted in the event physical evidence existed related to an allegation of sexual abuse. During interview with the facility PREA coordinator, she stated staff do not handle physical evidence. If such exists, the facility would treat the matter as a crime, and notify the Sheriff Department to handle the matter. Five of seven random Resident Monitors stated during interviews that they would contact the Sheriff Department if there was potential or identified physical evidence related to a report of sexual abuse. Based on the evidence provided, the facility meets this provision.

115.221(c)

The facility PAQ indicates it offers to resident sexual abuse victims access to a forensic medical examination. Policy 115.221 states that WCCCF offers residents unimpeded access to health care and mental health services. Residents will be referred to the Union Memorial hospital, during regular, and non-business hours. The facility uploaded in the PAQ a signed MOU between Memorial Hospital of Union County and WCCCF. The MOU has been effective since 2014. The MOU indicates hospital SAFE/SANE staff will conduct forensic examinations, where applicable. Policy 115.221 states in section B. 1:

"West Central will offer all victims of sexual abuse access to forensic medical examination conducted at the hospital at no cost. Such examinations will be provided by a Sexual Assault Nurse Examiner (SANE) when possible. If SANE is not available, the exam can be performed by a qualified medical practitioner. All reasonable efforts will be made to provide SANE at the Hospital."

During the onsite interview, the facility medical coordinator stated SAFE/SANE exams are not conducted at the facility. If a resident requested or required medical attention related to a sexual abuse, the PREA coordinator would refer and arrange for a SAFE/SANE examination at the local hospital. She stated that no such referrals have been made in the past 12 months. The PAQ does not provide supportive documentation, as it states there have been no reported allegations of sexual abuse in the last 12 months. The facility provided no resident investigative files to review, based on the assertion there have been no reported allegations in the last 12 months. Based on the evidence provided, the facility, by default, meets this provision.

115.221(d), (e)

The facility PAQ indicates WCCCF has a designated trained PREA Victim Support Person. A training certificate of specialized training on 3/5/2014 by the ODRC was provided to support

this assertion. The auditor interviewed the Victim Support Person, who was able to articulate the VSP role with respect to providing resident victims of sexual abuse emotional support, including accompanying the resident victim to the hospital, referrals for services not provided by WCCCF. The PREA coordinator identified documentation related to a state-wide rape crisis center resource, which is available upon request. The document lists established rape crisis centers in Ohio counties, including contact/hotline numbers. Based on the evidence provided, the facility meets this provision.

115.221(f)

The facility PAQ indicates to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The facility uploaded in the PAQ a documented Memorandum of Agreement (MOA) with the Union County Sheriff Department, which states it will conduct criminal investigations. The PREA coordinator stated during her interview that the facility does not conduct administrative or criminal sexual abuse investigations. Policy 115.221 does not reference an administrative investigative process. The policy states if the alleged sexual abuse is deemed to be criminal, the Sheriff Department will conduct a criminal investigation. The facility shall request that they follow the investigator protocols as list in policy 15.221. The Agency Head stated during interview that WCCCF has a positive relationship with the Sheriff Department, and they are trained to deal with sexual abuse criminal investigations. He further stated they will share any necessary information or documentation to ensure the facility is in compliance with PREA. The auditor observed the MOA with the Sheriff Department is signed by the Agency Head, County Sheriff, and the Assistant Prosecuting Attorney for Union County. Based on the evidence provided, the facility meets this provision.

115.221(g)

The auditor is not required to audit this provision.

115.221(h)

The facility PAQ indicates that for the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Policy 115.221 states in section B. 2-3:

"The Hospital will provide information pertaining to victim advocates and advocacy programs. If services are not available West Central will make available a qualified staff member for support.

If requested by the victim, West Central will assign a qualified victim support person who will accompany the victim to the hospital and support the victim through the forensic medical examination process and investigator interviews and shall provide emotional support, crisis intervention, information, and referrals. The victim support person will be an individual who has received education concerning sexual assault and their potential responsibilities as such."

WCCCF provided in the PAQ a signed training certificate for a staff identified as the agency's PREA Victim Support Person. The training for this role was completed in 2014. Training was

provided by the Ohio Department of Rehabilitation and Corrections (ODRC), and the content has been accepted for meeting this provision. The identified staff has a signed, dated certificate of completion of the training in they employee's file. Based on the evidence provided, the facility meets this provision.

Based on the overall evidence provided, the facility meets this standard.

CORRECTIVE ACTION:

No corrective action is recommended for this standard.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. WCCCF Policy 115.222 3. Resident files 4. WCCCF website: https://www.wcccf.org 5. PREA Audit Request for Information form: Allegations and Investigations Overview <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head 2. Investigative staff (also Counselor) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. No observations made specific to this standard <p>Findings:</p> <p>115.222(a)</p> <p>The PAQ indicates there have been five allegations of sexual sexual harassment, and no allegations of sexual abuse in the past 12 months. The PREA Audit Request for Information: Allegations and Investigations Overview form indicates there were five allegations of sexual harassment received in the past 12 months. The PREA Audit Request for Information form reflects in Table 6 five allegations in 2019:</p> <ul style="list-style-type: none"> • Resident-on-resident sexual harassment - 5 • Staff-on-resident sexual harassment - 0 • Staff-on-resident sexual abuse - 0 • Resident-on-resident sexual abuse - 0. <p>The PREA coordinator provided documentation related to each case. The allegations were as follows:</p> <ul style="list-style-type: none"> • One allegation of resident-on-resident sexual harassment was reported verbally to a staff • One allegation of resident-on-resident sexual harassment was reported in writing to a staff • One allegation of resident-on-resident sexual harassment was reported via PREA hotline • Two allegations of resident-on-resident sexual harassment was reported via email <p>The documentation indicates none of the allegations were criminally investigated. All of the 2019 cases were closed. One allegation of staff-on-resident sexual harassment was received in January 2020. The documentation indicates the following outcomes:</p>

- Substantiated: 2
- Unsubstantiated: 1
- Unfounded: 3

The PAQ provided policy 115.222 as supportive documentation of compliance. Policy section I., C. states:

"The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement, will be investigated at the facility level."

The PREA coordinator provided to the auditor investigative files for five sexual harassment allegations received in 2019. The files contain evidence that staff identified in PREA Form 1.1 as investigative staff, conducted the administrative investigations on behalf of WCCCF. The allegations of sexual harassment in 2019 were not referred to the Union County Sheriff Department for investigation. Appendix A: PREA AUDIT - agency Investigative Matrix identifies Union County Sheriff's Department as the responsible entity for conducting criminal investigations of resident sexual abuse at WCCCF. Based on the evidence provided, the facility meets this provision.

115.222(b)

The facility PAQ indicates it 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, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Policy 115.222, indicates in section I. A. states:

"West Central Community Correctional Facility and the Union County Sheriff has entered into a Memorandum of Understanding (MOU) to provide law enforcement investigation services for sexual assaults or offenses that may occur at West Central."

The auditor observed the facility's zero tolerance policy posted on the agency's website:

<https://www.wcccf.org>.

During the onsite interview, the facility investigator, identified on the PREA Form 1.1, stated the facility internally conducts administrative investigations, which, if substantiated, is turned over to the Union County Sheriff's Department for criminal investigation. The auditor reviewed Appendix A: PREA AUDIT - Agency Investigative Matrix document, which identifies in category B - Inmate-on-Inmate Sexual Harassment, sexual harassment, and rule violations as what the facility reviews when conducting administrative investigations. The Matrix does not identify the Union County Sheriff's Department as the administrative and criminal investigative entity for resident sexual abuse and/or sexual harassment allegations.

The auditor reviewed five investigative files related to resident-on-resident sexual harassment, provided by the PREA auditor. None of the five sexual harassment allegations were deemed as criminal in nature. The sexual harassment allegations identified are numbered, and the year listed. There is no evidence of the Sheriff's Department being the responsible party for conducting the administrative investigations. The auditor did not review investigative files related to sexual abuse allegations at WCCCF. The Agency Investigative Matrix document indicates there were no allegations of sexual abuse in the past 12 months. The PREA

coordinator stated during her interview that there have been no allegations of sexual abuse in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.222(c)

The facility PAQ indicates WCCCF policy describes the responsibilities of both the agency and the investigating entity. Policy 115.222 states in section I.:

"All incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. Any allegation of sexual misconduct shall be criminally investigated by the Union County Sheriff Department. There shall be no time limit on when a resident may report sexual misconduct."

Section I., C. of the policy states:

"The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement, will be investigated at the facility level."

The auditor reviewed Appendix A: PREA AUDIT - Agency Investigative Matrix document, provided during the pre-audit phase. The document indicates there were no sexual abuse allegations in 2019. There is no evidence of the Sheriff's Department conducting criminal investigations related to resident sexual abuse. The document indicates there were five sexual harassment allegations in 2019, and one in 2020. The document lists the month of each allegation, and the method used to report. The identification of each allegation is based on an internal numbering/identification method. The Matrix indicates the facility conducts administrative investigations related to sexual harassment, and rule violations. The agency imposed administrative action in two substantiated allegations. There is no evidence of the investigations being turned over to the Sheriff Department for criminal investigation. There is no evidence of the Sheriff Department being involved in the administrative outcome. The evidence indicates the agency took administrative action related to its determination of the facts. Based on the evidence provided, the facility meets this provision.

115.222(d)

Auditor is not required to audit this provision.

115.222(e)

Auditor is not required to audit this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

Recommendation:

Post on the agency website contact information to report alleged resident sexual harassment by a resident, or staff.

115.231	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.231: Training and Education 2. Staff training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. PREA Signage throughout the facility <p>Findings:</p> <p>115.231(a)</p> <p>The facility PAQ indicates that WCCCF provides training on its zero tolerance policy for sexual abuse and sexual harassment during staff orientation.</p> <p>Policy 115.231 Training and Education was provided as supportive documentation. Policy section A. 1. states:</p> <p><i>“1. All new employees shall receive instruction related to the prevention, detection, response, and investigation of sexual misconduct during New Employee Orientation training at West Central Community Correctional Facility. This training shall include, but not be limited to, the following:</i></p> <ol style="list-style-type: none"> <i>a) Policies that address West Central's zero-tolerance for sexual misconduct;</i> <i>b) The employee's responsibilities regarding sexual misconduct prevention, detection, reporting, and</i> <i>c) response procedures;</i> <i>d) The resident's right to be free from sexual abuse and sexual harassment;</i> <i>e) The resident's and employee's right to be free from retaliation for reporting sexual abuse and sexual harassment;</i> <i>f) The dynamics of sexual abuse and sexual harassment in confinement and the common reactions of sexual abuse and sexual harassment victims</i> <i>g) How to avoid inappropriate relationships with residents;</i> <i>h) How to communicate effectively and professionally with residents including lesbian, gay, bisexual,</i> <i>i) transgender, intersex, or gender nonconforming residents; and</i> 	

j) *How to comply with relevant laws for mandatory reporting of sexual abuse to outside authorities."*

The provision of this standard states employee training should include:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right 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.

The policy does not include "... (7) How to detect and respond to signs of threatened and actual sexual abuse". The PREA coordinator provided the auditor a roster of completed PREA trainings in 2019. The training was provided via Relias online training. The auditor observed evidence of all aspects of required training on various dates throughout the year. Relias training curriculum includes a post-test, in order to consider the training as complete. Such serves as evidence that employees understood the training provided. Training on 'the dynamics of sexual abuse and sexual harassment in confinement' includes gender-specific content, as well as 'how to detect and respond to signs of threatened and actual sexual abuse.

The auditor identified PREA general training, and PREA refresher training in 2019 for 13 of 13 employees whose files were selected for review. The policy 115.231 states employees are trained on the 10 elements of content for PREA employee training, with the exception of 'how to detect and respond to signs of threatened and actual sexual abuse. The auditor verified such is covered in Relias training curriculum. The Relias training Course Completion History form indicates:

Employee User ID

Learner name

Department

Job title

Course title

Completion date

Completion type (i.e., online, in-person)

All training completed for each employee was online, or video-based. The facility identified Relias training staff completed in 2019 that coincides with the 10 elements required in this provision. New employee files (hired in the past 12 months) did not contain training records covering all 10 elements. Based on the evidence provided, the facility meets this provision.

115.231(b)

The facility PAQ states gender-specific training is provided to staff, as the facility serves male

and female adult populations. During the onsite review, the auditor observed female, and male residents in the facility. Resident files supported that there are female, and male residents at WCCCF. During an informal conversation with the Agency Head, he stated a plan is underway to expand the facility to accommodate additional female beds. The PREA coordinator stated that only female staff work with female residents.

The auditor observed female security staff working in the Men's wing. The auditor reviewed 13 employee files during the onsite audit. Training records on file indicate female staff completed Relias training on the Dynamics of sexual abuse, which covers gender differences related to symptoms, and behaviors of sexual abuse victims. The auditor did not observe male staff on any shift in the female wing during the onsite audit. Based on the evidence provided, the facility meets this provision.

115. 231(c)

The facility PAQ indicates that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The facility uploaded a sample of sexual harassment training as supportive documentation. The PAQ states PREA refreshers are conducted every two years, and is a requirement for all employees who engage with, or have access to residents. The training provided reflects employee sexual harassment, and discrimination training. There is no evidence that the training includes sexual harassment toward residents. Review of training documentation provided included completed Relias training. The auditor reviewed evidence that resident sexual harassment is included in the PREA Refresher training, and Dynamics of Sexual Abuse in Correctional Systems courses. New employee orientation includes review of the agency's zero tolerance policy against sexual abuse, sexual harassment, and retaliation. Examples of PREA-related policies sent to staff electronically, or record of staff acknowledgement of such reviews. Based on the evidence provided, the facility meets this provision.

115.231(d)

The facility PAQ indicates that the agency shall document, through employee signature or electronic verification, that employees understand the training they have received. The auditor was provided electronic records of PREA training in 2019. The Course Completion History reflects Relias computer-based training as the primary training tool. The training history listed PREA-related courses staff completed online. Relias training courses include a post-test. Learners must achieve a minimum score of 80 percent to complete the course. The auditor observed the listed courses were 'completed' for all employees. The auditor reviewed 13 employee files, and training records. 13 of 13 training files reflected PREA training, or PREA training refresher courses were completed. The auditor observed employee names in training records other than the 13 employee files selected for review. Based on the evidence provided, the facility meets this provision.

Based on the overall evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. WCCCF Policy 115.232 Zero Tolerance 3. PREA Contractor, Volunteer Orientation <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator 2. Human Resources Manager 3. Formal and informal interviews with staff and contractor <p>Findings:</p> <p>115.232(a)</p> <p>The facility PAQ indicates it provides PREA training for volunteers and contractors. Policy 115.231 requires PREA training for volunteers, and contractors. Policy section A., 1. states:</p> <p><i>"All new employees shall receive instruction related to the prevention, detection, response, and investigation of sexual misconduct during New Employee Orientation training at West Central Community Correctional Facility."</i></p> <p>The facility commented in the PAQ that <i>"Volunteers review Just Detention's (i.e., Just Detention International (JDI) is a health and human rights organization that seeks to end sexual abuse in all forms of detention) video and review West Central policies for reporting"</i>. JDI provides a variety of PREA online training videos. The PAQ indicates WCCCF has 127 volunteers on its roster. The facility uploaded a representative volunteer file as supportive documentation. The file shows completed PREA orientation training.</p> <p>The PAQ indicates volunteers and contractors complete the same orientation training as staff. The auditor observed signed documentation regarding the agency's zero tolerance policy. The volunteer, and Family and Volunteer Services Coordinator both sign the form. The volunteer file contains a checklist as verification that all required documentation is included in the file. The volunteer and Volunteer Coordinator initial that each document has been reviewed. The form is also utilized for contractors. The auditor identified on the agency's Table of Organization two full-time, and three part-time contractors who provide services to residents:</p> <ul style="list-style-type: none"> • Psychologist - in the facility one day per week; teaches abuse and trauma classes for male and female residents. Classes alternate in four-week cycles. The Psychologist does not provide direct mental health services, and does not counsel residents related to sexual trauma. • Physician - in the facility one day per week; works under contract through Union Memorial Hospital. Provides general, routine medical services based on resident request(s): prescribes medication, as needed. Does not provide medical services

related to sexual abuse.

- GED Teacher(s) (2x) - Works on contract under a grant called ASPIRE; Teaches GED preparatory courses for residents who have not achieved a High School diploma. The manager, and a third, part-time teacher administers GED tests.

During the onsite audit, the auditor interviewed two volunteers who were onsite. One volunteer teaches crocheting to the women. She stated the lesson begins with Bible study. She stated she received PREA training since coming to WCCCF, and that the training included a video related to rules of professional conduct, first responder duties; avoiding inappropriate relationships; ways residents can report allegations, that no one has to know who they are (confidential); understanding the imbalance of power between staff and residents, and that it applies to volunteers; what to do if something was reported, that they should never feel they can't go to a volunteer, or be ashamed to report. She stated she has completed PREA-related three times in two years of volunteering. The second volunteer articulated the same training, and added that it also included retaliation for reporting an allegation. She stated if a resident reported retaliation, she would report it to the Volunteer Coordinator. The auditor did not interview the Psychologist, or the physician, as they were not in the facility during the onsite audit dates. Based on the evidence provided, the facility meets this provision.

115.232(b)

The facility PAQ indicates volunteers and contractors receive PREA training on the agency's zero-tolerance policy. A Contractor and Volunteer orientation document was provided as supportive documentation. The auditor was not provided files for the physician or Psychologist while onsite. The HR coordinator had left for vacation, and files were locked in his office. The PREA coordinator provided copies of PREA training documents to the auditor as supportive documentation. The contractor files contain the same signed PREA training forms as volunteer staff. Such supports the assertion made in the PAQ. Based on the evidence provided, the facility meets this provision.

115.232(c)

The facility PAQ indicates it maintains training documentation that confirms volunteers and contractors who received training on the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, understood the training received. The facility provided signed 'Notice to Vendors, Volunteers, and Interns: Zero tolerance against sexual abuse and sexual harassment' forms. The document header does not reference contractors; however, the body of the document specifically includes contractors, along with vendors, volunteers, and student interns. The form identifies this standard as the source for compliance. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

Recommendation:

Allow the PREA coordinator access to employee, and contractor files, as a back-up in the absence of the HR Coordinator.

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Resident files 2. PAQ information 3. Policy 115.233: Resident Education <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Intake Process 2. PREA signage in the facility <p>Findings:</p> <p>115.233(a)</p> <p>The facility PAQ indicates that residents receive information at the time of intake about the agency's 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. The PAQ states there were 430 residents admitted to WCCCF between 1/1/2019 and 12/31/2019. The facility provided as supportive documentation in the PAQ, Policy 115.233, which states:</p> <p><i>"West Central provides all residents, during the intake process, with information explaining West Central's zero-tolerance policy regarding sexual abuse and sexual harassment. All residents are issued a resident handbook where this information is located."</i></p> <p>The policy outlines information contained in the Resident Handbook:</p> <ol style="list-style-type: none"> 1. <i>How to report incidents or suspicions of sexual abuse or sexual harassment</i> 2. <i>The resident's right to be free from sexual abuse and sexual harassment</i> 3. <i>The resident's right to be free from retaliation for reporting such incidents,</i> 4. <i>West Central's policies and procedures for responding to reported incidents.</i> <p><i>West Central provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233 (a)-1.</i></p> <p>This orientation is completed during the intake process and staff and offender sign/date an acknowledgement statement. If a literacy or other communication problem exists, the intake staff will assist the offender. Information regarding the agency's policies on sexual harassment and abuse are provided to the resident in writing, and in other formats when necessary (ESL, visual impairment, illiteracy, etc).</p>

The auditor observed a resident Intake during the onsite audit. The Screening Specialist conducts resident Intakes. Prior to beginning the intake process, the screening staff explained to the auditor that she asks residents if they are familiar with PREA, or have heard of the term. She stated that most of the residents come from local jails, and may not have been to prison, so not familiar with PREA.

The screening staff guided the auditor to the Intake area, which is down the hallway where the medical offices are located. The auditor observed two residents waiting in a segregated housing room, awaiting Intake. The Screening staff brought the resident to the Intake desk, which was in an open area near the segregated units. The resident was provided a Resident Handbook, and a water bottle; the handbook contents was reviewed. He was asked not to write in the handbook, as they are collected when residents leave the program, and re-used. The resident was asked to provide demographic information:

- family contacts
- marital status
- home address
- emergency contact
- medical history
- risk level, if known (the resident did not know)

The resident was informed that the facility Nurse would review medical history information, in more detail. The resident was provided a lock for his locker, and informed he would receive bedding. The auditor observed the resident was asked if knew what PREA was, to which he responded "Yes". The resident was asked PREA screening questions:

- LGBTI status
- sexual abuse (and abusiveness) history, including during incarceration
- mental health history

which concluded the intake process.

The resident was provided two nylon bags: red, for items not allowed, white, for acceptable items. The screening staff stated residents bring a variety of items from jail; one resident arrived with a lamp (not accepted). The resident was issued a PIN number for placing phone calls, and an identification badge. The screener shared information regarding meal times, facility routine. The resident was sent with the Nurse to shower/delousing, and shave. The screener explained to the auditor that a pre-screening is conducted via video conferencing, while the resident is at the jail. Jails are approximately one hour from WCCCF. She stated after completing the medical screening with the Nurse, the resident is provided with a numbered tote container for items not permitted in the facility. During the facility site review, the auditor observed a room with multiple tote containers on shelves, each with a number on the front. Family members may collect the items during visitation, or it will remain in storage until the resident completes the program. The screener stated the process is identical for women.

During random resident interviews, 20 of 20 residents (male and female) stated they were aware that PREA related information was posted on the Dayroom bulletin board, and in the Resident Handbook. A review of resident files verified PREA documentation in the PREA

section of the resident file, contained a signed form acknowledging receipt of their Resident Handbook as part of the Intake process. Residents who could not articulate all aspects of the intake, as it relates to PREA screening, stated with confidence that they knew the information was in their Resident Handbook, should they need it. Based on the evidence provided, the facility meets this provision.

115.233(b)

The facility PAQ indicates 430 residents were received from another community confinement facility. WCCCF has one location; all residents are new intakes entering the program through a jail supervised release program, or court-based program. Policy 115.233 states:

"The resident handbook, PREA handouts, and all related materials will be made available in various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA education. Information will be read aloud if a resident has identified, or has known limited reading and/or writing skills."

During random interviews, residents were able to articulate that they received the agency's zero-tolerance policy regarding resident sexual abuse and sexual harassment upon entering the facility. During the facility onsite review, the Auditor reviewed 20 resident files. Residents were received from referring Ohio county jails, or court jurisdictions:

- Delaware
- Morrow
- Marion
- Hardin (if needed)
- Logan
- Union
- Madison
- Clark
- Knox
- Champaign

Based on the evidence provided, the facility meets this provision.

115.233(c)

The facility PAQ indicates it provides to all residents education in formats accessible to those who are: limited English proficient, deaf, visually impaired, have limited reading skills, or otherwise disabled. Policy 115.233 reiterates this assertion, and assigns the agency PREA coordinator the duty to ensure needed accommodations are provided. During her interview, the Screening Specialist stated she conducts resident intakes immediately upon their arrival. If a resident had need of assistance, or if they knew prior to the resident's arrival the resident had some type of physical disability, she would meet with PREA coordinator to arrange the appropriate accommodation. During the Auditor's review of 20 resident files, no resident was identified as disabled. Based on the evidence provided, the facility meets this provision.

115.233(d)

The facility PAQ indicates that the assistance or accommodation(s) provided to residents is documented. Supportive documentation was observed in the resident files indicating it

documents the offering of assistance to residents, and what the assistance is, were such provided. The Agency Head stated in his interview that the resident pre-screening interview would identify if a specific accommodation would be required. He stated if the required accommodation was determined beyond the scope of services WCCCF offers, the inmate would not be accepted. He stated the PREA coordinator would communicate with facility management how a resident's accommodation would be met. Of the resident files the auditor reviewed, 20 out of 20 did not indicate the resident requested information be provided in any particular format. Based on the evidence provided, the facility meets this provision.

115.233(e)

The facility PAQ indicates resident-related key information is readily available and accessible to all residents through posters, resident handbooks, or other written formats. The facility provided in the PAQ commentary, which states:

"There are postings throughout the facility with numbers to contact. Additionally, a message is repeated on every phone call made by a resident as to how they can report. All PREA policies are in the resident handbook which they receive at intake."

Policy 115.233 states:

"In addition to printed material, residents review a PREA video during orientation and discuss pertinent information concerning rights, responsibilities to report, etc. All residents complete a sign-in document which acknowledges their understanding of the material and is documented in Group Notes in Lotus for training and classroom hours. All information is readily available for review by residents."

During the facility site review, the auditor observed posters, which contains contact information, should a client need assistance or support to report an allegation of sexual abuse or sexual harassment, or retaliation. The WCCCF Resident Handbook contains reporting information:

- to staff, in writing, or verbally
- to the PREA Coordinator via phone
- to the PREA hotline to an external PREA reporting source (ODRC 24 hr. hotline).

The Resident Handbook provides two resources for third-party reporting:

- WCCCF PREA coordinator, via phone
- WCCCF email address: prea@wcccf.org

The PREA coordinator stated oral and written information shall be given to all residents upon their arrival, which explains the agency's zero-tolerance policy regarding sexual assault, sexual abuse, sexual harassment, and retaliation. Residents were able to articulate during random interviews where pertinent information is located in the facility, or to whom they go to obtain key information. Residents stated during random interviews that they knew important information is in their 'Handbook', which is provided by the Screening Specialist when they first arrive, should they have a need to report sexual abuse or sexual harassment, or retaliation. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Employee training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA investigator <p>Findings:</p> <p>115.234(a) The facility PAQ indicates that In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. During the pre-audit phase, the PREA coordinator submitted PREA Form 1.1, containing a list of specialized staff. An attachment to the form contains a list of eight (8) staff identified as special investigators. The PREA coordinator stated she, and the other seven staff completed specialized investigations training between 2014, and 2020. The earliest training, in March 2014, was conducted by the Ohio Department of Rehabilitation and Corrections (ODRC) Investigative staff, and PREA Liaison. Later training included PREA specialized investigations training conducted by The Moss Group (TMG). A curriculum was provided, which reflects all provisions of this standard are met. The certificate of completion in their employee files serves as supportive documentation of the staff's roles as PREA investigators. The Two-day TMG training included a half-day "Train-the-trainer" session. Based on the evidence provided, the facility meets this provision.</p> <p>115.234(b) The facility PAQ affirms that the specialized investigations training meets all requirements of this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training curriculum was made available in hard copy. The Auditor verified the training to be comprehensive and thorough. One of the PREA investigators, and PREA coordinator were able to articulate during interviews the content of the specialized investigations training. Based on the evidence provided, the facility meets this provision.</p> <p>115.234(c) The facility PAQ indicates specialized training documentation of agency investigators is maintained. One representative training certificate was provided as supportive documentation to verify such training has been received. During the onsite audit, the auditor observed the same documents in the PREA investigator(s) and PREA coordinator employee files. Based on the evidence provided, the facility meets this provision.</p> <p>115.234(d) The Auditor is not required to audit this provision.</p>

Based on the overall evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. WCCCF Policy 115.231 Training and Education 3. Employee Roster <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Medical Unit onsite at WCCCF <p>Findings:</p> <p>115.235(a)</p> <p>The facility PAQ indicates it ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Training curricula for two Relias-based PREA training courses were uploaded in the PAQ as supportive documentation. Three staff are identified in the PAQ who serve in the facility's medical unit. Policy 115.231 was provided as supportive documentation. The policy requires all employees who have access to, or engage with residents complete training on the agency's zero tolerance policy. The PREA coordinator stated in-house medical staff do not conduct SAFE/SANE exams, or other medical services related to sexual abuse. The staff are required to complete the same training as other staff, due to their interaction with residents. The auditor observed the staff names in the Relias Course Completion History document. The Relias curricula provided as supportive documentation indicates the completed courses cover the four core elements outlined in this provision.</p> <p>During the pre-audit phase, the facility provided to the Auditor PREA form 1.1, which lists two individuals as medical and mental health staff: a medical coordinator (nurse), and mental health manager. During the onsite audit, the medical coordinator/nurse stated in her interview that she, and the other medical/mental health staff are all WCCCF employees. She stated she receives PREA-related training the same as other staff. She stated she completed a PREA refresher training in 2019. She was able to articulate the agency's zero tolerance policy, first responder duties, search procedures, and mandatory reporting requirements.</p> <p>The Medical Coordinator/nurse indicated the internal medical, and mental health staff would report PREA allegations to the PREA coordinator for appropriate referral for SAFE/SANE exams, or other related medical needs. The Nurse stated she works in concert with the facility PREA coordinator, as needed, were there to be an actual resident sexual abuse that requires, or for which, the resident requests medical services. Based on the evidence provided, the facility meets this provision.</p>

115.235(b)

The facility PAQ indicates medical staff, or contractor(s) do not conduct forensic examinations at WCCCF. During the onsite interview, the medical coordinator/Nurse stated she would facilitate a resident being taken to a local hospital, and ensure any forensic examination is conducted by a SAFE/SANE practitioner. The auditor reviewed 20 resident medical/mental health files. No file contained notes or reference of a medical or mental health referral to the contract, or internal medical and/or mental health staff, or to an external medical or mental health provider, related to an allegation of sexual abuse. The PREA Form 1.1 lists Union Memorial Hospital as the location residents are taken, or referred to for SAFE/SANE forensic examinations. During the onsite audit, there is no indication of SAFE/SANE direct medical examinations being provided at this facility as it relates to sexual abuse. Based on the evidence provided, the facility meets this provision.

115.235(c)

The facility PAQ indicates it maintains training records of PREA-related training for medical or mental health practitioners. The three staff in the facility's medical unit were listed on the Relias Course Completion History for completed PREA training. The list identifies completed PREA training in year 2019. The facility medical coordinator/Nurse stated in her interview that she, and other staff in the medical unit, receives PREA training through Relias, as do other staff. Based on the evidence provided, the facility meets this provision.

115.235(d)

The facility PAQ indicates there are three medical and mental health care practitioners employed at WCCCF as staff, and that the provision requirement of 115.232 is being met. Evidence of PREA training was provided that internal, and contract medical and mental health practitioners receive training as required in standard 115.232. Agency intake procedures requires residents at WCCCF receive medical or mental health services, beginning with health screenings at the time of initial Intake. During the onsite audit, one of three internal (staff) medical practitioners was onsite, and identified herself as the facility medical coordinator/nurse. During her interview, she stated to the auditor that she has worked as staff at WCCCF for 12.5 years. She stated there are two additional contract medical/mental health staff, who work one day per week at the facility. Neither were present at the time of the onsite facility audit. Based on the evidence provided, the facility meets this provision.

Based on evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.241, 115.2.42, 115.262 2. Resident files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff that conduct risk assessments (Screening Specialist) 2. Random residents <p>Findings:</p> <p>115.241(a)</p> <p>The facility PAQ indicates that all residents are assessed during intake for their risk of being sexually abused by other residents or sexually abusive toward other residents. Policy 115.241 was provided as supportive documentation. The policy states in section II., A.:</p> <p><i>"A. All residents shall be assessed for risk of sexual victimization or abusiveness within 72 hours of intake. These screenings shall be initiated in the PREA Risk Assessment System by medical personnel during intake medical assessments and shall be completed within the 72 hour period. The resident shall be present during the initial medical assessment portion (Part 1) of the screening."</i></p> <p>The auditor observed a resident intake during the onsite audit. The resident was asked if he knew what PREA was, which he did. The screener asked a series of questions related to sexual history. Policy 115.241, section II., C. states:</p> <p><i>"C. The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:</i></p> <ol style="list-style-type: none"> <i>a. Whether the resident has mental, physical, or developmental disability;</i> <i>b. The age of the resident;</i> <i>c. The physical build of the resident;</i> <i>d. Whether the resident has previously been incarcerated;</i> <i>e. Whether the resident's criminal history is exclusively nonviolent;</i> <i>f. Whether the resident has prior convictions for sex offenses against an adult or child;</i>

g. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming

h. Whether the resident has previously experienced sexual victimization; and

i. The resident's own perception of vulnerability."

The screener asked all questions outlined in policy 115.241. The auditor did not observe a female resident intake. The Screening Specialist stated there were no scheduled female intakes during the onsite audit period. During the onsite audit, the auditor reviewed 20 resident files (10 male; 10 female). Of the 20 residents interviewed, 20 stated they received an initial risk screening within the first 24 hours of arrival at the facility. All resident files contained, signed screening/intake documents.

Based on the evidence provided, the facility meets this provision.

115.241(b)

The facility PAQ indicates intake screenings are ordinarily completed within 72 hours of arrival. Policy 115.241 is listed on the PAQ as supportive documentation of screening timelines. Policy 115.241 states all residents shall be screened upon admission. The auditor reviewed 20 resident files. All files indicated the facility consistently conducts intake screenings within the required 72-hours of arrival. During the onsite audit, the auditor interviewed 20 residents. Of 20 residents interviewed, 20 stated they completed an intake screening, and were asked questions about their sexual orientation, gender identity, and if they have been sexually victimized during incarceration, or at any other time. The PREA coordinator identified one resident as having been sexually abused during incarceration (at a juvenile facility). The identified resident disclosed during his interview that he was sexually abused during (juvenile) incarceration. He stated the abuse involved another resident at the institution, and that the abuse occurred one time. He stated he did not report the abuse, for fear of retaliation. He stated since being at WCCCF, he is learning how to make his life better, and deal with his experience. He stated he was asked during his intake screening if he desired medical or mental health assistance related to his sexual abuse, and he declined such service(s), as it was years ago. The auditor identified in resident medical and mental health records that the resident's screening information coincided with his interview discussion related to prior sexual abuse during incarceration. The file indicates the resident completed the intake screening and answered 'yes' to being previously sexually abused during incarceration. Based on the evidence provided, the facility meets this provision.

115.241(c)

The facility PAQ indicates it uses an objective screening instrument for screening residents for sexual victimization, or past sexual abusiveness. Policy 115.241 affirms this assertion. The facility uploaded in the PAQ a screening document used for intake screenings. The document is the same as what the Screening Specialist utilized when she conducted the resident Intake that the auditor observed. The Intake screener stated during her interview that the risk screening instrument is objective, that all residents are asked the same PREA screening questions. The risk screening instrument is scored, and questions are weighted. Based on answers to the screening questions, residents are classified as: a) potential victim, b) potential

abuser, or c) no classification. Based on the evidence provided, the facility meets this provision.

115.241(d)

The facility PAQ indicates that intake screenings 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. WCCCF policy 115.241 affirms that all required criteria are considered during the PREA screening.

The facility PAQ provided a PREA Intake Screening form as supportive documentation of the criteria considered in the screening instrument. The auditor was able to identify all nine elements of the standard provision in the facility's PREA screening instrument. The screening instrument requires all residents to be asked the same questions. The Screening Specialist stated during her interview that if they answer 'yes' to having prior sexual abuse, they are tagged as a potential victim. If someone seems particularly fearful, they are assigned a bed that has a full camera view from the control room monitor.

During the interview, the Screening Specialist stated they haven't had someone identified as sexually abusive. If such were identified, they would likely be placed in general population, if a high risk (for sexual victimization) person was already assigned to a segregated housing room. Based on the evidence provided, the facility meets this provision.

115.241(e)

The PAQ indicates that intake screenings 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 agency, in assessing residents for risk of being sexually abusive. This provision is met. The PREA Intake Screening form provided as supportive documentation indicates that the screening considers, when known to the agency, all criteria outlined in this provision. The Screening Specialist stated during interview that such questions are asked of all incoming residents. During the onsite audit, the auditor observed a resident Intake, and confirmed that questions required in this provision were asked. The Screening Specialist stated that housing/bed placements are decided upon on a case by case basis. Based on the evidence provided, the facility meets this provision.

115.241(f)

The facility PAQ indicates residents are re-screened in no more than 30 days from the resident's arrival at the facility. The PAQ provided policy 115.241 as supportive documentation. The policy section II., B. states:

"No sooner than 15 days, but no later than 30 days from the resident's arrival to West Central, the resident shall be reassessed regarding their risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening of the resident."

The resident's assigned counselor shall complete this reassessment. The resident shall be present during the reassessment."

The Auditor reviewed 20 resident files (10 male, 10 female residents). All 20 files contained an initial, and rescreening within 30 days of the resident's arrival date. The re-screening usually occurs during week two, and is conducted by the assigned counselor. Of 20 files reviewed, 20 files contained a re-screening in 15-30 days from the date of the initial screening. Based on the evidence provided, the facility meets this provision.

115.241(g)

The facility PAQ indicates it will conduct resident risk screenings due to: a referral, a request; an incident of sexual abuse; or receipt of additional information that bears on the residents risk of sexual victimization or abusiveness. Policy 155.241 was provided as supportive documentation. The policy states:

"A resident's risk level shall 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."

The PREA coordinator provided during the pre-audit phase, a completed PREA Allegations and Investigations matrix. The document indicates the facility has not received allegations of sexual abuse in the past 12 months. Review of 20 resident files resulted in no evidence that allegations of sexual abuse, or sexual abusiveness have been received in the past 12 months. The auditor found no evidence of reassments conducted due to: a referral, a request; an incident of sexual abuse; or receipt of additional information that bears on a resident's risk of sexual victimization or abusiveness.

During onsite interviews, the Intake Specialist, who conducts the initial screening, or counselor, who conducts the 30-day re-screening, did not state they have used the screening form for any other reason, outside of the initial screening, and re-screening, within 30 days of arrival. The Auditor reviewed 20 resident files. All 20 contain a signed screening form, with the purpose marked as 're-screening'. The date of all 20 re-screening forms were 15-30 days from the resident's date of arrival. During random resident interviews, 20 of 20 residents stated their counselor conducted a second screening 2-3 weeks after the initial intake. Based on the evidence provided, the facility meets this provision.

115.241(h)

The facility PAQ indicates it does not discipline residents 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. The Screening Specialist stated during her interview that residents are not disciplined for refusing to answer risk screening questions. During the Intake screening the auditor observed, the resident was informed of his right to not answer PREA screening questions. During the auditor's review of 20 resident files, there were no files which indicated a sanction or other violation in the 20 files reviewed. Based on the evidence provided, the facility meets this provision.

115.241(l)

The facility PAQ indicates appropriate controls are in place to control 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. The PREA coordinator stated in her interview that the agency uses a software-based system, Lotus Notes, for managing resident files. During interview with the PREA coordinator, and Screening Specialist, both stated there is limited access to resident risk assessment information. The PREA coordinator stated the MIS staff, deputy director, department coordinator, and assigned counselor have access to resident information; the Screening Specialist who conducts the initial PREA assessment does not have access to the tool. During the onsite audit, files for all residents were observed maintained electronically in the Lotus Notes tool. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective action:

No corrective action is recommended.

Recommendation:

1. Ensure PREA staff refresher training for staff who conduct risk assessments includes utilizing the PREA screening form due to: a referral, a request; an incident of sexual abuse; or receipt of additional information that bears on the residents' risk of sexual victimization or abusiveness

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.241, 115.242, 115.262 2. Resident risk assessments 3. Resident files <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator 2. Staff that conduct risk assessment (Screening Specialist) 3. Random residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Housing area 2. Program area <p>Findings:</p> <p>115.242(a)</p> <p>The facility indicates in the PAQ that risk screening information is used for the five purposes outlined in this provision. Policy 115.242 is provided as supportive documentation. Section III., A. states:</p> <p><i>"A. Staff shall only share information regarding a resident's sexual orientation or gender identity for purposes of: risk assessment, classification and housing placement, medical and mental health care, programming placement, and any other reason that could affect the safety and security of the resident on a case by case basis. The transgender or intersex resident's own views shall be given serious consideration during the classification process and shall be documented."</i></p> <p>The agency policy does not include a procedure as to how screening information informs housing assignments, bed assignments, work assignments, education assignments, or program assignments. The PREA screening form does not allow for documenting accommodation(s) provided to a resident, or how such accommodaton may be authorized.</p> <p>The auditor reviewed 20 resident files during the onsite audit. None of the files contained special accommodations related to PREA-related information, or other basis. One resident</p>

identified for prior sexual abuse during (juvenile) incarceration stated during his interview that he did not require, or request any special accommodation at WCCCF. A resident who identified a gay stated the facility did not assign his bed space based on this information, nor is there a 'gay section'. A female resident who identified as bi-sexual stated sexual orientation is a non-issue at WCCCF; residents are not permitted to be physically close, or display verbal, or physical attraction toward another resident. When asked, he stated he feels safe at the facility, and has not had any negative experience during his stay. Based on the evidence provided, the facility meets this provision.

115.242(b)

The facility PAQ indicates the agency makes individualized determinations about how to ensure the safety of each resident. Policy 115.242 section III., A. indicates screening information is utilized for *"...any other reason that could affect the safety and security of the resident on a case-by-case basis..."*. Section III., C. states WCCCF may change housing assignments should a resident be deemed at risk of sexual victimization. The facility commented in the PAQ that *"if a concern would be voiced by a resident, staff would consider the information received before making housing, programming, etc. decisions."*

During the interview with a counselor, the facility does not have a documented process to ensure the safe housing of transgender/intersex populations. She stated the facility has not housed a transgender/intersex resident. During the interview with the agency PREA coordinator, she stated she, along with the facility director, intake staff, and counselors would work together to ensure clear communication and understanding of special accommodations a transgender or intersex resident may require. Policy 115.242 states:

"...Transgender residents are accepted and housed based on legal gender classifications. Transgender and Intersex residents are given the opportunity to shower separately from other residents."

The policy states transgender and intersex residents are housed on their "legal gender classifications". This does not provide an opportunity to make individualized determinations on housing transgender and intersex residents. The auditor's review of resident files did not result in finding that special accommodation was recommended related to resident housing, education, programming, or bed assignment. Based on the evidence provided, the facility does not meet this provision.

115.242(c)

The facility PAQ indicates it makes housing assignment decisions for transgender or intersex residents on a case-by-case basis. The PAQ provides policy 115.242 as supportive documentation. The PREA coordinator stated during her interview that she would review the policy with staff if a transgender or intersex resident was approved for admission at WCCCF. She stated the facility has not received a transgender or intersex resident. She stated if someone were referred, they could be housed in one of the segregated housing rooms if privacy was desired for personal care, although that would not be a preferred option. She stated a resident who was identified as an Abuser would not be housed in the same dorm as a resident with a history of abusiveness. Control room staff, as well as staff on the floor ensure behavior is appropriate, and residents are safe.

Policy 115.242 states, *"...Transgender residents are accepted and housed based on legal*

gender classifications. Transgender and Intersex residents are given the opportunity to shower separately from other residents." The policy states transgender and intersex residents are housed on their "legal gender classifications". This does not provide an opportunity to consider housing transgender and intersex residents on a case-by-case basis. This standard provision states, "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." Based on the evidence provided, the facility does not meet this provision.

115.242(d)

The facility PAQ indicates housing placements and programming assignments for transgender or intersex residents are based on the residents' own views with respect to his or her own safety. Policy 115.242 was provided as supportive documentation. The policy states transgender and intersex residents are housed based on legal gender classifications. Housing transgender or intersex residents on the basis of anatomy alone does not comply with this standard. Based on the evidence provided, the facility does not meet this provision.

115.242(e)

The facility PAQ indicates that the facility has provisions in place for transgender or intersex residents to shower separately from other residents. The PREA coordinator stated transgender or intersex residents would have an option of an early, or late shower schedule. She stated there is no general policy regarding transgender or intersex populations. The Risk Assessment is used as a baseline to make informed decisions about resident housing/bed assignments, education, and programming. The Intake Specialist stated during her interview that she would confer with the PREA coordinator, and the facility Nurse on specific recommendations to ensure the sexual safety of transgender and intersex residents. The facility did not have any residents during the time of the onsite audit, who self-identified as transgender or intersex. Based on the information provided, the facility meets this provision.

115.242(f)

The facility PAQ indicates that it does not place LGBTI residents in dedicated housing solely on the basis of the resident's gender identity or sexual orientation. During interviews of 20 residents one male, and one female resident identified as LGBTI. During interviews with the auditor, each resident stated they were not assigned to a particular housing dorm based on their sexual orientation. Each stated staff, and residents are respectful and they feel safe at WCCCF. The auditor reviewed 20 resident files, 18 of which indicated sexual orientation as 'straight'. None indicated a resident self-identifies as transgender male, or female.

The PREA coordinator stated the facility has housed LGBTI residents (i.e., gay, bi-sexual), and that housing determinations are not based on this information. She reiterated that residents know cameras are in the dorms, which reduces potential inappropriate behavior, such as sexual harassment, or sexual abuse. There are no cameras in restrooms or showers; however, there are always same gender staff of all shifts, whom can, and would make frequent checks in restrooms and shower areas to minimize resident sexual misconduct. Based on the evidence provided, the facility meets this provision.

Based on the evidence provide, the facility does not meet this standard.

Corrective Action:

1. Revise the Risk Assessment tool to document the basis for recommending special housing or programming accommodation for residents classified as a 'potential victim', or 'potential abuser', or intake screener's perception of a resident's sexual orientation, or gender identify.
2. Develop a procedure for obtaining approval for recommended accommodation(s), and how such is communicated with the resident; ensure approval is documented, as well as the basis for denying a recommended accommodation.
3. Update policy 115.241, 115.242, 115.262 to explicitly state, in policy and practice that WCCCF does not assign residents to a male or female facility on the basis of anatomy alone. Ensure all staff are trained to understand considerations for making transgender or intersex resident housing determinations.
4. Document in policy and practice that a transgender or intersex resident's own views with respect to his or her own safety is considered for housing placements and programming assignments.
5. Document what considerations are given to determine a transgender or intersex resident's housing, and programming assignment, and how such determination coincides with the residents' own views with respect to his or her own safety.
5. Ensure all applicable staff (e.g., facility management, Screening staff, PREA coordinator) are trained on how to appropriately consider factors unique to transgender or intersex populations, when assigning housing placements and programming.

Recommendation:

1. Review resources and recommendations in *PREA Standards in Focus* related to standard 115.242, via the national PREA Resource Center website (prearesourcecenter.org)

FACILITY RESPONSE:

The facility provided as evidence an updated PREA Risk Assessment, which clearly identifies if an incoming resident is classified as a 'potential victim', 'potential abuser', or 'No classification'. Based on such, the document requires the intake staff to indicate any recommended accommodation(s), or the basis for denying a resident request for special accommodation. Policy 115.241, 115.242, 115.262 states residents are not placed based on gender status, or sexual orientation. Transgender and intersex residents' own views with respect to his or her own safety is considered for housing placements and programming assignments. All intakes are conducted with the revised PREA Risk Assessment tool.

Based on the evidence provided, the facility is now in compliance with this standard.

Review:

PREA Risk Assessment screening form

WCCCF Policy 115.241, 115.242, 115.262

WCCCF Employee training records

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.251, 115.254 2. WCCCF Resident Handbook 3. Resident Poster for Reporting <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff 3. PREA coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. PREA signage throughout the facility <p>Findings:</p> <p>115.251.(a)</p> <p>The facility PAQ indicates residents have multiple internal ways for residents to report:</p> <ul style="list-style-type: none"> • sexual abuse and sexual harassment • retaliation by other residents or staff for reporting sexual abuse and sexual harassment • staff neglect or violation of responsibilities that may have contributed to such incidents. <p>The PAQ provided policy 115.251, 115.254 as supportive documentation. Policy states:</p> <p><i>“A. A resident may report allegations of sexual misconduct or retaliation, by other residents, or staff verbally, in writing, anonymously, and from third parties, and shall document any verbal reports. In addition, residents may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member.”</i></p> <p>During the onsite audit, the auditor observed Zero Tolerance posters in common areas. The poster listed multiple ways residents can report allegations, including:</p> <ul style="list-style-type: none"> • Verbal, or written reports to any staff • Free and private calls to an external voice mail hotline (ODRC PREA 24 hr. hotline) • Free and private calls to a voice mail line, which is directed to, and monitored by the PREA coordinator • Email address, which goes to the PREA coordinator (i.e., prea@wcccf.org) <p>Calls may be anonymous. During random resident interviews, 20 of 20 residents stated they knew there is a phone number listed on dorm posters they could call to privately report a PREA allegation. They stated they could verbally report an allegation to any staff, or the PREA</p>

coordinator. No resident stated he didn't know of any way to report a PREA allegation.

During random staff interviews, staff stated residents could report PREA allegations to them, and they would report it to their immediate supervisor, and the agency PREA coordinator. Staff were aware of information on the resident posters. Based on the evidence provided, the facility meets this provision.

115.251(b)

The facility PAQ indicates it provides at least one way for residents to report sexual abuse or sexual harassment to a public entity or office that is not part of the agency; that such entity or office is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials; and that such entity or office allow residents to remain anonymous upon request. Policy 15.521, 115.254 states:

"B. Residents may also report allegations to an outside entity by using the phone number and/or address provided. This outside entity shall then report the allegations to the PREA Coordinator or designee. Residents shall be given the opportunity to remain anonymous upon request to the outside entity."

During the facility site review, the auditor observed a PREA Hotline number (614-728-3399) on a Zero Tolerance poster in the Dayroom bulletin board. The auditor tested the number, which went to ODRC's PREA hotline. A recorded message instructs callers to leave a message and a contact phone number, and someone will respond within 24 hours.

During random resident interviews, residents knew they could obtain information for outside allegation reporting in the resident Dayroom bulletin board, or in the Resident Handbook, which they stated is provided to them during intake orientation. Based on evidence provided, the facility meets this provision.

115.251(c)

The facility PAQ affirms that staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and that such are promptly documented. Policy 115.251, 115.254 states allegations may be reported to any staff member, as well as a third party. The Zero Tolerance poster includes one external option, and one internal option for reporting allegations of sexual abuse: the ODRC hotline, and WCCCF message line. The auditor tested the WCCCF reporting line at (937) 644-2838, ext. 404. A recorded message identified the number as a reporting line for sexual abuse or sexual harassment by entering extension 404. The auditor was given the option to leave a message. The PREA coordinator stated residents are not charged for making a call to this number. During random resident interviews, 20 of 20 male and female residents articulated at least one example of how they could report a PREA allegation to a third party. Examples included the hotline numbers on the Zero Tolerance poster, as well as reporting to a friend or family member. Residents who cited internal reporting options stated they would report to the PREA coordinator. Based on the evidence provided, the facility meets this provision.

115.251(d)

The facility PAQ indicates that staff may privately report sexual abuse and sexual harassment of residents. Policy 115.251 states:

"E. West Central staff may privately report sexual abuse and sexual harassment of residents, by completing an Incident Report, marking it confidential, and submitting it directly

to the PREA Coordinator. The PREA Coordinator will ensure the allegation is investigated while maintaining the anonymity of the reporting staff."

During random staff interviews, 13 of 13 employees stated they know how to privately report a PREA allegation, that the options for residents are also available to them. Two volunteers who were interviewed during the onsite audit stated they understood that options for staff also apply to them. During the facility site review, the auditor observed a Zero Tolerance poster on the wall outside the Administrative office area of the facility. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. WCCCF Policy 115.252 <p>Interviews:</p> <p>None</p> <p>Findings:</p> <p>115.252(a) - (g)</p> <p>The facility PAQ indicates it does not have administrative procedures to address resident grievances regarding sexual abuse. Policy 115.252 was provided as supportive documentation. Policy 115.252 states in section 8.5:</p> <p><i>"West Central's grievance procedure is not used for reports of sexual abuse or sexual harassment. All reports of sexual abuse or sexual harassment, in a confinement facility, are to follow the established First Responders Flow Chart (PREA 115.264) and/or complete the Imminent Risk of Sexual Victimization Form. Investigations of alleged sexual abuse or sexual harassment are handled by the Union County Sheriff's Office and initiated within 72 hours of receipt."</i></p> <p>The auditor reviewed 20 resident files. There was no evidence of residents utilizing a grievance process for reporting alleged sexual abuse or sexual harassment. The PREA coordinator stated in her interview that WCCCF does not have an administrative procedure to address resident grievances regarding sexual abuse. Based on the evidence provided, the facility is exempt from this standard.</p> <p>Corrective action:</p> <p>No corrective action is recommended.</p>

115.253	Resident access to outside confidential support services
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="252 450 593 483" style="list-style-type: none"> 1. WCCCF Policy 115.253 <p data-bbox="252 517 395 551">Interviews:</p> <ol data-bbox="252 562 791 640" style="list-style-type: none"> 1. Random residents 2. Targeted resident (Prior sexual abuse) <p data-bbox="252 674 373 707">Findings:</p> <p data-bbox="252 752 395 786">115.253(a)</p> <p data-bbox="252 797 1471 999">The facility PAQ indicates clients are provided 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, or State victim advocacy or rape crisis organizations. Policy 115.253 was provided as supportive documentation. The policy states in section A:</p> <p data-bbox="252 1043 1477 1245"><i>"A) West Central will 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, or local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible."</i></p> <p data-bbox="252 1290 1471 1402">The facility uploaded in the PAQ a document, which lists community-based resources, and rape crisis centers throughout Ohio. The list contains addresses and phone numbers, and list in alphabetical order, by County.</p> <p data-bbox="252 1447 1477 1783">During the facility site review, the auditor observed on PREA posters an external PREA hotline number (614-728-3399). The Auditor tested the number from each of the resident phones in male and female Dayroom areas. All calls were successful, with a recorded message from the Ohio Department of Rehabilitation and Corrections' Division of Parole and Community Services. The message states there will be a call back within 24 hours. Upon request, residents would be assisted with locating a community-based resource in his or her home county, which provides emotional support for victims of sexual abuse. Based on the evidence provided, the facility meets this provision.</p> <p data-bbox="252 1816 395 1850">115.253(b)</p> <p data-bbox="252 1861 1471 2152">The facility PAQ indicates that clients are informed of any communication monitoring. During the facility site review, the Auditor observed signage posted on the wall above resident phones. The sign clearly states "All calls subject to monitoring". During resident interviews, residents stated they are aware that calls are monitored, but were confidential/private, if a call was made to the PREA hotline. One resident stated the recording states the call may be anonymous. Based on the evidence provided, the facility, meets this provision.</p>

115.253(c)

The facility PAQ indicates the facility does not have a memorandum of understanding (MOU) or other agreements with a community service provider that is able to provide residents with confidential emotional support services related to sexual abuse. The PAQ provides commentary, which states, "West Central does not have an MOU but provides information for each county". The PREA coordinator stated during informal conversation that because WCCCF residents come from a wide range of Ohio cities, a MOU with a local entity would not serve all residents once they leave the program. If a resident expressed a desire to connect with a community-based entity, she would review with the resident the listing of agencies, and assist with determining a location nearest his or her home location/county.

During resident interviews, 20 of 20 residents stated that PREA posters say information for outside rape crisis centers is available. One female resident stated she was aware of a rape crisis center in her home town, but did not know the name of it. Other residents stated they have not sought the information for lack of need. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

Recommendation:

1. Attempt to establish a Memorandum of Understanding (MOU) with a local rape crisis center (i.e., Union county Ohio), which may provide emotional support, and other resources for victims of sexual abuse, should a resident desire such service(s) while in the WCCCF program.

115.254	<p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF website 2. PREA Hotline (614-728-3399) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff <p>Findings:</p> <p>115.254(a)</p> <p>The facility PAQ indicates it provides third-party reporting options for reporting PREA allegations. The agency website provides email access (goes to the PREA coordinator's email) to report PREA allegations. Contact phone numbers for the ODRC PREA hotline, and WCCCF's voice mailbox, and email address, are posted on the agency website.</p> <p>The auditor interviewed 20 random residents during the onsite audit. All residents stated during random interviews they were aware that posted hotline numbers could be provided to a third-party (e.g., friend, family member), who could report on their behalf, an allegation of sexual abuse. Residents commented that they are comfortable reporting internally. The auditor observed a posted PREA Zero Tolerance poster in the main hallway near the visitor area. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.261: Staff reporting duties <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility director 2. PREA coordinator 3. Random staff <p>Findings:</p> <p>115.261(a)</p> <p>The facility PAQ indicates all staff are required to report any knowledge of resident sexual abuse or harassment, retaliation, or regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. The PAQ provided policy 115.261 as supportive documentation. Section I., A. states:</p> <p><i>"A. Any and all staff shall report immediately any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred at West Central. Staff shall also report retaliation against residents or staff who report such incidents, and any staff neglect, or violation of responsibilities, that may contribute to an incident or retaliation. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this section, and must inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services."</i></p> <p>All random staff respondents named their immediate supervisor, and/or the PREA coordinator as individuals, to whom they would report a PREA allegation. Based on the evidence provided, the facility meets this provision.</p> <p>115.261(b)</p> <p>The facility PAQ states it requires staff to 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. Policy 115.261 section I. states:</p> <p><i>"C. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report, to anyone other than to the extent necessary. Information gathered from a report of sexual abuse, will only be used by designated staff members to make necessary treatment, investigation, and other security and management decisions."</i></p>

Random staff stated during interviews that their immediate supervisor and/or PREA coordinator is who they would direct reports, and information, and that such is not to be shared with anyone. The policy states:

"...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." During the onsite interview with the facility medical coordinator/Nurse, she stated she is would report to the PREA coordinator, any resident report or disclosure of sexual abuse. Based on the evidence provided, the facility meets this provision.

115.261(c)

The facility PAQ indicates that 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. Policy 115.261 was provided as supportive documentation. The PREA Form 1.1 lists three medical and mental health practitioners who work at WCCCF as staff, and two contractors. The auditor interviewed the medical coordinator/Nurse (staff) during the onsite audit. The Nurse stated she explains to residents during the intake health assessment her responsibility to report to the PREA coordinator, or other mandated entity, reports of sexual abuse, even if it was prior to admission at WCCCF. Based on the evidence provided, the facility meets this provision.

116261(d)

The facility PAQ states there are no residents at WCCCF under age 18. The facility website states it is an adult facility. During the onsite audit, no residents were identified as under age 18. The auditor reviewed 20 resident files. Of the 20 resident files reviewed, all indicated the resident was older than age 18. Based on the evidence provided, the facility meets this provision.

115.261(e)

The facility PAQ indicates all allegations are reported to designated staff, including third-party reports. Policy 115.261 states:

"A. All reports of allegations of sexual abuse thought to be criminal in nature, including third-party and anonymous reports, will be reported to the Union County Sheriff Department for investigation. Allegations which are not determined to be criminal, will be administratively investigated."

The facility provided three sexual harassment investigative files from 2019 to review to support the assertion. The Incident Reports were submitted to the agency PREA coordinator. There were no allegations of sexual abuse in 2019, so no investigative files for such were reviewed. Random staff and random residents stated they would report allegations of sexual abuse to their immediate supervisor, and/or PREA coordinator. The PREA coordinator is listed as one of eight special investigators, and has received specialized training specific to PREA related allegations. Based on the evidence provided, the facility meets this provision.

Based on the overall evidence provided, the facility meets this standard.

Corrective Action:

No corrective action recommended.

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.241, 115.242, 115.262: PREA Reporting <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator 2. PREA investigator (clinical counselor) 3. Random staff <p>Findings:</p> <p>115.262(a)</p> <p>The facility PAQ indicates the facility will take immediate action to protect a resident at risk of imminent sexual abuse. Policy 115.262 was provided in the PAQ as supportive documentation. Policy section III. states:</p> <p><i>"C. All reports of substantial risk of imminent sexual abuse shall immediately be forwarded to the Resident Monitor in Charge, Resident Monitor Coordinator, and PREA Coordinator. Upon receipt of a report, resident monitor staff shall take immediate action to employ protection measures to ensure the resident's safety.</i></p> <ol style="list-style-type: none"> 1. <i>West Central may change housing assignments if the residents are housed in the same dorm.</i> 2. <i>If a staff member is accused, the staff member will be moved to the opposite end of building and/or placed on administrative leave during the course of an investigation.</i> <p><i>Any action taken shall be documented on the Imminent Risk of Sexual Victimization form."</i></p> <p>During random staff interviews seven of seven Resident Monitor/security staff consistently expressed basic knowledge to separate the alleged victim from an abuser, or prevent access from an identified abuser (i.e., place in segregated housing). The PREA coordinator and facility director both stated that staff are empowered to call the Sheriff's Department if there were a clear, known threat to a resident.</p> <p>During the onsite facility review, segregated housing rooms were observed, which is located in the medical, and intake area. The segregated rooms contain a toilet. Residents placed in segregated housing may be placed on an early or late shower schedule to remain separate from the general population. The auditor observed that this area can be monitored from the</p>

control room, to ensure resident safety, and facility security.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.263 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head 2. PREA coordinator <p>Findings:</p> <p>115.263(a)</p> <p>The facility PAQ indicates if a resident reports having been sexually abused while confined at another facility, the head of the facility will be notified. Policy 115.263 was provided as supportive documentation. Policy 115.263 states:</p> <p><i>"In the event that a resident discloses that he/she was sexually abused while confined in another institution or facility, this disclosure is to be immediately reported to the PREA Coordinator who will immediately report such disclosure to the Executive Director. The Executive Director, or designee, will contact the head of the facility in which this alleged abuse occurred."</i></p> <p>During an interview with the Agency Head (Exec. Director), he stated the PREA coordinator drafts responses to such an allegation. He stated the PREA coordinator informs him of the situation and he signs the notice, which is sent to the applicable facility. PREA standard 115.263(a) states the facility head is to notify shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. According to policy, as well as interview response, the Agency Head (Exec. Director) delegates the responsibility of drafting notices to another agency to the PREA coordinator. It was also stated the PREA coordinator would send the signed notice to the facility where the reported sexual abuse allegedly occurred.</p> <p>During the onsite audit the auditor interviewed 20 residents (10 male, 10 female). No female residents stated they were sexually abused while confined at another facility. One male resident stated he was sexually abused while confined at another (juvenile) facility. The auditor confirmed in the resident's file that such was disclosed during his initial intake screening. There is no evidence that the WCCCF notified the facility that a resident reported sexual abuse while at the (juvenile) institution. Based on the evidence provided, the facility does not meet this provision.</p> <p>115.263(b)</p> <p>The facility PAQ indicates another facility would be notified within 72 hours after receiving an allegation of previous sexual abuse. Policy 115.263 is provided as supportive documentation. Policy 115.263 states:</p>

"A. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall be documented.

B. Upon receiving a report from another facility or institution that there has been a criminal allegation of sexual abuse at West Central, the PREA Coordinator shall notify the Union County Sheriff Department of the allegation and an investigation shall be initiated."

The facility did not provide in the PAQ a notice of prior sexual abuse reported by a WCCCF resident, which allegedly occurred while at another facility. One resident stated in his interview that he disclosed prior sexual abuse while incarcerated at a juvenile institution by another resident. No evidence was provided to indicate the institution's Agency Head was notified by the WCCCF Agency Head that such had been reported. Based on the evidence provided, the facility does not meet this provision.

115.263(c)

The facility PAQ indicates that WCCCF shall document that it has provided such notification. Policy 115.263 states:

"A. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall be documented.affirms this assertion, and states such notification shall be documented."

The PAQ indicates WCCCF has not received an allegation of sexual abuse reported in the last 12 months, while a resident was at a previous facility. One male resident disclosed during his interview that he was sexually abused by another resident while incarcerated at a (juvenile) institution The auditor verified in the resident's file that prior sexual abuse was disclosed during the initial intake. The auditor did not observe evidence of a documented notice that an allegation at that facility was reported by a WCCCF resident. Based on the evidence provided, the facility does not meet this provision.

5.263(d)

The facility PAQ indicates the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ referenced section B. in policy 115.263 as supportive documentation. This policy states:

"B. Upon receiving a report from another facility or institution that there has been a criminal allegation of sexual abuse at West Central, the PREA Coordinator shall notify the Union County Sheriff Department of the allegation and an investigation shall be initiated."

The PREA coordinator stated during her interview that, should the facility receive a report from another facility that a former resident alleged being sexually abused while at WCCCF, they would treat is as if the resident were still there, and request a full investigation. She stated WCCCF has received no reports from another facility that a former WCCCF resident reported the he or she was sexually abused while at WCCCF. The auditor conducted an internet search for sexual abuse allegations at WCCCF. The search results found no articles related to sexual misconduct at WCCCF. Based on the evidence provided, the facility meets this provision.

Based on the overall evidence provided, the facility does not meet this standard.

Corrective Action:

1. Develop a communication structure between Intake staff and the PREA coordinator to

ensure the PREA coordinator is immediately notified of a resident's disclosure of prior sexual abuse while incarcerated at another facility.

2. Develop and implement a procedure to ensure reported allegations that occurred at another facility are reported to that facility.

3. Ensure notifications of reported prior sexual abuse are submitted to the head of the former facility within 72 hours of receiving a disclosure of prior sexual abuse from a WCCCF resident.

FACILITY RESPONSE:

The facility has updated the internal communication flow to ensure the PREA coordinator is aware that a new resident has disclosed prior sexual abuse while incarcerated. Documented communication, based on such disclosure was provided to the auditor as supportive documentation. The communication indicates the facility implemented timely action steps to internally notify the PREA coordinator that prior sexual abuse was reported. The PREA coordinator ensured the prior institution/facility (jail) was notified, as well as authorities at the Ohio Department of Rehabilitation and Corrections/Bureau of Community Sanctions.

Based on the evidence provided, the facility is now in compliance with this standard.

Review:

PREA Risk Assessment form

Internal (email) communication with the PREA coordinator

Documented communication with the prior facility/jail

Documented communication with the ODRC/BCS Liaison

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire (PAQ) 2. WCCCF Policy 115.264 3. Resident files 4. Staff training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Security staff who are first responders 2. Non-security staff 3. Agency Head <p>Findings:</p> <p>115.264(a)</p> <p>The facility PAQ indicates that upon learning of a reported allegation of resident sexual abuse, the first security staff member to respond to the 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; 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; and the same requirement for the alleged abuser. Policy 115.264 was provided as supportive documentation.</p> <p>The policy states:</p> <p><i>"A. Upon report of an allegation of resident sexual abuse, the first security/staff member to respond to the report shall be required to: (First Responder Flow Chart)</i></p> <ol style="list-style-type: none"> <i>1. Immediately notify the shift supervisor and PREA Coordinator.</i> <i>2. Separate the alleged victim and abuser.</i> <i>3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. The Union County Sheriff's office will be notified of any allegations of sexual abuse and will be responsible for the collection of any evidence.</i>

4. *The first security/staff responder shall be required to request the alleged victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urination, defecating, smoking, drinking, or eating.*

The facility PAQ indicates section A., 4. of the policy as supportive documentation regarding action steps related to the alleged abuser. The policy section references steps to protect evidence on the alleged victim; it does not include action steps regarding the alleged abuser (i.e., 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). The facility uploaded in the PAQ a PREA First Responder Flowchart. The flowchart illustrates action steps to be taken by security, and non-security staff who are first responders. The flowchart includes action steps regarding the alleged abuser and alleged victim. The PREA coordinator stated the flowchart is reviewed in orientation, and staff in-person PREA training. The auditor identified internal PREA training in 2019, in addition to Relias online training.

During seven RM/security staff interviews, one security staff stated he would report an allegation of sexual abuse to the immediate supervisor, and PREA coordinator. The staff gave specific steps to take to ensure any physical evidence is not contaminated, separating the victim from the abuser. Seven of seven random staff (line security staff on each shift) all stated during interviews, reports of sexual abuse would be reported to their immediate supervisor, and PREA coordinator. Four of seven security staff stated allegations would be reported to the Sheriff's Department if there was potential physical evidence related to an alleged sexual abuse. They articulated the appropriate action steps related to the alleged abuser.

The Agency Head stated during his interview that they would call the court, and have an order prepared for the Sheriff; and have the alleged abuser removed from the facility during the investigation. Additional charges would be brought against the abuser; the Sheriff Dept. would conduct an investigation. The victim would be transported to Union Memorial Hospital. The auditor verified training attendance for Relias-based PREA refresher training on various dates in 2019 via the Relias Course Completion History listing. Based on the evidence provided, the facility meets this provision.

115.264(b)

The facility PAQ indicates if a first responder is a non-security staff, they are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Policy 115.264 does not reference non-security staff related to reported allegations of sexual abuse. The facility uploaded in the PAQ a First Responder flowchart as supportive documentation. The flowchart illustrates action steps for non-security, and security staff who are first responders to a PREA allegation. Three non-security staff were interviewed; each staff articulated that they would separate the alleged victim and abuser, and contact the PREA coordinator. The alleged victim would be returned to general population, and the alleged abuser would be placed in one of the segregated housing rooms until the Sheriff arrived. The alleged victim, if he or she remained in the facility, could be monitored in the dorm via surveillance camera. If there was a strong indication the incident occurred as reported, the Sheriff's Office would be called to arrest the alleged abuser, and begin a criminal investigation. The resident would be asked if he or she needed medical attention.

Seven of seven random security staff, who may be first responders, articulated all of the required first responder steps. The auditor did not review sexual abuse investigative files; the PREA coordinator indicated there have been no allegations of sexual abuse in the past 12 months. Based on the evidence provided, the facility meets this provision.

Based on the overall evidence, the facility meets this standard.

Corrective Action:

No corrective action recommended.

Recommendation:

Clarify in policy 115.264 action steps for non-security staff who may be a first responder to a report of resident sexual abuse.

115.265	Coordinated response
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="252 450 686 517" style="list-style-type: none"> 1. Pre-audit Questionnaire (PAQ) 2. WCCCF Policy 115.265 <p data-bbox="252 562 395 595">Interviews:</p> <ol data-bbox="252 607 483 640" style="list-style-type: none"> 1. Facility director <p data-bbox="252 685 371 719">Findings:</p> <p data-bbox="252 752 395 786">115.265(a)</p> <p data-bbox="252 797 1477 999">The PAQ response indicates the facility has in place a coordinated response, which includes a facility staffing plan that demonstrates the institutionalization of PREA-related procedures and protocols as part of the overall safety of the facility, and residents' sexual safety. Policy 115.265 was provided as supportive documentation. The policy addresses five components, which make up the facility's coordinated response:</p> <ul data-bbox="300 1066 1477 1827" style="list-style-type: none"> • Initial Response - sections A-D cover resident rights to report allegations of sexual misconduct by other residents, or staff; staff responsibilities to report any knowledge or suspicion of sexual misconduct, including retaliation; responding to allegations involving a resident's imminent risk of sexual abuse; and, first responder duties, which refers to the First Responder Duties flowchart); • Medical Responsibilities - outlines staff responsibility to offer to residents medical and/or mental health support, unimpeded access to care at no cost to the victim; victims' right to undergo forensic examinations; • Mental Health Responsibilities - states WCCCF will refer victims for mental health evaluation and ongoing treatment; • Investigators - states allegations of sexual abuse, sexual harassment, and retaliation are referred to the Union County Sheriff's Department for investigation, unless the allegation is deemed to not be criminal; a MOU with the Sheriff's Dept. will be maintained by WCCCF; the Sheriff's Dept. oversees investigation protocols; • West Central Leadership - states all staff, volunteers, contractors are trained on the facility's zero tolerance policy against sexual abuse, sexual harassment, and retaliation; a SART (Sexual Assault Response Team) reviews first responder action steps to ensure compliance with PREA standards, and agency policies and procedures. <p data-bbox="252 1872 1374 1939">PREA form 1.1, provided by the PREA coordinator during the pre-audit phase, lists the identified positions in section k. of the document, which make up the SART:</p> <ul data-bbox="300 2007 576 2119" style="list-style-type: none"> • Agency Head • Facility Director • PREA Coordinator

During the onsite audit, the members of the team were interviewed. All three SART members acknowledged being on the incident review team, and stated the team has not been deployed, as there have been no reported allegations of sexual abuse in the past 12 months. The facility director stated during his interview that a key method of ensuring resident safety is the use of surveillance cameras throughout the facility. The auditor observed the facility layout schematic, which includes the location of video surveillance cameras. During her interview, the PREA coordinator articulated how, where such exists, those areas are to be monitored. The auditor observed areas in the facility marked with 'authorized personnel only', or similar signage in areas identified as blind spots.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

Recommendation:

Review ***How to Develop a PREA-Compliant Staffing Plan***, created by The Moss Group, for resources, and best practices. The guide can be accessed on the nation PREA Resource Center website (prearesourcecenter.org).

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in make the compliance determination:</p> <p>Documents: (policies, directives, forms, files, records, etc.)</p> <p>1. WCCCF Policy 115.266</p> <p>Interviews:</p> <p>1. Agency head</p> <p>2. Random staff</p> <p>Findings:</p> <p>115.266 (a)</p> <p>The facility PAQ indicates that neither the agency nor facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Thus, they are not restricted in the disciplinary process of staff members that have violated sexual abuse/sexual harassment policy or limited in their ability to remove staff sexual abusers. Policy 115.266 was uploaded as supportive documentation. The policy states:</p> <p><i>"West Central does not have an entity that is responsible for collective bargaining on West Central's behalf."</i></p> <p>The Agency Head corroborated during his interview that there is no collective bargaining agreement or other agreement between WCCCF and any entity. Interviews with 13 random and specialized staff also supported this information. Therefore, the agency is, by default, in compliance with this provision.</p> <p>115.266(b)</p> <p>The auditor is not required to audit this provision.</p> <p>Corrective Action:</p> <p>The auditor recommends no corrective action.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in make the compliance determination:</p> <p>Documents: (policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.267 2. Facility physical layout <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head 2. Facility Director 3. Designated Staff Member Charges with Monitoring Retaliation 4. PREA coordinator <p>Findings:</p> <p>115.267 (a)</p> <p>The facility indicated in their response to the PAQ that there is a policy which will protect residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation. Policy 115.267 was provided in the PAQ as supportive documentation. The auditor reviewed policy 115.267 to determine if it provides protection for residents and staff who report sexual abuse or harassment. Section I. states:</p> <p><i>"A. West Central shall protect all residents and staff, who report sexual misconduct or cooperate with sexual misconduct investigations, from retaliation by other residents or staff. The Resident Monitor Coordinator shall monitor all cases of retaliation against residents and the Human Resource Manager shall monitor all cases of retaliation against or involving staff."</i></p> <p>The facility PREA coordinator provided in PREA Form 1.1, which identified the facility HR manager, and Resident Monitor Coordinator, as responsible for retaliation monitoring of residents and staff who report sexual abuse or sexual harassment. The PAQ identifies the same positions as staff responsible for retaliation monitoring. PREA form 1.1 was provided during the pre-audit phase. Based on the evidence provided, the facility meets this provision.</p> <p>115.267(b)</p> <p>In the PAQ, the facility provided policy 115.267, which affirms residents are entitled to a safe environment, and that all allegations are administratively, or criminally investigated. The policy cites in section I. A. 1., a-c:</p> <p><i>"1. If a report of sexual abuse or sexual harassment is made, or cooperation in an</i></p>

investigation into such is done by a resident, the following measures will be taken if there is a potential for retaliation:

a. Monitoring by way of periodic status checks,(i.e. reviewing resident discipline)

b. Housing or programming changes.

c. Emotional support services for resident who fear retaliation."

The policy require staff to have regular communication with residents upon admission and during resident meetings regarding the procedures to protect residents, reassuring residents of the availability of staff to provide assistance, and other available services.

During a review of the facility layout, and onsite facility review, the auditor observed that resident dorms have cameras, which provide control room staff a line of sight.

The PREA Allegations and Investigations Matrix, Table 6, indicates retaliation monitoring was conducted in one of three allegations of sexual harassment, reported in 2019. There is no evidence of retaliation monitoring related to sexual abuse allegations. Table 6 does not indicate there were any allegations of sexual abuse in the past 12 months. The auditor reviewed 20 random resident files (10 male, 10 female residents). There was no evidence of reported sexual abuse in the past 12 months. The PREA coordinator, and Facility Director stated during specialized staff interviews there have been no allegations of sexual abuse in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.267(c)

The facility indicated in the response to the PAQ, that PREA retaliation monitoring would be implemented, should a sexual abuse allegation be reported. WCCCF Policy 115.267 states in section I., A. 2. a-c:

"2. If a report of sexual abuse or sexual harassment is made, or cooperation in an investigation into such is done by a staff member, the following measures will be taken if there is a potential for retaliation:

a. Alteration in shift, or reassignment.

b. Negative performance memo and/or subject to discipline.

c. Emotional support services for staff who fear retaliation."

The auditor interviewed a facility retaliation monitor, who explained the PREA coordinator would notify him if a situation required monitoring. He stated retaliation monitoring includes:

- Review of "care and concern" slips (medical requests)
- Grievances
- Weekly checks with the alleged victim

He further stated resident phone calls may be monitored, if a situation warrants. Retaliation monitoring will usually last throughout the resident's stay, even if it goes beyond the 90-day monitoring period. He, and/or the HR Manager will conduct periodic reviews of video surveillance footage, particularly if the alleged abuser/harasser is still in the facility.

An analysis of the evidence indicates the facility provides the necessary practice of monitoring retaliation for victims of sexual abuse and sexual harassment. Through interviews, and document review, it is noted that staff interviewed who are charged with monitoring retaliation are familiar with retaliation time frames and methods to protect residents who report sexual abuse, or staff who report retaliation. Based on the evidence provided, the facility meets this provision.

115.267(d)

Table 6 of PREA Form 1.1 indicated that there were three reported cases of sexual harassment in 2019, one of which included retaliation monitoring. According to the PREA coordinator, and staff who are responsible for retaliation monitoring, periodic (weekly) status checks are conducted. Additionally, the practice of conducting periodic status checks of residents to monitor the conduct and treatment, is addressed in policy 115.267. No supportive documentation to verify how retaliation monitoring was conducted, and frequency of resident checks over a minimum of 90 days. Based on the above evidence the facility does not meet this provision.

115.267(e)

The standard requires the facility to take appropriate action for any other person who may have cooperated in an investigation, and fears retaliation. The auditor interviewed a staff who is responsible for retaliation monitoring. The staff stated they would assure a resident or staff who feared retaliation that their safety is a priority. Monitoring a resident who feared retaliation would include routine monitoring of video footage, and possibly phone calls. Staff who express concern of retaliation could be reassigned to another area, or shift. When they suspect retaliation, chain of command is followed, and the PREA coordinator is notified and/or facility director, Agency Head, and will handle the situation from there. Policy 115.267 states:

"C. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Resident Monitor Coordinator/ Human Resource Manager shall take the appropriate measures to protect that individual against retaliation."

Based on the evidence provided, the facility meets this provision.

115.267(f)

The Auditor is not required to audit this provision.

The final analysis of the evidence indicates the facility provides protection against retaliation for residents and staff who report sexual abuse and sexual harassment. Agency policy clearly states the need to protect residents, staff, or other persons who may be retaliated against, and actionable steps toward ensuring such monitoring occurs. The auditor was not provided with, or access to, evidence of how retaliation monitoring occurs to support interview statements, and policy guidelines. Based on the evidence provided, the facility does not meet this standard.

Corrective Action:

1. Develop a structured procedure for retaliation monitoring, which supports policy 115.267, and documents how the facility protects residents and staff against retaliation for reporting

sexual abuse, or sexual harassment, or for cooperating in the investigation of such.

2. Ensure retaliation monitoring is documented for at least a 90-day period; document all monitoring checks on a standardized schedule (e.g., weekly, monthly, etc.).

FACILITY RESPONSE:

The facility has developed and implemented a PREA Retaliation Monitoring procedure. The process requires staff to document on a weekly basis what action steps were taken to prevent, or address identified retaliation. A dedicated form documents when retaliation monitoring was conducted, by whom, and the results, from week 1 through week 13. The form provides a Conclusion section at the end of the 90-day monitoring, and is signed and dated by monitoring staff.

Based on the evidence provided, the facility is now in compliance with this standard.

Review:

WCCCF Sexual Abuse Retaliation Monitoring form

WCCCF Policy 115.267

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.271 PREA Investigations 2. Facility layout document 3. Staff training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Investigator 2. PREA coordinator 3. Facility director <p>Facility Site Review</p> <p>Findings:</p> <p>115.271(a)</p> <p>The facility PAQ indicates the agency/facility has a policy related to criminal and administrative agency investigations. Policy 115.271 is provided as supportive documentation. Policy 115.271 states:</p> <p><i>"West Central Community Correctional Facility will conduct initial investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Any allegation determined to be criminal in nature shall be immediately reported to the Union County Sheriff Department. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident."</i></p> <p>The facility director stated during interview that actions regarding allegations of sexual abuse first go through the PREA coordinator; the process moves forward from there. The facility has a documented Memorandum of Agreement (MOA) with the Union County Sheriff's Department, which establishes the Sheriff's Department as the investigative entity for PREA allegations at WCCCF, which appear to be criminal in nature. During the pre-audit phase, the facility provided to the auditor PREA Form 1.1, which included an Allegation and Investigations Matrix. Table 6 of the Matrix indicates the facility received five allegations of sexual harassment in 2019. The auditor reviewed all five investigative files. Of the five files reviewed, none were referred to the Sheriff's Department. The auditor did not review investigative files related to sexual abuse allegations, as the PREA coordinator stated there have been no reported allegations of sexual abuse, or retaliation in the past 12 months. The facility stated in response to PREA §115.222 that WCCCF conducts administrative investigations, when allegations are deemed to not be criminal.</p> <p>According to the HR manager, if the identified abuser is a staff member, they would be placed on administrative leave with pay until the investigation is complete. If the alleged abuser is a</p>

resident, he or she would be temporarily removed/arrested, and housed in the local jail, until the investigation is complete. Such was corroborated by the Agency Head during his interview. Based on the evidence provided, the facility meets this provision.

115.271(b)

The facility PAQ indicates that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.234. Training for the PREA coordinator, and one of the listed investigators was verified through supporting documentation (training certificates) located in their personnel files. The investigator, and PREA coordinator files contained certificates dated 1/13/15, and 3/12-13/18 from PREA Investigator specialized training, facilitated by The Moss Group. The curriculum of the two-day training was provided, and meets all aspects required of specialized training for PREA investigations. Policy 115.271 states PREA investigations are conducted by qualified staff within the Union County Sheriff's Department. During interviews, the investigator stated she attended PREA investigations specialized training in 2018. Based on the evidence provided, the facility meets this provision.

115.271(c)

The facility PAQ indicates 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. Policy 115.271 states:

"I. In the event of a sexual assault or offense or upon the request of the staff at the WEST CENTRAL COMMUNITY CORRECTIONAL FACILITY, the UNION

COUNTY SHERIFF'S OFFICE agrees to provide uniformed deputies for the initial investigation, followed by detectives trained in sexual offense

investigations to thoroughly investigate any alleged sex related offenses. Such investigations shall:

(a) include gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available

electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses and reviewing prior complaints and reports of sexual abuse

involving the suspected perpetrator."

During the onsite facility review, the auditor observed cameras in the facility main security hub, which covered internal and external areas throughout the facility. A facility layout document was provided, which reflected where cameras are located in, or around, the facility. The facility director stated during interview that physical or circumstantial evidence would likely be collected as part of a criminal investigation, and would be handled by the Sheriff's Dept. Access to an area deemed to contain evidence in an investigation would be prohibited until clearance is received by the Sheriff's Dept. Based on the evidence provided, the facility meets this provision.

115.271(d)

The facility PAQ indicates that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Policy 115.271 states in section I., c. that the Sheriff's Department will:

"...(c) conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

The facility provided no investigative files to confirm whether compelled interviews occurred during an investigation, or if such were deemed to be an obstacle for subsequent criminal prosecution. No documentation was provided to indicate whether the Sheriff's Dept. has been consulted with in regards to a reported allegation of sexual abuse, sexual harassment, or retaliation. During interviews, the facility director, PREA coordinator, and Agency Head stated there have been no PREA allegations of sexual abuse in the past 12 months. Based on the evidence provided, the facility meets this standard.

115.171(e)

The facility PAQ indicates that 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 agency 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. Policy 115.271 is provided as supportive documentation. Policy section I., d. states the Sheriff's Dept. will:

"...(d) assess credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as resident or staff."

(e) not 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.

The facility provided no investigation files for review, stating there have been no reported allegations of sexual abuse in the past 12 months. During interviews, the facility head, and PREA coordinator stated the agency does not conduct polygraph tests, nor does it use any other truth-telling device during PREA investigations. During resident interviews, no resident expressed ever being asked to take a polygraph test, and 19 of the 20 residents interviewed stated they had not experienced sexual victimization during incarceration, or while at WCCCF. One resident interviewed had disclosed during intake that he was previously sexually abused while he was incarcerated. Based on the evidence provided, the facility meets this provision.

115.271(f)

The facility PAQ indicates 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. Policy 115.271 states:

"...If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident. An administrative investigation shall be

documented listing all findings including a determination whether staff actions or failure to act contributed to the incident. West Central documents all reported allegations in a specialized incident report and will provide this information to the Union County Sheriff Department for formal investigations."

Investigation files are uploaded in the Ohio Criminal Justice System (OCJS) Intelligrants tool. The auditor reviewed five administrative investigative files related to sexual harassment in 2019. No sexual abuse investigative files were provided for review, as the facility has had no reported allegations of sexual abuse in the past 12 months. The facility indicated in Table 6 of the PREA Allegations and Investigations Matrix that five allegations of sexual harassment were received in 2019. The auditor observed documented post-incident reviews in five of five files. One investigation, while found as unsubstantiated, resulted in a policy change related to resident shower schedules, and monitoring, to further the facility's effort to prevent resident sexual harassment, or sexual abuse.

The facility responded in PREA standard 115.221 that all allegations deemed as criminal are investigated by the Union County Sheriff's Department. In standard 115.222, the facility stated if an allegation is deemed to not be criminal, the agency conducts an administrative investigation. The facility provided five investigative files to corroborate that the facility's administrative investigation practice coincides with agency policies. Based on the evidence provided, the facility meets this provision.

115.271(g)

The facility PAQ indicates 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. Policy 115.271 states:

"West Central shall retain all written reports pertaining to allegations of sexual misconduct and/or retaliation for as long as the alleged abuser is incarcerated or employed by West Central, plus five years."

The PREA coordinator provided to the auditor a documented, signed Memorandum of Agreement (MOA) between WCCCF and the Union County Sheriff Department. The agreement establishes the Sheriff's Department as the investigating entity for allegations of sexual misconduct. The agreement states that WCCCF will be provided written investigative reports. During the onsite audit, no criminal investigation files were provided, as WCCCF has had no reported allegations of sexual abuse in the past 12 months. During interviews with the agency head, facility director, and PC, all stated there have been no allegations of sexual abuse or retaliation in the past 12 months.

Of the 20 resident files reviewed onsite, none contained documentation related to allegations of sexual abuse, or retaliation. The auditor reviewed five administrative investigation files from 2019 related to resident-on-resident sexual harassment. Resident intake screenings did not indicate there have been reported allegations of sexual abuse at WCCCF. None of the residents identified in the five sexual harassment allegations were in the WCCCF program at the time of the onsite audit.

Review of 13 staff personnel files did not result in any findings of disciplinary action, or other legal action against staff for resident sexual abuse and/or sexual harassment, retaliation, or evidence of any criminal charges for past sexual abuse, sexual harassment, or retaliation.

Based on the evidence provided, the facility meets this provision.

115.271(h)

The facility PAQ indicates that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Policy 115.271 states:

"...Any allegation determined to be criminal in nature shall be immediately reported to the Union County Sheriff Department."

During the onsite audit, no investigation files were reviewed, as the facility has had no allegations deemed as criminal, in the past 12 months.

There were no records in resident files of court cases stemming from allegations of sexual abuse and /or harassment, or retaliation. The facility director stated during interviews that there have been no PREA related allegations, which were deemed to be criminal, and referred for prosecution. The PREA coordinator stated in her interview that there have been no allegations, which appeared to be criminal in nature. The Agency Head stated the facility has had no allegations of sexual abuse or retaliation in the past 12 months. Based on the evidence provided, by default, the facility meets this provision.

115.271(i)

The facility PAQ indicates that the agency 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 agency, plus five years. Policy 115.271 was uploaded in the PAQ as supportive documentation. The policy states:

"West Central shall retain all written reports pertaining to allegations of sexual misconduct and/or retaliation for as long as the alleged abuser is incarcerated or employed by West Central, plus five years. ..."

The PREA coordinator, facility director, and Agency Head stated there have been no allegations of sexual abuse, or retaliation in the past 12 months. The PREA coordinator provided information on five sexual harassment allegations from 2019, and one from 2018; no allegation reports prior to 2015 were provided to demonstrate records remain on file. There was no evidence that the facility received allegations of sexual abuse, sexual harassment, or retaliation before 2015. Based on the evidence provided, the facility, by default, meets this provision.

115.271(j)

The facility PAQ indicates that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Policy 115.271 was uploaded in the PAQ as supportive documentation. The policy states:

"...The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for termination of the investigation."

The PREA coordinator provided five investigation files related to resident sexual harassment by another resident for the auditor to review. In all cases, the facility concluded the investigation prior to the resident's departure. The PREA coordinator, facility director, and Agency Head stated there have been no allegations of sexual abuse, or retaliation in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.271(k)

The auditor is not required to audit this provision.

115.271(l)

The facility PAQ indicates that 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 director stated during interviews that he would stay in contact with the Sheriff's

Department who would provide updates on a regular basis. The PREA coordinator, and Agency Head made similar comments during their interviews. The facility director further stated that "...all actions start with Lori (PREA coordinator), and moves on from there." Based on the evidence provided, the facility meets this provision.

Based on evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.272 Evidentiary Standard <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative staff <p>Findings:</p> <p>115.272(a)</p> <p>The facility PAQ indicates it imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. Policy 115.272 is uploaded in the PAQ as supportive documentation. The policy states:</p> <p><i>"...West Central will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</i></p> <p>The auditor reviewed five sexual harassment investigative files. There was no evidence that agency investigative staff applied a standard higher than a preponderance of evidence to determine allegation outcomes. The PREA coordinator, facility director, and Agency Head all stated there have been no reported allegations of resident sexual abuse in the past 12 months.</p> <p>Based on evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.273 Reporting to Residents 2. 20 Resident files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative staff (Counselor) 2. 20 Random resident interviews <p>Findings:</p> <p>115.273(a)</p> <p>The facility PAQ indicates there is a policy that ensures residents who report allegations of sexual abuse or sexual harassment are informed of the outcome (substantiated, unsubstantiated, unfounded). The facility provided in the PAQ policy 115.273 as supportive documentation. Policy 115.273 states:</p> <p><i>"...Following an investigation into a resident's allegation that he or she has suffered sexual abuse at West Central, West Central will request from the investigator, relevant information, in order to inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. ..."</i></p> <p>The PAQ indicates there have been no allegations of sexual abuse in the past 12 months. The facility documented in the PREA Audit Request for Information document, submitted during the pre-audit phase, three allegations of resident-on-resident sexual harassment in 2019. There were no detailed investigative files uploaded in the PAQ, or provided onsite for the auditor's review. There was no evidence in any of the 20 resident files that a resident received a documented notice of whether the resident's allegation was determined to be substantiated, unsubstantiated, or unfounded. The resident roster provided to the auditor at the onset of the onsite audit did not include the three residents who reported sexual harassment by another resident in 2019.</p> <p>During the onsite interview with the Investigator (counselor), she stated if a resident terminated prior to the conclusion of a PREA investigation, the outcome notice would be handled by the PREA coordinator, if known. If the Sheriff's Office conducts the investigation, the PREA coordinator will request that the alleged victim be notified of the outcome. During the onsite audit, there were no residents identified as having reported an allegation of sexual abuse or sexual harassment. Of 20 residents interviewed, none stated they have reported an allegation of sexual abuse or sexual harassment; none stated they were aware of reports of alleged sexual abuse in the facility. During random staff interviews, no employees stated they were aware of reported allegations of sexual abuse in the past 12 months. During the onsite audit, the auditor reviewed 20 resident files. No files included documented evidence of sexual harassment. Based on the evidence provided, the facility does not meet this provision.</p>

115.273(b)

The facility PAQ indicates that, when an outside agency investigates a reported allegation of sexual abuse, the facility cooperates with the outside investigators, and endeavors to remain informed about the progress of the investigation. The PAQ indicates there were no reported allegations of sexual abuse in the past 12 months. No residents were identified as having reported sexual abuse at WCCCF. None of the 20 residents stated they have reported, or are aware of reported allegations of sexual abuse at WCCCF. None of the 13 staff interviewed expressed knowledge of allegations of sexual abuse at WCCCF.

During his interview, the Agency Head stated WCCCF and the Union County Sheriff's Office have a positive relationship. Allegations of sexual abuse would likely be dealt with as a criminal case, and the Sheriff's Office would take the lead, and keep him abreast of the outcome. Based on the evidence provided, the facility meets this provision.

115.273(c)

The facility indicates in the PAQ that residents are informed of allegation outcomes regarding staff sexual abuse against a resident. Policy 115.273 states:

"II. Following an investigation into a resident's allegation that he or she has been sexually abused by another resident, West Central shall subsequently inform the alleged victim whenever:

B. West Central learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

C. West Central learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

No investigative files were provided for review during the onsite audit. The auditor was informed there have been no reported allegations of resident sexual abuse by another resident (male, or female) in the past 12 months. During interviews with 20 residents (10 male, 10 female), no residents stated they were the victim of, or accused of, sexual abuse by another resident. The Investigator stated during her interview that she has not conducted a sexual abuse investigation related to two residents, in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.273(d)

The PAQ indicates the facility will inform a resident who reported staff sexual abuse against another resident, of the outcome. Policy 115.273 states:

"A. Upon completion of an investigation of resident sexual abuse allegation against a staff member (unless unfounded), the investigator shall inform the resident of the following:

a. The staff member is no longer posted within the resident's unit;

b. The staff member is no longer employed at the facility;

c. West Central learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

d. West Central learns that the staff member has been convicted on a charge related to

sexual abuse within the facility."

The policy further states that *"...all such notifications or attempted notifications shall be documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody."* There were no investigative files to review of staff sexual abuse against a resident within the facility. The PAQ does not indicate any reported allegations of staff sexual abuse against a resident in the facility have been received in the past 12 months. The Agency Head, facility director, and PREA coordinator all stated during interviews that the facility has received no reported allegations of resident sexual abuse by staff in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.273(e)

The PAQ indicates all residents are notified in writing of the outcome of an allegation of sexual abuse. Policy 115.273 states:

"All such notifications or attempted notifications shall be documented."

There were no investigative files to review, as it was stated the facility has had not reported allegation of sexual abuse in the past 12 months. The PREA coordinator stated residents are notified in writing, and such notification may be read to the resident if he is unable to read it himself. The auditor reviewed three allegations of resident-on-resident sexual harassment. In all three cases, the auditor was not provided with detailed documentation as demonstration of compliance. Based on the evidence provided, the facility does not meet this provision.

115.273(f)

The auditor is not required to audit this provision.

Based on the evidence provided, the facility does not meet this standard.

CORRECTIVE ACTION:

1. Create a template form for notifying residents of whether allegations of sexual abuse are substantiated, unsubstantiated, or unfounded.
2. Maintain in investigative files, a copy of resident notifications of the allegations outcome.
3. Maintain in investigative files, evidence of whether the facility attempted to mail to the resident the outcome notice indicating whether the allegation was substantiated, unsubstantiated, or unfounded.

FACILITY RESPONSE:

The facility has standardized the process of notifying residents of investigation results. The document requires the date of the allegation, and the finding of the investigation (substantiated, unsubstantiated, unfounded). Based on the finding, the form informs the resident of actions to be taken in relation to the finding, if any, and is signed by the agency PREA coordinator. The facility provided as supportive documentation a completed PREA Administrative Investigation Report form, dated 8/24/2020, involving a reported allegation of resident-on-resident sexual abuse. The investigative file, submitted to the auditor via secure email, includes:

- Administrative Investigation Report
- Outcome - PREA Investigation notice to resident (victim)

The Outcome notice is signed, and dated by the resident/victim, and the presenting staff. Such ensures timely notification to residents, and clarifies investigative timelines throughout the investigation process.

Based on the evidence provided, the facility is now in compliance with this standard.

Review:

Administrative Investigation Report

PREA Investigation Outcome notice

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.276 Investigation and Discipline for Staff 2. Employee Roster 3. 13 Human Resources files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resources Manager <p>Findings:</p> <p>115.276(a)</p> <p>The facility PAQ indicates staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 115.276 was uploaded as supportive documentation. Section A. states:</p> <p><i>"Any employee determined to have engaged in sexual misconduct, retaliation, conversations or correspondence which suggest a romantic or sexual relationship with a resident, shall be terminated from employment."</i></p> <p>The HR manager stated during his interview that WCCCF has had no staff discipline, up to and including termination, or resignations in lieu of termination, due to alleged sexual abuse, sexual harassment, or retaliation against residents. No disciplinary reports were provided to corroborate this assertion. No investigation files were provided for review to confirm whether staff who may have been reported in allegations of sexual abuse or harassment, or retaliation, received disciplinary action, up to, and including termination. During the onsite audit, the auditor reviewed 13 employee files, nine (9) volunteer files; four (4) contractor files were provided post-onsite audit. The auditor did not identify any staff discipline, or communication with any volunteer or contractor regarding violation of agency PREA related policies. PREA Form 1.1 identified in section k. two individuals who provide medical and mental health services. The HR manager identified them as contract staff. The facility provided to the auditor a written agreement with Internal Medicine Physicians, LLC, under which medical services are provided by a contracted physician. The auditor was provided a Memorandum of Understanding (MOU) with the Mental Health practitioner as evidence of the employment agreement. All contractor files contained signed notices, which state the contractors' responsibility to comply with PREA standards related to how they engage with residents. The notice indicates resident sexual abuse, sexual harassment, or retaliation is grounds for terminating the contract with WCCCF. All staff are required to complete PREA training each year. Based on the evidence provided, the facility meets this provision.</p> <p>115.276(b)</p> <p>The facility PAQ indicates that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Policy 115.276 states that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. Section A. states:</p>

"Any employee determined to have engaged in sexual misconduct, retaliation, conversations or correspondence which suggest a romantic or sexual relationship with a resident, shall be terminated from employment."

No disciplinary reports were provided for review, or included in the PAQ, to determine whether any disciplinary action has been taken toward an employee for reported allegations of sexual abuse or harassment, or retaliation. The PAQ states there have been no reported allegations of staff violations of the agency's zero tolerance policy, resulting in discipline, up to and including termination, in the past 12 months. Of the 13 employee files reviewed onsite, none contained disciplinary action for any type of sexual misconduct, as defined in policy 115.276. The HR manager stated during his interview that immediate termination would be imposed, should it be substantiated that a staff engaged in sexual abuse. Based on the evidence provided, the facility meets this provision.

115.276(c)

The PAQ indicates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Policy 115.276, section A. 1 states:

"1. The filing or prosecution of criminal charges against an employee for alleged misconduct or criminal activity shall not be determinative as to appropriate disciplinary action, if any, under this policy. West Central may investigate the employee's alleged misconduct or activities and determine the appropriate discipline, if any, without regard to pending criminal charges. The disposition of criminal charges is independent of a disciplinary investigation. Although West Central may utilize information obtained during a criminal investigation, West Central's decision to take appropriate disciplinary action may or may not correspond with the filing, or non-filing, of criminal charges."

The HR manager stated in his interview that clear, intentional sexual abuse, or harassment would definitely warrant termination. If a situation wasn't clear, the employee's employment history would be reviewed in conjunction with the allegation, to determine if the allegation is plausible. In some cases, automatic termination may not be the most appropriate action. The auditor was not provided with disciplinary files related to allegations of staff sexual abuse, or harassment. The HR Manager stated allegations, and actions by the agency are considered on a case-by-case basis. Based on the evidence provided, the facility meets this provision.

115.276(d)

The facility PAQ indicates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The facility commented in the PAQ that WCCCF has had not had any sexual abuse incidents that resulted in staff disciplinary action, including termination. Policy 115.276 states:

"All terminations for violations of West Central's 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 and relevant licensing bodies unless the activity was clearly not criminal."

Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.277 Corrective Actions for Contractors and/or Volunteers <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Head <p>Findings:</p> <p>115.277(a)</p> <p>The facility PAQ indicates that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy 115.277 was uploaded as supportive documentation. Policy 115.277 states:</p> <p><i>"It is the policy of West Central Community Correctional Facility that all residents in our care reside in a safe facility, and participate in programming free from sexual harassment and sexual abuse. West Central has a zero tolerance policy regarding any form of harassment or abuse towards our residents. West Central reserves the right to refuse entry into the facilities, any vendor/contractor, volunteer or student intern who interacts inappropriately with West Central residents."</i></p> <p>The HR manager stated the facility director and/or Agency Head are the designees for contractors and volunteers. The facility director stated during his interview that he, or the PREA coordinator, would likely be the designee to notify the Sheriff's Office, or relevant licensing bodies regarding sexual abuse of a resident by a contractor or volunteer. There were no contractors or volunteers identified by the facility director, or Agency Head, with whom the facility discontinued services, due to violation of agency sexual abuse and sexual harassment policies. Based on the evidence provided, the facility, by default, meets this provision.</p> <p>115.277(b)</p> <p>The facility PAQ indicates that the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Policy 115.277 states:</p> <p><i>"Pursuant to Standard 115.232 of the Prison Rape Elimination Act (PREA) and West Central policies and procedures, it is acknowledged that West Central has the right to deny the company/organization represented, access to the facility due to violations of this policy. It is also acknowledged that any contract or agreement between said volunteer/contractor and West Central, may be cancelled should any allegation of resident sexual harassment or sexual abuse be substantiated.the agency. "</i></p>

The facility director stated during his interview that WCCCF has not taken any remedial measures toward contractors or volunteers for violating sexual abuse or sexual harassment policies. No records of discontinued contractors or volunteers were provided for the auditor's review. Based on the evidence provided, the facility, by default, meets this provision.

Based on evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.278 Discipline 2. Resident files 3. Agency Table of Organization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director <p>Findings:</p> <p>115.278(a)</p> <p>The facility PAQ indicates residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Policy 115.278 is uploaded as supportive documentation. The policy states:</p> <p><i>"A. Any report of resident on resident sexual abuse will be forwarded to the Union County Sheriff Department for criminal investigation and/or prosecution.</i></p> <ol style="list-style-type: none"> 1. <i>Following and administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse, the resident will be subject to disciplinary proceedings including discharge."</i> <p>During the past 12 months, there were no allegations with an administrative finding of resident-on-resident sexual abuse that occurred at the facility, and there were no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility. During the onsite review, the auditor interviewed 20 residents (10 male, 10 female). None of the residents interviewed stated they received a violation or sanction, or were aware of other residents receiving such, for resident-on-resident sexual abuse.</p> <p>Policy 115.278 cites from the Resident Handbook, 'Cardinal Rule #4', which states "Residents will refrain from inappropriate sexual contact". Review of 20 resident files did not result in identifying Cardinal Rule #4 violations related to sexual abuse of another resident. The facility director stated during his interview that Cardinal Rule #4 is one of the highest level of violation WCCCF imposes on residents. He stated being terminated for a Cardinal Rule #4 sexual abuse would likely mean the resident was arrested, and pending charges related to sexual abuse. Based on the evidence provided, the facility meets this provision.</p> <p>115.278(b)</p> <p>The facility PAQ indicates that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions</p>

imposed for comparable offenses by other residents with similar histories. Policy 115.278 states:

"A. A violation of Cardinal Rule #4 Residents will refrain from inappropriate sexual contact, could result in either a sanction commensurate with the nature and circumstances of the sexual contact committed, the resident's history, and the sanctions imposed for comparable offenses by other residents with similar histories, or discharge from the program."

During interviews with 20 random male and female residents, none indicated having received a Rule #4 violation for inappropriate sexual contact. A review of resident files did not result in identifying resident violations or sanctions related to sexual abuse of another resident. There were no investigation files provided for review. The facility director stated that a substantiated allegation of sexual abuse would result in the resident's termination from WCCCF's program. Based on the evidence provided, the facility meets this provision.

115.278(c)

The facility PAQ indicates 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. Section C. of policy 115.278 states:

"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."

The facility director stated during his interview that a substantiated resident abuser would be terminated from the WCCCF program, but that the totality of the event, and what violations, if any, occurred, would be considered. The auditor reviewed 20 resident files. None contained residents identified as mentally disabled. Based on the evidence provided, the facility meets this provision.

115.278(d)

The facility PAQ indicates that If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. Policy 115.278 was uploaded as supportive documentation. The policy section F. states:

"F. West Central does not offer therapy, counseling, or other interventions specific to residents convicted of sexual abuse."

During the onsite interview with the facility medical coordinator/Nurse, she stated that if a resident were sexually victimized, she would coordinate with the PREA coordinator to ensure the resident received appropriate medical services. She stated that she, nor the contracted physician, or Psychiatrist provide direct services related to resident sexual abuse. The Psychiatrist or physician were not in the facility during the onsite audit. The auditor reviewed one resident's file who reported prior sexual abuse during incarceration (juvenile). The file did not contained a referral from the Nurse to both the medical physician, and Psychiatrist. The resident stated he declined any medical or mental health assistance, as the incident occurred years ago. He stated the programming at WCCCF has helped him deal with the past, and be positive about his future. There were no resident files reviewed, which indicated sexual abuse

at WCCCF. There were no investigative files of sexual abuse to review. Based on the evidence provided, the facility, by default, meets this provision.

115.278(e)

The facility PAQ indicates that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility only disciplines residents for sexual conduct with staff if it determines the staff did not consent. The PAQ uploaded policy 115.278 as supportive documentation. Policy section E. states:

"E. West Central disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact."

There were no resident files reviewed, which indicated the resident engaged in nonconsensual sexual conduct with a WCCCF staff. Of the 20 resident files reviewed, none contained violations related to sexual conduct with staff. The PREA coordinator stated during an informal discussion there have been no allegations of resident sexual conduct with staff, particularly any where the sexual conduct was nonconsensual. Based on the evidence provided, the facility, by default, meets this provision.

115.278(f)

The facility PAQ indicates that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy 115.278 is provided as supportive documentation. Policy 115.278 states:

"False Complaints: Legitimate complaints made in good faith are strongly encouraged; however, false complaints or complaints made in bad faith will not be tolerated. False complaints are considered a violation of policy and a resident who makes a false complaint may be subject to discipline up to and including unsuccessful termination from the program."

The auditor reviewed 20 random resident files during the onsite audit. No files contained violations or sanctions related to reported allegations made in good faith, even if the allegation was not substantiated. The PREA coordinator stated in her interview, and on the PAQ that there have been no resident allegations of sexual abuse in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.278(g)

The PAQ indicates that an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. WCCCF prohibits sexual conduct between residents. Policy 115.278 was provided as supportive documentation. The policy states:

"B. A violation of Cardinal Rule #4 'Residents will refrain from inappropriate sexual contact', could result in either a sanction commensurate with the nature and circumstances of the sexual contact committed, the resident's history, and the sanctions imposed for comparable offenses by other residents with similar histories, or discharge from the program."

The facility director stated during his interview that surveillance cameras in the resident dorms

have full view of the dorms. Such is a strong deterrent against sexual conduct between residents. The auditor observed during the facility site review cameras in all resident dorms. The auditor observed from the facility control room how video can be isolated in specific areas of the facility, including resident dorms. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.282 Medical and Mental Health Care 2. 20 Resident files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random and Targeted resident interviews 2. Staff who perform Retaliation Monitoring <p>Findings:</p> <p>115.282(a)</p> <p>The facility PAQ indicates that resident victims of sexual abuse shall 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. Policy 115.282 was uploaded as supportive documentation. The policy states in section A.:</p> <p><i>"West Central offers all victims of sexual abuse access to forensic medical examinations, to be completed by the local hospital, as directed by the Union County Sheriff Department, without financial cost to them. The alleged victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided at no cost to the victim."</i></p> <p>The PREA coordinator provided to the auditor a written agreement between WCCCF and Memorial Hospital of Union County. The agreement is signed by the Agency Head, and the Hospital President/CEO. The agreement states the Hospital agrees to "...provide patient care for West Central residents who are believed to have experienced sexual abuse while in the care of West Central." The agreement indicates the Hospital will provide care for suspected sexual abuse patients from WCCCF; that it will provide examinations by a SANE when possible, or by a qualified medical practitioner.</p> <p>The auditor interviewed 20 residents during the onsite audit. One resident disclosed having prior sexual abuse during (juvenile) incarceration. The resident stated he was asked during the initial intake if he desired medical or mental health services. The resident stated he declined services, as the sexual abuse occurred years ago, while he was at a juvenile institution. The auditor reviewed 20 resident files. No files contained information related to medical services received related to sexual abuse. Of the 20 residents interviewed, none stated they experienced sexual abuse while at WCCCF; one stated he experienced sexual abuse during (juvenile) incarceration. Based on the evidence provided, the facility meets this provision.</p> <p>115.282(b)</p>

The facility PAQ indicates that 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. Policy 115.282 was uploaded as supportive documentation. Section B. states:

"1. If a medical or mental health practitioner is not on duty at the time a report of recent abuse is made, staff first responders shall take steps to protect the victim by separating the abuser and the victim, and immediately notify the shift supervisor. "

The agreement between WCCCF and the Hospital states there are steps in place in the event a SANE is not available. Section 4 of the MOU states:

"The Hospital will provide examination by a Sexual Assault Nurse Examiner (SANE) when possible. If SANE is not available, the exam can be performed by a qualified medical practitioner. The attending (Emergency Department) ED physician will decide if transfer to a facility that has a SANE is warranted. All reasonable efforts will be made to provide SANE at the Hospital."

The PREA coordinator stated during her interview that WCCCF has not experienced allegations of sexual abuse at WCCCF in the past 12 months. The auditor interviewed seven (7) security staff, whom all stated there have been no allegations in the past 12 months. The auditor reviewed 20 resident files; no evidence was found which indicated a resident required, or sought medical attention related to sexual abuse. Based on the evidence provided, the facility meets this provision.

115.282(c)

The PAQ indicates that resident victims of sexual abuse while incarcerated shall be 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. Policy 115.282, section A. 1 states:

"1. Victims of sexual abuse while incarcerated, will be offered timely information about and timely access to emergency contraception, sexually transmitted infections, and prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

The MOU between WCCCF and Memorial Hospital of Union County states the Hospital and WCCCF mutually agrees that:

"7) West Central agrees to provide pertinent medical and other information as available to support the patient's treatment."

The facility did not provide to the auditor any files where resident victims of sexual abuse received information, or access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility reported in the PAQ that there have been no sexual abuse allegations at WCCCF in the past 12 months. The auditor interviewed 20 residents during the onsite audit. None of the 20 residents interviewed stated they requested, or were provided with information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. The auditor reviewed 20 resident files. There was no evidence of a resident requesting, or being provided information about and timely access to emergency

contraception and sexually transmitted infections prophylaxis. Based on the evidence provided, the facility meets this provision.

115.276(d)

The facility PAQ indicates that treatment services shall be 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. Policy 115.282 was provided as supportive documentation. The policy states:

"The alleged victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided at no cost to the victim."

The auditor interviewed 20 residents (10 male, 10 female) during the onsite audit. None of the residents stated they have received medical services related to sexual abuse. No resident stated they reported an allegation of sexual abuse during incarceration, or while at WCCCF. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.283: Ongoing Medical and Mental Health Services 2. WCCCF MOU: Resident medical services 3. 20 Resident files (10 male, 10 female) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Medical Coordinator (facility Nurse) 3. Random Resident Interviews <p>Findings:</p> <p>115.283(a)</p> <p>The facility PAQ indicates the facility shall 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. The facility uploaded policy 115.283 as supportive documentation. The policy states:</p> <p><i>"1. West Central provides medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse while incarcerated. Treatment and evaluation includes information for follow-up services, treatment plans, and referrals for continued care following release from West Central."</i></p> <p>The facility has a MOU with Memorial Hospital of Union County. WCCCF agrees to provide pertinent medical and other information as available to support the patient's treatment. The Hospital agrees to provide WCCCF patients with information pertaining to victim advocates and advocacy programs. The Hospital further agrees to <i>"...treat those patients from West Central for medical care within the Hospital's scope of services and in accordance with hospital policies; or transfer the referral patient to another tertiary hospital if necessary."</i></p> <p>The facility Table of Organization indicates there is a physician, and Psychiatrist on contract with WCCCF. The PREA coordinator stated in her interview that neither provides direct medical or mental health services to residents as it relates to sexual victimization. The facility Medical Coordinator/Nurse stated during her interview that she does not provide direct</p>

services related to sexual victimization. Rather, she would report such, if disclosed, to the PREA coordinator, and assist with determining the best course of action, if needed. Based on the evidence provided, the facility meets this provision.

115.283(b)

The facility PAQ indicates that 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. The facility uploaded policy 115.283 as supportive documentation. Section I. of the policy states:

"I. West Central provides medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse while incarcerated. Treatment and evaluation includes information for follow-up services, treatment plans, and referrals for continued care following release from West Central. ..."

The MOU with Memorial Hospital of Union County states, *"The Hospital further agrees to ...treat those patients from West Central for medical care within the Hospital's scope of services and in accordance with hospital policies; or transfer the referral patient to another tertiary hospital if necessary."*

The facility PAQ indicates there have been no allegations of sexual abuse, whereby the victim required medical attention, and follow-up service. The auditor found no evidence in 20 resident files, reflecting sexual abuse during prior incarceration, and the need for medical attention. The auditor interviewed one resident who reported sexual abuse by another inmate while incarcerated (juvenile facility). The resident stated he was offered medical and mental health services, but declined due to the amount of time that passed since the incident. Based on the evidence provided, the facility meets this provision.

115.283(c)

The facility PAQ indicates that the facility shall provide such victims with medical and mental health services consistent with the community level of care. The PREA coordinator provided to the auditor a written MOU with Memorial Hospital of Union County as supportive documentation. The MOU states:

"3) The Hospital will treat those patients from West Central for medical care within the Hospital's scope of services and in accordance with hospital policies; or transfer the referral patient to another tertiary hospital if necessary."

The PREA coordinator stated during her interview that mental health referrals would come through Union County hospital, if necessary. She would ensure transportation, or other logistics are arranged, should the resident return to the facility after receiving medical attention. There were no medical or mental health records to review, as the PREA coordinator stated there have been no allegations of resident sexual abuse in the past 12 months. The auditor reviewed 20 resident files, and found no evidence of resident(s) receiving medical or mental health services related to an allegation of sexual abuse. Base on the evidence provided, the facility meets this provision.

115.283(d)

The facility PAQ indicates that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Policy 115.283 was provided as supportive documentation. Section of the policy states:

"A. Acute-term trauma care for victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. ..."

The auditor interviewed 10 female residents during the onsite audit. None of the 10 residents stated they experienced sexual abuse while incarcerated. None of the residents stated they have requested a pregnancy test due to concerns related to sexual abuse while incarcerated. The PREA coordinator stated during her interview that there have been no allegations of sexual abuse from a female resident in the past 12 months. PREA Form 1.1, submitted to the auditor during the pre-audit phase, did not reflect any sexual abuse allegations in 2019. Based on the evidence provided, the facility meets this provision.

115.283(e)

The facility PAQ indicates if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Policy 115.283 was provided as supportive documentation. The policy states in section A. 1.:

"1. If pregnancy results from a reported allegation of sexual abuse, such victims will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services."

The auditor interviewed 10 female residents during the onsite audit. None of the 10 residents stated they experienced sexual abuse while incarcerated. None of the residents stated they have requested information about and timely access to all lawful pregnancy-related medical services due to sexual abuse while incarcerated. The PREA coordinator stated during her interview that there have been no allegations of sexual abuse from a female resident in the past 12 months. PREA Form 1.1, submitted to the auditor during the pre-audit phase, did not reflect any sexual abuse allegations in 2019. Based on the evidence provided, the facility meets this provision.

115.283(f)

The facility PAQ indicates that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Policy 115.283 was provided as supportive documentation. Section A. 2. of the policy states:

"2. Victims of sexual abuse while incarcerated, will be offered tests for sexually transmitted infections."

The MOU between WCCCF and Memorial Hospital of Union County. The MOU states, in part:

"7) West Central agrees to provide pertinent medical and other information as available to support the patient's treatment."

The auditor interviewed 10 female residents during the onsite audit. None of the 10 residents

stated they experienced sexual abuse while incarcerated. None of the residents stated they have requested information about, or access to tests for sexually transmitted infections related to sexual abuse while incarcerated. The PREA coordinator stated during her interview that there have been no allegations of sexual abuse from a female resident in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.283(g)

The facility PAQ indicates that treatment services shall be 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. Policy 115.283 was provided as supportive documentation. Section A. 3. of the policy states:

"3. All treatment services related to or the result of an incident of sexual abuse while incarcerated, will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation."

There were no financial records to review related to medical services a female resident(s) received related to sexual abuse. No resident interviewed indicated they were financially responsible for medical costs related to sexual abuse. The auditor reviewed 20 resident files during the onsite audit. No files contained medical financial responsibility documentation stemming from medical services received related to sexual abuse. The auditor was not provided with investigative files related to resident sexual abuse. The PREA coordinator stated in her interview that WCCCF has received no resident sexual abuse allegations in the past 12 months. The PREA coordinator provided to the auditor PREA Allegations and Investigations form. There were no sexual abuse allegations indicated during 2019. Based on the evidence provided, the facility meets this provision.

115.283(h)

The PAQ indicates the facility shall 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. The facility commented in response that "West Central does not offer any program treatment for sexual abusers". Policy 115.283 states in section B.:

"B. West Central does not offer any program treatment for sexual abusers."

During the onsite audit, the auditor reviewed 20 resident files. None of the files identified a resident as an alleged sexual abuser. Based on such, the auditor was unable to determine what action, if any, the facility may take with regard to an alleged sexual abusive resident. Based on the evidence provided, the facility does not meet this provision.

Based on the evidence provided, the facility does not meet this standard.

Corrective Action:

1. Amend policy 115.283 section B., to indicate a mental health evaluation will be conducted 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.

2. If the facility does not provide direct mental health services, document efforts to refer

residents to community-based resources for conducting mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history; document whether the resident complied.

3. Ensure applicable staff arranges a mental health evaluation for residents with a sexual abuse history, and that such is conducted within 60 days of learning of the sexually abusive history.

FACILITY RESPONSE:

The facility has updated policy 115.283, and amended the PREA Risk Assessment form to include a checkbox, indicating a mental health evaluation is to be conducted within 60 days of identifying a resident as a 'potential abuser' of sexual abuse. The document requires documenting where, in the community, the alleged abuser was referred for a mental health evaluation.

Based on the evidence provided, the facility is now in compliance with this standard.

Review:

WCCCF PREA Risk Assessment form

Mental Health Referral and Evaluation

WCCCF Policy 115.283

115.286	Sexual abuse incident reviews
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="252 472 1066 584" style="list-style-type: none"> 1. WCCCF Policy 115.286 Sexual Abuse and Incident Reviews 2. WCCCF SOP 52 Daily Showering (DRAFT) <p data-bbox="252 618 395 651">Interviews:</p> <ol data-bbox="252 696 523 875" style="list-style-type: none"> 1. Facility head 2. PREA coordinator 3. Agency head <p data-bbox="252 909 379 943">Findings:</p> <p data-bbox="252 987 395 1021">115.286(a)</p> <p data-bbox="252 1066 1439 1223">The facility PAQ indicates that the facility conducts 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. Policy 115.286, was uploaded as supported documentation. The policy states in section IV., B. 1:</p> <p data-bbox="252 1267 1423 1379"><i>"1. The SART shall review all sexual abuse incidents, unless determined to be unfounded, within 30 calendar days of the conclusion of the investigation. The Executive Director may grant an extension in exigent circumstances."</i></p> <p data-bbox="252 1424 1449 1536">The facility PAQ indicates there were no sexual abuse incident reviews conducted related to an administrative investigation of resident sexual abuse. The PAQ information states there have been no sexual abuse allegations in the past 12 months.</p> <p data-bbox="252 1581 1458 1693">The auditor reviewed 20 resident files during the onsite audit. The auditor found no evidence of an alleged sexual abuse, or documentation of a sexual abuse investigative outcome notification.</p> <p data-bbox="252 1738 1481 2029">The facility director stated during his interview that all factors are taken into consideration, that the investigative process begins with the PREA coordinator, and "goes from there". The PREA coordinator stated that she prepares and reviews with the team investigative information, and documentation in order to ensure all facts were considered when determining the outcome. No investigative files of alleged sexual abuse were provided to the auditor for review. The PREA coordinator stated there have been no allegations of sexual abuse in the past 12 months. Based on the evidence provided, the facility meets this provision.</p> <p data-bbox="252 2074 395 2107">115.286(b)</p>

The facility PAQ indicates that such review shall ordinarily occur within 30 days of the conclusion of the investigation. Policy 115.286 was uploaded as supportive documentation. Section B., 1. states:

"B. SART Procedures at the Conclusion of Sexual Abuse Investigations

1. The SART shall review all sexual abuse incidents, unless determined to be unfounded, within 30 calendar days of the conclusion of the investigation. The Executive Director may grant an extension in exigent circumstances."

PREA coordinator stated during her interview that she would convene the SART meeting, and prepare the incident review report; no reports were provided for the auditor to review to determine whether SART meetings are conducted within 30 calendar days of the conclusion of the investigation. The PREA coordinator stated there have been no allegations of sexual abuse in the past 12 months. Based on the evidence provided, the facility, by default, meets this provision.

115.286(c)

The facility PAQ indicates the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Policy 115.286 was provided as supportive documentation. Section A. of the policy states:

"A. Sexual Abuse Review Team (SART)

The Executive Director shall designate a Sexual Abuse Review Team. The SART shall, at a minimum, consist of:

- 1. Executive Director and/or Deputy Director*
- 2. PREA Coordinator*

Input from the Security Department (Resident Monitor Coordinator), Special Investigators, Medical and/or Mental Health Practitioners, will also be included when deemed necessary. "

Based on the evidence provided, the facility does not meet this standard.

115.286(d)

The facility PAQ indicates that the review team shall: (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; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator. Policy 115.286 was uploaded as supportive documentation. Policy section B., 2. (a-e) states:

"2. The SART shall consider:

a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

b. 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.

c. Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area that may enable abuse.

d. The adequacy of staffing levels in that area during different shifts.

e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff."

The policy indicates the PREA coordinator as part of the SART. The PREA coordinator stated during her interview that recommendations are discussed, and a final decision is made. This is due to the facility director, and agency head being the other SART participants. The facility director stated during his interview that the PREA coordinator is who brings all the facts of a case to the meeting. The Agency Head stated during his interview that he and his leadership work together as a team, although he has the final authority to implement anything that would be decided. The auditor was not provided any investigation files to review. The facility PAQ indicates there have been no sexual abuse allegations received in the past 12 months. The auditor reviewed 20 resident files during the onsite audit. There was no evidence of a resident alleging sexual abuse, or accused of such behavior. Based on the evidence provided, the facility meets this provision.

115.286(e)

The facility PAQ indicates that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Policy 115.286 was uploaded in the PAQ as supportive documentation. The policy states in section B. 3-4:

"3. The SART shall complete the Sexual Abuse Case Review to include the committee findings, and any recommendations for improvement. The Sexual Abuse Case Review shall be submitted to the Executive Director and the institutional PREA Coordinator.

4. The PREA Coordinator shall implement the recommendations outlined on the Sexual Abuse Case Review form for improvement or shall document its reasons for not doing so."

The facility uploaded Standard Operating Procedure (SOP) 52 as supportive documentation. The facility received a sexual harassment allegation in 2019, alleging a resident acted sexually inappropriate with the reporting resident in the shower area. SOP 52 documents changes to resident shower procedures, resulting from the allegation. The Agency head stated in his interview that "... shower times have been limited to 7 minutes to reduce the time they are naked...". Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

	No corrective action is recommended.
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF 115.287/289 Data Collection, Storage, Publication, and Destruction 2. PREA Investigation Packet <p>Interviews:</p> <p>None</p> <p>Findings:</p> <p>115.287(a)</p> <p>The facility PAQ indicates the agency collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. Policy 115.287/289 was uploaded in the PAQ as supportive documentation. The policy states in section A.:</p> <p><i>"A. All case records associated with allegations of sexual abuse, sexual contact, sexual conduct, sexual harassment, and sexual misconduct or retaliation are reported on a standardized instrument referred to as an incident report and shall be securely retained in accordance with the West Central's Records Retention Schedule."</i></p> <p>The facility PAQ indicates there have been no allegations of resident sexual abuse in the last 12 months. There were no completed PREA Investigative files provided for the auditor's review. Based on the evidence provided, the facility, by default, meets this provision.</p> <p>115.287(b)</p> <p>The facility PAQ indicates the agency shall aggregate the incident-based sexual abuse data at least annually. Policy 115.287/289 was uploaded as supportive documentation. The policy states in sections B, C:</p> <p><i>"B. The Agency PREA Coordinator/designee will ensure that all aggregated sexual misconduct data received is readily available to the public at least annually through West Central's website. All personal identifiers will be removed from publicly available data referenced above.</i></p> <p><i>C. West Central will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews."</i></p> <p>Based on the evidence provided, the facility meets this provision.</p> <p>115.287(c)</p> <p>The facility PAQ indicates the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual</p>

Violence conducted by the Department of Justice. Policy 115.287/289 states in section D.:

"D. The incident-based data collected shall 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 uploaded in the PAQ its 2019 PREA Outcome Measures Report. The report, developed by the Ohio Department of Rehabilitation and Corrections (ODRC), is required to be completed by all community-based correctional facilities in Ohio, and is submitted to the statewide PREA Liaison at the ODRC's Bureau of Community Sanctions (BCS) on a quarterly basis. The report, designed in spreadsheet format, collects aggregate data required in the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The auditor reviewed the information in the 2019 report. The spreadsheet contains data collected each month of the calendar year, with year-end totals. The data does not indicate there were reported allegations of sexual abuse during the year 2019, which coincides with interview responses from the Agency Head, PREA coordinator, and Facility Head. Based on the evidence provided, the facility meets this provision.

115.287(d)

The facility PAQ indicates the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Policy 115.287/289 is provided as supportive documentation. The policy states in section C:

"C. West Central will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews."

The facility reported five allegations of resident-on-resident sexual harassment in 2019. The 2019 Outcome Measures Report data coincides with information reported in Table 6 of PREA Form 1.1, Allegations and Investigations, as well as provided investigative files. Based on the evidence provided, the facility meets this provision.

115.287(e)(f)

The facility PAQ indicates the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. These provisions are not applicable, as the agency does not contract for the confinement of its residents, and the Department of Justice has not requested agency data. Based on the evidence provided, the facility meets this provision.

Based on evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.288 Data Review for Corrective Action 2. Agency website 3. 2019 Annual Report on Sexual Abuse Data FY19 4. 2020 PREA Audit Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA coordinator <p>Findings:</p> <p>115.288(a)</p> <p>The PAQ indicates that the agency shall 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: (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 each facility, as well as the agency as a whole. The facility provided three documents as supportive documentation:</p> <ul style="list-style-type: none"> ● 2020 PREA Audit Documentation ● 2019 Annual Report on Sexual Assault Data FY-19 ● Standard Operating Procedure (SOP) 52 Daily Showering (DRAFT) <p>The facility provided, as evidence of efforts to identifying problem areas, and taking corrective action, sexual harassment allegations from 2018, and 2019. Each case involved alleged inappropriate behavior by a resident toward another resident, while in the restroom area. The 2018 case was deemed 'unfounded', and not sexual in nature (albeit, inappropriate); the 2019 case resulted in a finding of 'unsubstantiated'.</p> <p>The facility provided SOP 52, which implemented in 2019, new procedures regarding resident showering. The PREA coordinator stated it resulted from the two provided allegations of resident misconduct in the shower area. During his interview, the Agency Head stated directly that, due to allegations of harassment in resident showers, a time limit of seven (7) minutes has been implemented for all residents to shower.</p> <p>The facility provided the 2019 Annual Report on Sexual Assault Data FY-19, as evidence that</p>

it provides an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report contains aggregate data on the number of PREA allegations, and findings. The report contains a summary of what the data reflects, and efforts going forward to ensure resident sexual safety.

The PREA coordinator confirmed during her interview that no sexual abuse data has been collected for review, as there have been no reported allegations of resident sexual abuse in the last 12 months. Based on the evidence provided, the facility meets this provision.

115.288(b)

The facility PAQ indicates that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The WCCCF 2019 Annual Report on Sexual Assault Data FY-19 was uploaded as supportive documentation. The report provides aggregate data of PREA allegations in 2019. The report concludes with a narrative description of the 2019 allegations compared with 2018, stating there has been an increase in allegations in 2019. The narrative statement indicates that policy changes are being implemented to allow the facility to maintain "...a safe and secure environment". Based on the evidence provided, the facility meets this provision.

115.288(c)

The facility PAQ indicates that the agency's report shall be approved by the agency head and made readily available to the public through its Web site or, if it does not have one, through other means. The facility provided in the PAQ its web site as evidence of compliance: www.wcccf.org. The auditor reviewed the web site and identified the agency's annual report posted on the agency's PREA page, with other relevant information. Based on the evidence, the facility meets this provision.

115.288(d)

The facility PAQ indicates that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The facility provided policy 115.288 as supportive documentation. The policy states, in part:

"...The Executive Director approves the submitted report and makes this information available through its website. West Central removes any personal identifying information that would present a threat to the safety and security of the facility."

The facility PAQ does not include a report with information redacted. The agency PREA coordinator stated that she did not prepare an annual report with information redacted, as there were no reported allegations of resident sexual abuse. The facility did not provide to the auditor any resident investigation files related to reports of alleged sexual abuse. The format of the annual report does not list personal identifying information to be redacted. Based on the evidence provided, the facility, by default, meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCCCF Policy 115.287/289 2. WCCCF website: www.wcccf.org <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings:</p> <p>115.289(a), (b), (c)</p> <p>The PAQ indicates that the agency shall ensure that data collected pursuant to § 115.287 are securely retained. The facility uploaded policy 115.287/289 as supportive documentation. Section A. of the policy states:</p> <p><i>"A. All case records associated with allegations of sexual abuse, sexual contact, sexual conduct, sexual harassment, and sexual misconduct or retaliation are reported on a standardized instrument referred to as an incident report and shall be securely retained in accordance with the West Central's Records Retention Schedule."</i></p> <p>The PREA coordinator corroborated that she collects and maintains sexual abuse data and creates the annual report; keeping the data secured in "under lock and key" in her office. She articulated that she creates the annual report, and, should there be reported allegations of sexual abuse, would do so in a manner that did not include personal identifiers.</p> <p>The agency has no private facilities under its control but indicated in the PAQ that its aggregated sexual abuse data is made readily available on its website. The auditor verified that publication of agency data via the annual report, is currently available on the agency website, due to the facility having received no reported allegations of sexual abuse in the last 12 months. The link to the agency website is: https://www.wcccf.org</p> <p>115.289(d)</p> <p>The facility PAQ indicates that the agency shall 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. WCCCF policy 115.287/289, section F. states:</p> <p><i>"F. Consistent with maximum available standards and guidelines, resident charts are maintained for a period of five (5) years after the resident has been discharged (DRC 33). West Central shall maintain 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."</i></p>

Though the facility has had no reported allegations of sexual abuse in the last 12 months, an annual report related to allegations of sexual harassment, and comparative summary of 2018 and 2019, is posted on the agency website. Therefore, the facility meets this provision.

Corrective Action:

The auditor recommends no corrective action.

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="252 472 788 506" style="list-style-type: none"> 1. Emails regarding Notice of PREA audit <p data-bbox="252 551 395 584">Interviews:</p> <ol data-bbox="252 618 517 651" style="list-style-type: none"> 1. PREA coordinator <p data-bbox="252 696 724 730">Onsite facility review (not exclusive):</p> <ol data-bbox="252 775 1066 1491" style="list-style-type: none"> 1. Administrative offices 2. Control room 3. Men's Dayroom 4. Women's Dayroom 5. Men's wing, including programming, and sleeping dorms 6. Women's wing, including programming, and sleeping dorms 7. Kitchen 8. Men's dining room 9. Women's dining room/ library 10. Intake/medical Unit 11. Resident inventory storage 12. Resident attire storage (shirts provided by WCCCF) 13. Segregated housing units 14. Mezzanine/library 15. Classrooms 16. Operational supervision offices 17. Counselor offices (men's, and women's) <p data-bbox="252 1536 373 1570">Findings:</p> <p data-bbox="252 1603 395 1637">115.401(a)</p> <p data-bbox="252 1682 1474 1917">The facility PAQ indicates that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The agency website indicates PREA audits were conducted in 2015, and 2017. Based on the established three-year audit cycle, the facility would be audited in 2020. The current audit is the facility's third audit cycle. Based on the evidence provided, the facility meets this provision.</p> <p data-bbox="252 1962 395 1995">115.401(b)</p> <p data-bbox="252 2040 1490 2152">The facility PAQ indicates that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. This PREA compliance audit is the</p>

third audit cycle for the facility. The WCCF operates one location, which was audited in 2015, and 2017. The current PREA compliance audit was conducted at the same facility as the 2015, and 2017 PREA audits.

115.401(h)

The facility PAQ indicates that the auditor shall have access to, and shall observe, all areas of the audited facilities. During the onsite audit, the PREA coordinator guided the auditor through all areas of the facility, including but not limited to:

- Administrative offices
- Control room
- Men's Dayroom
- Women's Dayroom
- Men's wing, including programming, and sleeping dorms
- Women's wing, including programming, and sleeping dorms
- Kitchen
- Men's dining room
- Women's dining room/ library
- Intake/medical Unit
- Resident inventory storage
- Resident attire storage (shirts provided by WCCCF)
- Segregated housing units
- Mezzanine/library
- Classrooms
- Operational supervision offices
- Counselor offices (men's, and women's)

Based on the evidence provided, the facility meets this provision.

115.401(i)

The facility PAQ indicates that the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The PREA coordinator was identified as the designee for uploading relevant documentation, and information in the PREA Online Audit System (OAS). Documentation was submitted during the pre-audit phase, as well as, upon the auditor's request, during the post-audit phase. Based on the evidence provided, the facility meets this provision.

115.401(m)

The facility PAQ indicates that the auditor shall be permitted to conduct private interviews with residents. During the onsite audit, the PREA coordinator provided a space in the administrative office conference room to conduct private interviews with male residents. A conference room space in the female wing was provided for the auditor to conduct private interviews with female residents. Male and female residents did not indicate any issue with the location of the interviews as it relates to their ability to speak freely, and openly. Based on the evidence provided, the facility meets this provision.

115.401(n)

The facility PAQ indicates that residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. During the pre-audit phase, the PREA coordinator submitted to the auditor photos of PREA audit notices (provided by the auditor) posted throughout the facility. The photos were submitted via email dated 1/13/2020. The notices were printed on brightly colored pink paper. Notices were posted in English, and Spanish, and provided contact information for sending confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

During the facility site review, the auditor observed PREA audit notices conspicuously posted in identified locations:

- Male and Female building entrances
- Male and Female visitation areas
- All Male and all Female dorms
- All Male and all Female restrooms
- Male and Female dining areas
- Male and Female classrooms
- Male and Female Intake areas
- Medical wing
- Male and Female dayrooms

The identified locations coincide with the PREA coordinator's email to the auditor, six weeks prior to the onsite audit. Based on evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>1. Agency website, listed as https://wcccf.org</p> <p>Findings:</p> <p>115.403(f)</p> <p>The agency has published on its website the previous PREA Final Audit Report(s), dated 1/2/15, and 8/6-7/17, respectively. The auditor was able to access the reports, posted under a live link on the agency's website page, listed as "PREA Certified". Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>

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.)	yes
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.)	na

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?	no
	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?	no
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.	yes

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

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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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.)	na
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?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
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?	no
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
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