

PREA Facility Audit Report: Final

Name of Facility: West Central Community Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 04/07/2023

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	02/27/2023
End Date of On-Site Audit:	03/01/2023

FACILITY INFORMATION	
Facility name:	West Central Community Correctional Facility
Facility physical address:	18200 OH-4, Marysville, Ohio - 43040
Facility mailing address:	18200 St. Rt. 4 North, Marysville, Ohio - 43040-9716

Primary Contact	
Name:	Kollin Tossey
Email Address:	ktossey@wcccf.org
Telephone Number:	9376442838 ext. 245

Facility Director	
Name:	Craig Shumaker
Email Address:	cshumaker@wcccf.org
Telephone Number:	9376442838 ext. 225

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

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	114
Average daily population for the past 12 months:	115
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 over
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	69
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	63

AGENCY INFORMATION	
Name of agency:	West Central Community Correctional Facility Executive Board
Governing authority or parent agency (if applicable):	
Physical Address:	18200 Ohio 4, Marysville, Ohio - 43040
Mailing Address:	
Telephone number:	9376442838

Agency Chief Executive Officer Information:	
Name:	Craig Shumaker
Email Address:	cshumaker@wcccf.org
Telephone Number:	9376442838 ext. 225

Agency-Wide PREA Coordinator Information			
Name:	Kollin Tossey	Email Address:	ktossey@wcccf.org

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-02-27
2. End date of the onsite portion of the audit:	2023-03-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The facility has an MOU with Memorial Hospital. The auditor attempted contact with the person listed on the MOU; however, was unable to make contact as of the date of this report. The facility is trying to establish a MOU with a rape crisis organization. They were able to confirm the ongoing communication to establish the MOU.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	115
16. Number of inmate/resident/detainee housing units:	2

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">115</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">3</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">1</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The agency provided the auditor with a list of residents and identified targeted areas.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	76
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were no volunteers present during the onsite visit. The facility is in the middle of an ongoing construction project and has 8 workers onsite at any given time.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided the auditor with a list of current residents, any identified targeted area, intake date, and housing unit/dorm. Each resident was asked their intake date, housing unit, phase, and dorm number at the beginning of each interview for confirmation.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>5</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All available staff were interviewed during the onsite visit. Resident Monitors were interviewed from every shift.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

- Yes
 No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

- Yes
 No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

- Yes
 No

88. Informal conversations with staff during the site review (encouraged, not required)?

- Yes
 No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor was given full access to the facility during the onsite visit. The PREA Coordinator escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas.

The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk through and saw how staff interacted with residents.

One resident passed a note to the auditor inquiring about the closeness of the beds. The auditor was able to interview the resident and discuss the concerns.

Documentation Sampling

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

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

Yes

No

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

The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.

The auditor reviewed electronic documentation during the onsite visit. This includes camera views.

The auditor was also provided requested information after the onsite visit through emails.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	7	7
Staff-on-inmate sexual abuse	0	0	0	0
Total	7	0	7	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	2
Staff-on-inmate sexual harassment	5	1	5	6
Total	7	1	7	8

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	2	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	3	2	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	0	1
Staff-on-inmate sexual harassment	0	0	1	1
Total	0	1	1	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	7
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	7
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The auditor also reviewed one allegation that was against a contractor (vendor). The allegation was for sexual harassment and was substantiated.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>West Central Community Correctional Facility (WCCCF) has a policy that requires that facility to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all residents by maintaining a program of prevention, detection, response, investigation, and tracking. WCCCF maintains a zero tolerance for sexual misconduct in its facility. Sexual misconduct between residents, and by staff toward residents, is strictly prohibited. The policy includes definitions of all terms used in its PREA policies. These definitions include:</p> <ul style="list-style-type: none"> • Abuse • Agency PREA Coordinator • Indecent Exposure • Institutional PREA Compliance Manager • LGBTI • PREA Risk Assessment System • PREA Classifications • PREA Accommodation Strategy • Recent Sexual Abuse • Sexual Abuse • Sexual Contact • Sexual Conduct • Sexual Harassment • Sexual Misconduct • Substantiated Allegation • Unfounded Allegation • Unsubstantiated Allegation • Victim Support Person • Voyeurism <p>The policy states that the facility will maintain zero tolerance through:</p> <ul style="list-style-type: none"> • Risk assessments of residents and reassessment within 30 days • Employee training • Resident education - prevention, self-protection, reporting, treatment, and counseling • Retaliation monitoring • First Responder duties • Administrative and/or criminal investigations • Disciplinary actions • SART review • Data collection
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The policy also states that the Executive Director will appoint a PREA Coordinator, who will have sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The PREA Coordinator is responsible for:

- Developing and implementing training for staff and residents which will comply with the PREA standards of prevention, detection, and response to sexual assault or abuse
- Being the contact person for reporting of allegations of sexual misconduct against residents
- Oversee internal audits of the facility's compliance with PREA standards
- Oversee Sexual Abuse Response Team (SART) to analyze data and make recommendations for improvements to the facility's current compliance with PREA standards
- Supervise the facility's data collection process

According to the facility's Table of Organization provided to the auditor, the facility's PREA Coordinator (WCCCF is a stand-alone facility) is the facility's Accreditation Manager. The PREA Coordinator's direct supervisor is the facility's Operations Director, who reports directly to the Executive Director. During an interview with the PREA Coordinator, he reports that he has been in this position for a little over a year and that he has completed the PREA 101 course offered by Impact Justice. He states that the PREA 101 course has assisted him greatly in understanding the PREA Standards so that he can be sure the facility is in compliance. In addition, his direct supervisor was the facility's previous PREA Coordinator. He states that Compliance with PREA, American Correctional Association (ACA), and Ohio Bureau of Community Sanctions (BCS) is his total job responsibility and that he has been give sufficient time and authority to ensure compliance. He states his responsibilities include staff training, administrative investigations, maintaining MOU's, data collection, and quality assurance checks. Through formal interview and informal conversations with the Coordinator, the auditor can attest that the Coordinator has the knowledge needed to ensure compliance.

During the onsite visit, the auditor interviewed the Operations Director and the Executive Director. The Operations Director states that she works closely with the Coordinator to ensure that he has all the support he needs to ensure that the proper protocols are in place. She is able to assist whenever he has a question/concern about policy, procedure, or practice as it related to complying with the standards. The Executive Director reports that the PREA Coordinator is give the necessary latitude in developing and implementing policies, procedures, and practices that ensure the facility is in compliance with the standards.

Review:

Policy and procedure

Table of Organization

	PREA Coordinator job description
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	Interview with PREA Coordinator
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	Interview with Operations Director
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	Interview with Executive Director
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A: The facility is a Community Based Correction Facility, a public agency that houses residents from eight Ohio counties. The facility acts as an alternative to prison and does not contract with other facilities to house residents that are sentenced to WCCCF through Common Pleas Court or referred through a legal entity. A CBCF conforms to the operating standards established by the Ohio Department of Rehabilitation and Corrections.

115.213	Supervision and monitoring
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 295">Auditor Discussion</p> <p data-bbox="280 333 1461 622">West Central Community Correctional Facility has a staffing plan that addresses the physical layout of the facility, adequate staffing levels, composition of resident population, prevalence of substantiated and unsubstantiated allegations of sexual abuse, other relevant factions, and deviations to the staffing plan. Annually, the facility reviews the staffing plan with the Facility Governing Board, and assess the effectiveness of the plan, prevailing staffing patterns the deployment of monitoring equipment, and resources adequate staffing levels.</p> <p data-bbox="280 660 515 698">Physical Plant:</p> <p data-bbox="280 730 1474 1019">The facility is currently in the middle of an ongoing construction project. The project will add a 12 bed dorm to the male wing. The female wing will add- a multipurpose room (dining and computer room); three additional showers and toilets; classroom space; and staff offices. The auditor toured these areas during the onsite visit. The PREA Coordinator was able to discuss how the expansion project will improve the housing unit and the ability of the facility to protect the residents from sexual abuse and sexual harassment.</p> <p data-bbox="280 1055 919 1093">Currently, there are nine wings to the facility:</p> <ul data-bbox="352 1155 719 1525" style="list-style-type: none"> • Administration • Male Programming • Female Programming • Medical/Intake • Male Day Room • Female Day Room • Male Intake • Kitchen/Dining • Education (Classrooms) <p data-bbox="280 1563 691 1601">Video Monitoring System:</p> <p data-bbox="280 1637 1469 1921">The facility has a video monitoring system that consist of 110 cameras throughout the interior and exterior of the facility, including dorm rooms. The residents are not permitted to change clothing `in the dorms and must sleep fully covered. The cameras are monitored by Resident Monitors in Main Control. Resident monitors are not permitted to view opposite gender dorm rooms. The PREA Coordinator reports that cameras in the dayrooms have audio capabilities. The cameras record to a DVR that can hold video recordings for up to 30 days.</p> <p data-bbox="280 1957 1436 2074">There are no cameras in staff offices, medical exam rooms, or bathrooms. In additional to these areas, there are other “blind spots” throughout the facility. To address these areas, resident monitor staff are required to inspect the facility and</p>

grounds for safety, security, and sanitation. Staff are required to report security irregularities.

FACILITY UPDATE:

The facility has allocated funds to update cameras, as well as add cameras in areas that are in need of additional surveillance. This includes the storage room where an allegation was made. The cameras will be installed by May 31, 2023.

Staffing Levels:

The facility has a policy that requires staff to be available 24 hours a day to respond to the needs of the residents. One male and one female staff are required to be on duty at all times. The staff plan is designed around the facility's maximum capacity of 144 total residents. The staffing plan calls for a minimum of four (4) resident monitors per shift, unless waived by the Executive Director/designee due to current resident population or exigent circumstance. The staffing post includes:

- Main Control - 1
- Male Floor Supervision - 2
- Female Floor Supervisor - 1
- Transport/Float - 1

The minimum staff levels allow the facility to be in the best position to prevent, detect, and respond to sexual abuse and sexual harassment, and to monitor any other inappropriate behavior. When there is insufficient number of Resident Monitor Staff to maintain the minimum staffing levels, the following plan is activated:

- The resident monitor supervisor/designee will attempt to find coverage for the oncoming shift
- Resident monitor from the previous shift stays until a replacement reports to work
- A staff member from a different department (program, administration, or operations) covers as a resident monitor until a replacement reports to work
- In cases where only female staff is on duty, a male staff member from the previous shift stays until a male replacement reports to work and vice versa

The facility is obligated to documenting any deviations to the staffing plan. While the facility continues to be plagued by staffing shortages, there has been no deviations to the staffing plan. Shortages are required to be covered by another Resident Monitor, program staff, or administration.

Resident Monitors, assigned to work inside the male or female wings, are required to have direct supervision of residents at all times. There is a staff desk in both the male and female day room, and must remain at the desk unless relieved by another staff member. Residents must remain in the dayroom and sign off the floor with a resident assigned to work the CAC desk.

There are three levels to the Resident Monitor staff. Level I is the lowest level, with level III being shift supervisor level. All resident monitors reported to the auditor that resident monitors must be at a level II or III to work in an opposite gender housing unit. When asked how many staff members work during their shift, all staff report a minimum of four, that includes the shift supervisor.

Substantiated and Unsubstantiated Allegations:

The staffing plan documents the number of allegations during the 2022 calendar year and the allegation outcome. The facility had one allegation that occurred in a storage room that does not have camera coverage. The allegation was determined to be unsubstantiated; however, during the SART meeting, it was determined that staff would not be allowed to enter into storage areas with one resident. No other recommendations were made based on allegations. The facility has informed the auditor, after the onsite visit, the the funding for a camera in this storage closet has been allocated and will be installed by May 31, 2023.

Other Relevant Factors:

The facility has experienced two outbreaks of COVID-19. The facility has a plan of action, that includes an isolated dorm area for both males and female residents. The outbreaks were well contained and had minimal disruption to the program.

The staffing plan is reviewed annually by the Executive Director, Operations Director, Program Director, Coordinators, and the Facility Governing Board. The plan is reviewed and documented, and any recommendations for modification to the staffing plan is implemented as applicable and appropriate. The facility provided the auditor with their most recent staffing plan, and the meeting minutes from the Facility Governing Board October 26, 2022, meeting.

Review:

Policy and procedure

2022 Staffing Plan

Facility tour

Camera monitors

Investigation reports

SART reports

FGB meeting minutes

Interview with PREA Coordinator

Interview with Executive Director

Interview with Resident Monitors

	<p>The facility budget is set by the Bureau of Community Sanctions and is sufficient to ensure adequate staffing levels.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>WCCCF has a policy that prohibits cross-gender pat downs and cross-gender strip searches. The policy also prohibits body cavity searches except when performed by medical practitioners. All body cavity searches will be documented in an Incident Report detailing the circumstances and results of the body cavity search. The policy requires Resident Monitor (security) staff, during New Staff Orientation, be trained on how to conduct pat searches, cross-gender pat searches, and searches of transgender and intersex residents. The searches are to be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The policy specifically prohibits searches or physical examinations for the sole purposes of determining the resident's genital status.</p> <p>Policy 6.4 states that pat down search is a thorough “hands on” search of a resident, by a same gender staff member, searching for weapons or contraband items. A modified pat search is a thorough “hands off” search of a resident, by staff of the opposite gender, searching for weapons or contraband. Pat searches on a resident can occur for the following reasons:</p> <ul style="list-style-type: none"> • Random • Just cause • Resident not under the direct supervisor of staff • Residents leaves a work detail where tools or utensils are used <p>Policy 6.4 allows for strip searches of residents upon admission or when a resident's present or prior behavior indicates that he/she is likely to be concealing contraband or a weapon. Only staff of the same gender as the resident can participate in a strip search. Strip searches on a resident can occur for the following reasons:</p> <ul style="list-style-type: none"> • Admissions • Residents returning from any unsupervised activity in the community • Just cause or reasonable suspicion <p>The policy requires all strip searches to be conducted in a manner and in a location that permits on the person or persons who are physically conducting the search, and the person who is being searched to observe the search. The search must be conducted in a manner that preserves the dignity of the resident being searched to the highest degree possible. The staff conducting the search will document the search in the Duty Log.</p> <p>Policy 6.4 does allow for body cavity searches. A body cavity search is a manual or instrumental inspection of body cavities is conducted only when there is reason to do so and when authorized by the Executive Director or designee. A body cavity search can only be conducted when reasonable cause exist, and as a last resort to</p>

ensure the safety and security of the facility. The inspection of body cavities is required to be conducted in private by health care personnel. Medical staff are notified immediately when a body cavity search has been requested. The medical staff will:

- Conduct the search on-site in the medical office (may request an appropriate off-ground appropriate medical facility if necessary)
- Maintain constant observation until the examination is conducted
- Notify the staff person accompanying the resident of the findings

The auditor interviewed both male and female resident monitors from both shifts during the onsite visit, and resident monitor supervisors. The resident monitors report receiving pat search training during orientation. They report that the training consisted of a video on how to complete appropriate searches of same gender, cross gender, and transgender/intersex residents. The staff state that during their On the Job Training (OTJ) they received practical training on how to conduct these types of searches. No staff member, during their interview, reported conducting a search on a transgender or intersex resident. When questioning staff on conducting cross-gender searches, all resident monitors state that they are only allowed to conduct a modified pat search. When asked to define a modified pat search, the staff report conducting a visual search while the resident removes every thing from their pockets. The staff interviewed report that during every shift, there is always at least one male and one female resident monitor on duty.

The Resident Monitor supervisors that were interviewed during the onsite visit also discussed their training on how to appropriately conduct searches on same gender, cross gender, and transgender/intersex residents. The supervisor's report that they will provide training to new staff on the appropriate way to conduct a pat search or a modified pat search. The first step is the new staff member shadowing -observing, the proper search techniques; conducting supervised searches; and then once the staff member is proficient, approval to conduct independent pat and modified pat searches. The process is the same for conducting strip searches. The supervisors report that only medical staff are allowed to conduct body cavity searches. No body cavity searches have been conducted.

The auditor interviewed the Medical Coordinator during the onsite visit. She reports the facility has an examination room available to conduct private physicals of residents. She reports that the medical staff have not conducted a body cavity search since she has worked at the facility. She has been at the facility since 2018. The Executive Director reports that there has never been a need to request a body cavity search from medical staff. The Executive Director reports that the facility will soon be investing in a body scanner, which will negate the necessity for body cavity searches.

The auditor interviewed a nurse during the onsite visit. She reports that she has never been asked to conduct a search on a transgender resident or a body cavity search on any resident.

The auditor interviewed twenty (20) male and female residents during the onsite visit. The residents report to the auditor that at intake they received a strip search by a staff member of the same gender. They report that is the only time they have experienced a strip search. The residents report that pat searches are conducted after completing their assignment on their work crew. Available work crews include maintenance, facilities, kitchen, and cooks. The residents state that they have had searches by both male and female staff members; however, if the staff member is of the opposite gender, they only receive a “visual” search. No resident interviewed reported receiving an inappropriate search.

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

WCCCF has a policy that requires the 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 clothes. Resident Monitor staff report being properly trained on how to knock and announce themselves before entering dorms or the bathroom. They report always announcing themselves, and staff of the opposite gender only enter the resident bathroom if it is empty. The Resident Monitors, during interviews, report that only Resident Monitors II or III are allowed to work in opposite gender housing units.

The bathrooms in the male housing unit have open doorways but are set up to not allow viewing into the toilet or shower area from the dayroom. The toilets do not have stall doors, but do have divider walls. All showers have appropriate curtains that allow for privacy while still providing top and bottom views for staff to ensure only one person is in the shower at a time. The bathroom on the female housing unit has a door at the entrance and is shut anytime male Resident Monitor staff is working the floor.

The residents, during formal and informal interviews, report that there has never been an incident where opposite gender staff have entered the dorm rooms without announcing themselves. The residents report that opposite gender staff do not generally go into the bathroom. They will have another staff member go in or ask a resident to go into the bathroom to see if it is clear. The residents report that because there are cameras in the dorms, they are not allowed to change clothing in the dorms or sleep in a state of undress. No resident reported a case of incidental viewing, and reported the only time a staff member seen them with no clothes on is during a strip search.

During interviews with the Executive Director, Operations Director, and the PREA Coordinator, they each independently reviewed the facility's plan for safely housing a transgender resident. They report that if the facility receives information prior to intake that the resident is transgender or intersex, they will interview the resident to address any concerns they may have. If the gender identity is discovered during the risk screening after the resident is already at the facility, intake staff will address any concerns the resident may have. If the genital status of the transgender/ intersex resident is not known, it can be determined during conversations with the

resident or during the strip search that every resident is required to have at intake. The resident will not be searched for the sole purpose of determining the resident's genital status. The facility will place the resident in a bed that allows for the camera to have a direct view of the resident, and specify a time when the resident is allowed to take a private shower.

The facility has never housed a transgender resident.

Review:

Policy and procedure

Pat search training video

Training files

Facility tour

Interview with Resident Monitors

Interview with Executive Director

Interview with Operations Director

Interview with PREA Coordinator

Interview with Medical Coordinator

Interview with residents

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a policy that ensures that all programs and services are available and accessible to residents with disabilities; does not discriminate on the basis of disability in the provision of services, programs, and/or activities administered for residents; and all parts of the facility that are accessible to the residents are made accessible for residents with disabilities. WCCCF will take remedial action to afford residents with disabilities an opportunity to participate in the benefit of services, programs, or activities in a manner that provides for their safety and security and assists in their integration with other residents. These accommodations include:</p> <ul style="list-style-type: none"> • Providing auxiliary aids and services to the hearing and visually impaired • Altering the delivery of services • Assigning properly trained individuals to assist disabled residents who can otherwise perform basic life functions • Education, equipment, facilities, and support necessary for residents with disabilities are provided <p>WCCCF has another policy that requires that facility to provide assistance to residents with literacy and/or language problems, to prevent misunderstandings relative to program expectations. Residents will receive written orientation materials, and/or translations in their language if they do not understand English. All intake information- rules, regulations, and intake materials, are read aloud to the resident.</p> <p>Operations staff are prepared to accommodate residents with literacy or language difficulties, as well as other physical disabilities. Residents will be referred to the Education Coordinator for assessment and/or psychological testing for educational service placement. If additional accommodations are needed for the resident, the Coordinator will work with the primary counselor to contact community agencies to facilitate further assistance. All staff with then be provided with information on how to best work with the resident.</p> <p>When interpretation services are needed, the policy does not allow for the use of resident interpreters unless circumstances are such as where an extended delay in interpretation could compromise a resident's safety, the performance of first-responder duties, or the investigation of the resident's allegation of sexual abuse or sexual harassment.</p> <p>The auditor was able to interview the Intake Coordinator from the Court Services Department. Staff members in intake are responsible for completing new resident paperwork. At intake, they will give the resident a copy of the handbook and verbally review it with them. The review of the handbook covers confidentiality,</p>

PREA reporting, grievances, and disciplinary process. He reports that he has not worked with a resident that is Limited English Proficient. Should there be a language barrier, he reports that the information would be reported to the facility prior to placement. A translator/interpreter would be used to assist with completing the intake process, including the risk assessment, and the resident would be given written materials in the language they understand through the use of Google Translate. He states if a cognitive, mental, or physical disability is present that may interfere with the resident's ability to benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment, he will consult the Education Coordinator, Mental Health Counselor, and/or the Operations Director on the proper accommodation strategy to use.

The PREA Coordinator is responsible for PREA education that is conducted during orientation. The PREA Coordinator reports that he shows the residents the video produced by *Just Detention International*, and provides them with facility specific information on how to report allegations of sexual harassment, sexual abuse, and retaliation. He states that he will work one on one with a resident who has any difficulty understanding their rights under the PREA guidelines. He says that he has not had to provide auxiliary aids or translation/interpreter services. Should it be necessary to provide these services, the facility would use the Supreme Court of Ohio roster of court approved interpreters.

During the onsite interview with the Executive Director, he reports that WCCCF is a treatment facility and that the screening process would most likely filter out any offender that could not participate in the program due to a language barrier or cognitive/physical/mental disability beyond what the facility could manage.

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

During the onsite visit, the auditor was able to see PREA posters in both English and Spanish, as well as use the resident phones and kiosks that offering reporting options in both Spanish and English.

Review:

Policy and procedure

Just Detention video

Resident handbook

Facility tour

Interview with PREA Coordinator

	<p>Interview with Executive Director</p>
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	<p>Interview with Intake Coordinator</p>
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	<p>Interview with residents</p>
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115.217	Hiring and promotion decisions
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 295">Auditor Discussion</p> <p data-bbox="280 333 1461 412">West Central has a policy that prohibits the facility from hiring or promoting anyone who may have contact with residents that may have:</p> <ul data-bbox="352 479 1469 763" style="list-style-type: none"> • Engagement in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; • 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 • Civilly or administratively adjudicated to have engaged in sexual abuse or sexual harassment <p data-bbox="280 801 1469 965">The facility conducts background investigations and criminal records checks on all new employees and volunteers in accordance with state and federal law. The policy requires the facility to conduct background checks on employees and contractors every five years; however, the facility conducts background checks annually.</p> <p data-bbox="280 1003 1469 1368">In addition to conducting background checks to prevent from hiring applicants that may have a history of sexual misconduct, applicants must sign an acknowledgement of misinformation or material commissions are grounds for termination, and during applicant interviews, the applicant is questioned about criminal and/or administrative sexual misconduct allegations. Applicants, who have worked at a previous institution, will have a "PREA reference check" conducted by a member of WCCCF's human resource department. Once hired, all employees must annually submit continued affirmation to disclose any sexual misconduct. The facility captures this information on the employee evaluation form.</p> <p data-bbox="280 1406 1453 1525">Employees who wish to be promoted, must complete an in-house application, have a new background check, and answer the sexual misconduct questions during the interview process. The employee's disciplinary record will also be reviewed.</p> <p data-bbox="280 1563 1469 2047">During the onsite visit, the auditor was able to interview the Human Resources Manager. He reviewed the facility's recruitment practices, background checks, promotions, and reference checks as they relate to the PREA policies. He reports that during the interview process, applicants will be asked the required sexual misconduct questions list in this standard. The answers will be documented on the interview answer sheet. In addition, applicants will be questioned on previous work experience at other institutions. Any successful candidate will receive conditional employment that can be rescinded based on the result of the background and reference checks. All previous institutional places of employment will be checked to verify the potential employee did not have a substantiated allegation of sexual abuse or resign in the middle of an investigation into sexual abuse. He reports that the facility conducts background checks on every employee, contractor, and</p>

volunteer annually. The checks are completed by the Union County Sheriff's Office. During new employee orientation, the employee will document their adherence to the facility's zero tolerance policies, and acknowledgement of receiving their continual affirmation duty.

The Human Resource Manager states that for promotions, employees must submit an internal application, and be qualified for the position before receiving an interview. During the interview, the employee would be asked the required "PREA employment questions", and a review of the personnel file would be conducted. An employee who has been disciplined would only be considered for minor infractions that were not repeated offenses.

He reports that should another institution reach out to him for a reference check on a former employee, he would provide such information. He states that he keeps a spreadsheet that documents this type of information on a spreadsheet tracker, including if the employee resigned in the middle of an investigation.

The auditor reviewed seven employee files during the onsite visit. The files contained applications, interview notes, reference checks, background checks, PREA acknowledgements, continued affirmations, promotion paperwork, and disciplinary action.

The Human Resource Manager reports that all volunteers and contractors, prior to being placed in the facility, must provide information about any previous sexual misconduct and must also pass a background check to have direct contact with the residents. The auditor was able to verify this during the onsite visit. Volunteers and contractors are informed that WCCCF reserves the right to refuse entry to any vendor, contractor, volunteer, or student intern who interacts inappropriately with residents.

Review:

Policy and procedure

Employee applications

Interview questionnaire

Employee background checks

Reference checks

Employee evaluations

Promotion documentation

Disciplinary records

Interview with Human Resource Manager

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility is currently in the middle of an expansion project. The expansion will add a 12 bed dorm to the male housing unit and a 16 bed dorm to the female housing unit. The female unit will also be expanded to provide for a multipurpose area to include a dining area and designated computer room. Three additional showers and toilets will be added to the female restroom, and classrooms and office space will also be added. The auditor was able to tour this area during the onsite visit. The previous PREA Coordinator participated in the original blueprint review and construction meetings. The current PREA Coordinator has been included current reviews of the project's progression. He will be able to review camera placement to ensure resident monitor staff have clear line of site views into these new areas.</p> <p>The facility has not had any improvements or enhancements to its electronic surveillance system or other monitoring technology since the last PREA audit. The facility will be adding new camera equipment and adjusting placement of other cameras at the conclusion of the expansion project. Placement of the cameras will consider how the cameras can enhance the facility's ability to protect residents from sexual harassment and sexual abuse.</p> <p>The facility has informed the auditor after the onsite visit, they have allotted funds to replace outdated cameras, and add cameras in areas in need for increased surveillance- the storage room where an unsubstantiated allegation took place. The facility has also received a grant that has allowed for the purchase of a body scanner. Installation of this equipment will take place on April 24, 2023. The installation of both cameras and body scanner will provide the facility with the ability to better detect and prevent sexual abuse and sexual harassment.</p> <p>Review:</p> <p>Facility tour</p> <p>Interview with PREA Coordinator</p> <p>Interview with Operations Director</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 297">Auditor Discussion</p> <p data-bbox="280 338 1458 539">The agency has a policy that requires all allegations of sexual harassment and sexual abuse to be administrative and/or criminally investigated. All administrative investigations will be investigated by a specialized trained investigator. All allegations that appear to be criminal in nature, will be investigated by the Union County Sheriff's Department.</p> <p data-bbox="280 577 1449 696">The facility has a MOU with Union County Sheriff's Department to investigate allegations of sexual assaults or offenses that occur at the facility. The MOU states that the Union County Sheriff's Office agrees to:</p> <ul data-bbox="352 763 1474 1760" style="list-style-type: none"> • Provide uniformed deputies for the initial investigation, followed by detectives trained in sexual offense investigations to thoroughly investigate any alleged sexual related offenses • Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator • Not terminate an investigation solely because the source of the allegation recants the allegation or solely because the alleged abuser or victim departs from the employment or control of the facility • Conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution • Assess credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as resident or staff • 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 • 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 • Refer for prosecution substantiated allegations of conduct appear to be a criminal matter <p data-bbox="280 1798 1406 1872">The agreement is signed by the former executive director and the Union County Sheriff, and was approved by the Union County Assistant Prosecuting Attorney.</p> <p data-bbox="280 1910 1469 2067">The department has investigators trained to investigate sexual assault. In addition to their training in investigation techniques, the detectives are also trained as crime scene technicians. The detective will photograph the scene, collect and preserve vital evidence that includes latent fingerprints, DNA, shoe prints, bodily fluids, and</p>

trace evidence.

Administrative investigations will be conducted by trained facility investigators. The facility has provided the auditor with training certificates for the administrative investigators.

The policy states WCCCF 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. While the facility does have a medical department and examination rooms, the medical staff does not perform forensic medical examinations. Residents that are in need of a forensic medical examination, will be transported to Memorial Hospital of Union County. The facility provided the auditor with a copy of the MOU between the facility and the hospital. The MOU states:

- West Central will arrange transportation to the Hospital for medical care for any resident needing forensic medical examination for suspected sexual abuse
- 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 Hospital will provide examinations by a Sexual Assault Nurse Examiner (SANE) when possible. If a SANE is not available, the exam will be performed by a qualified medical practitioner. The attending (Emergency Department) 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 Hospital will provide West Central patients with information pertaining to victim advocates and advocacy programs
- The cost associated with any additional treatment shall be submitted to the patient's insurer
- West Central agrees to provide pertinent medical and other information as available to support the patient's treatment

The MOU is signed by the hospital's CEO and the facility's Executive Director.

The facility has provided the auditor with emails trying to establish a MOU with HelpLine. HelpLine services eight counties, including Union County. The Sexual Assault Response Network (SARN) is a part of HelpLine. SARN is the sexual violence prevention and intervention program that services Union County. SARN advocates are available to assist survivors at the hospital and with law enforcement immediately following an assault, and can connect a survivor to the resources at HelpLine and in the community. SARN can provide:

- A free, 24 hour information, referral, and crisis line
- Individual support at hospitals and law enforcement agencies
- One-on-one crisis intervention and follow up
- Trauma informed support
- Workshops for sexual assault survivors
- Confidential support number- 800-684-2324 or text helpline - 898211

The advocates at SARN are also able to provide support to victims whose assault happened years ago. The advocates are also trained to help male, female, LGBTQ, teen, adult, and elderly survivors of sexual assault.

In addition to trying to establish an MOU with HelpLine, the facility has trained victim support persons. The auditor was provided the training curriculum and training certificates for these staff members. The training was provided by the Division of Parole and Community Service Office of Victim Services. During the onsite visit, the auditor interviewed the Mental Health Counselor who states that if a resident reports an allegation of sexual harassment or sexual assault, she will meet with them as part of the required status checks, or as the resident request.

Review:

Policy and procedure

MOU with Union County Sheriff's Office

MOU attempt with HelpLink Sexual Assault Response Network

Victim Support Person training curriculum

Victim Support Person training certificate

Interview with PREA Coordinator

Interview with Mental Health Counselor

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 257 577 295">Auditor Discussion</p> <p data-bbox="280 333 1465 622">West Central CCF has a policy to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct. 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. All criminal allegations of sexual misconduct will be investigated by the Union County Sheriff's Office. There is no limit on the time on when a resident may report sexual misconduct.</p> <p data-bbox="280 660 1474 1025">The facility publishes its zero tolerance policy for administrative and criminal investigations on its website. The auditor reviewed the facility's website (https://www.wcccf.org/WebSite/WebSite.nsf/TestPREA?OpenForm?) to ensure that the investigation policy for PREA allegations was posted. The website informs visitors that an administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. All criminal allegations of sexual misconduct and/or retaliation will be criminally investigated by the Union County Sheriff's Department, and there is no time limit on when a resident may report sexual misconduct.</p> <p data-bbox="280 1064 1118 1102">The auditor reviewed the allegations during the onsite visit.</p> <p data-bbox="280 1140 1430 1429">Investigation #1: Staff reported receiving two complaints about a resident being "too touchy" but did not want to call it PREA. One allegation was a third party allegation reported to staff through a care and concern kiosk message, and the other was a verbal report from a victim. An administrative investigation into the allegation determined the allegation to be substantiated. A referral for a criminal investigation was not warranted due to the behavior not reaching that definition; however, the abuser was terminated from the facility.</p> <p data-bbox="280 1467 1434 1621">Investigation #2: A resident reported to staff that another resident touched her buttocks. The residents were placed on a separation contract while the allegation was investigated. The administrative investigation reviewed camera footage and determined the allegation to be unfounded.</p> <p data-bbox="280 1659 1449 1859">Investigation #3: A staff member reported a suspected PREA incident. The residents were placed on a separation contract during the investigation. The administrative investigator was unable to determine where the incident took place and there were conflicting statements. The allegation was determined to be unsubstantiated.</p> <p data-bbox="280 1897 1433 2051">Investigation #4: The PREA Coordinator received an email from a staff member about a resident reporting a possible PREA incident on behalf of another resident. The resident victim and abuser both denied the allegation, and there is no video evidence. The administrative investigator determined the allegation to be</p>

unfounded.

Investigation #5: The PREA Coordinator received a written report via the kiosk system. The report was on behalf of another resident, and stated that the resident found a note in the day room that alleges that a resident touched another resident's genitals in the kitchen. The person who reported was not a victim or witness, just found the note. The administrative investigation could not find any corroborating evidence and determined the allegation to be unsubstantiated.

Investigation #6: A staff member reported to staff that a resident touched another resident's genitals. The alleged abuser was placed in an administrative segregation cell during the investigation. The alleged abuser admitting to touching the resident's genitals as a joke. The allegation was determined to be substantiated. There was no criminal behavior, so the allegation was not referred for a criminal investigation; however, the resident was terminated from the program.

Investigation #7: The facility received a staff report of suspicion of a staff member was having an inappropriate sexual relationship with a resident. The facility mandated the staff member work only in the male housing unit or main control until the investigation was completed. The administrative investigation could find no evidence, and the resident denied having any type of relationship with the staff member. The allegation was determined to be unfounded. The staff member was instructed to not have any contact with the resident and to remain off the female housing unit at the conclusion of the investigation. After the conclusion of investigation, the staff member was to be in violation of the separation order and was found on the female housing unit engaged in a conversation with the resident. The staff member was disciplined for failure to follow directives. After the resident was released from the program, the facility received a third party report of emails that exist between the staff member and the resident, confirming a sexual relationship. The PREA Coordinator referred the allegation to the Union County Sheriff's Office for a criminal investigation. The staff member is no longer employed at the facility. The Sheriff's Office conducted a criminal investigation, but ultimately closed the investigation due to lack of evidence.

Investigation #8: The facility received an allegation from a resident during a 30-day reassessment. The resident reported that during a transport, a staff member made comments toward her that made her feel uncomfortable. The administrative investigator interviewed the resident and the staff member. The resident reports that the staff member asked her personal questions, but nothing sexual. She states that when she told him she was not comfortable with his question, he did not ask her anything else. The staff member confirmed the situation. Stated he was just making conversation while they waited and stopped asking questions when she stated she was uncomfortable. The allegation was determined to be unfounded.

Investigation #9: A resident sent a message through the kiosk system requesting to speak to the PREA Coordinator. The resident alleges that another resident removed violation forms from the staff desk and created his own disciplinary sheets with violations listed as graphic sexual activity. The administrative investigation

determined that the reporter of the allegation was purposely trying to get the alleged abuser in trouble as part of an ongoing feud between the two residents. The allegation was determined to be unfounded.

Investigation #10: Resident made a third party report on behalf of another resident. The allegation alleged that a resident was passing notes with inappropriate sexual content to another resident. Resident admitted to writing the letters. Allegation was determined to be substantiated.

Investigation #11: A staff member reported that in an outgoing letter, a resident alleged that he was being sexually harassed at the facility. The resident also sent a message to his counselor with the same accusation. The administrative investigation uncovered information that the resident was using the PREA system to be release early from the program. The allegation was determined to be unfounded.

Investigation #12: A staff member made a report that a resident sent a message about a threat of being violently raped by another resident. The administrative investigation found a lack of evidence, unreliable victim and questionable motives. The allegation was determined to be unfounded.

Investigation #13: Resident made a verbal report to staff that another resident has been sexually harassing him. The investigation determined the alleged abuser did not direct repeated and unwelcomed sexual advancements, request for sexual favors, verbal comments or gestures toward the victim. The allegation was determined to be unfounded.

Investigation #14: A resident was found passing notes to a construction worker through another resident. The allegation was administratively investigated and determined to be substantiated. The resident and contractor both admit to passing notes and having phone conversations; however, both deny any physical contact. The construction company was informed of the substantiated allegation and was told the contractor was no longer allowed on the premises. There was no criminal activity, so no referral for a criminal investigation was made.

Investigation #15: A resident was found with love notes from a female staff member. The staff member was questioned about the notes and later resigned during the investigation. After the staff member resigned, the resident placed several calls to the staff member where she confesses her love for the residents and they make plans to be with each other once the resident is released from the facility. The allegation was substantiated for staff sexual harassment. No criminal referral was made.

Review:

Policy and procedure

Facility website

Investigation reports

Interview with PREA Coordinator

115.231	Employee training
	<p data-bbox="280 181 1002 217">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 293">Auditor Discussion</p> <p data-bbox="280 333 1445 495">The facility has a policy that states all new employees will receive instruction related to the prevention, detection, response, and investigation of sexual misconduct during New Employee Orientation training at West Central Community Correction Facility. This training includes, but is not limited to:</p> <ul data-bbox="352 562 1461 1099" style="list-style-type: none"> • Zero tolerance policy for sexual abuse and sexual harassment • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures • Residents' right to be free from sexual abuse and sexual harassment • The dynamics of sexual abuse and sexual harassment in confinement • Common reactions of sexual abuse and sexual harassment victims • How to detect and respond to signs of threatened and actual sexual abuse • How to avoid inappropriate relationships with residents • How to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities <p data-bbox="280 1137 1473 1294">The facility will provide this training bi-annually and provide refresher training on the facility's sexual abuse and sexual harassment policies on the off year. The PREA training will address sexual abuse and sexual harassment factors that impact both male and female residents.</p> <p data-bbox="280 1332 1382 1451">Staff will be required to document receiving this training through signature or electronic verification. Staff must complete this training before they can work directly with residents.</p> <p data-bbox="280 1489 1458 1733">The facility provided the auditor with the PowerPoint presentation used for training staff. The training is presented by the PREA Coordinator and sufficiently covers section a. 1-10 of this standard. After completion of training, the staff member is required to pass a post-test. The staff members also complete PREA training topics in the Relias Learning Management System. The auditor was able to confirm completion of training during employee file reviews.</p> <p data-bbox="280 1771 1358 1845">In addition to the required training dictated by the standard, the facility also provides training on the following related topics:</p> <ul data-bbox="352 1912 1259 2069" style="list-style-type: none"> • Downing the Duck - pamphlet and quiz (inmate manipulation) • Ohio Ethics law and related statutes • Professionalism guidelines and scenarios worksheet • Resident supervision

- 1st responder duties (security and non-security staff)
- Communication -vs- Over familiarity
- PREA video (Just Detention International resident education video)
- Standards, Professionalism, Ethics, and other legal issues
- PREA acknowledgement
- Resident Monitor Specific training
 - Conducting a security round
 - Monitoring segregation of residents
 - Searches - pat, modified pat, wand, strip
 - Urinalysis
 - Co-ed transports
 - Cameras
 - How to take action in the presence of unprofessional behavior

The auditor interviewed program and security staff during the onsite visit. All staff report having onboarding training and/or annual training that includes PREA. Some residents were able to recall receiving training through Relias while others discussed receiving a refresher PowerPoint presentation through their email. The staff report after reviewing the training, they were required to complete a post-test and send the test to the Human Resource Manager. Some staff members were able to remember specific details of the training, citing topics such as reporting, red flags, and first responder duties.

In addition to the training provided annually, the facility also post "PREA Books" at the staff desk in the male and female housing units and at main control. The book includes:

- 1st responder flow chart
 - contact list
 - staff
 - victim advocates
- Reporting information
- Prevention, response, treatment, investigation info
- MOU with Union County Sheriff's Office
- MOU with Memorial Hospital of Union County
- MOU with Victims of Crimes Assistance Program
- List of local rape crisis centers (by county for the state of Ohio)
- List of interpreters approved by the Ohio Supreme Court
- PREA forms
 - Sexual abuse first responder checklist
 - Administrative investigator investigation form
 - SART checklist
 - Volunteer PREA acknowledgement form
 - PREA annual acknowledgement form
 - Definitions
 - Agency PREA policies

	<p>The PREA Coordinator and Human Resource Manager discussed the facility's training practices. The training PowerPoint labeled "refresher" is actually the full PREA training that the facility is providing to staff members annually. He reports that the facility trains staff on both male and female PREA gender topics due to staff having the ability to work with both male and female residents. The HR department tracks training and will ensure that all staff complete mandatory PREA training annually.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility requires all contractors and volunteers who have contact with residents to receive training on the facility's policies and procedures relating to sexual abuse and sexual harassment. The contractors and volunteers must document their acknowledgement of receiving training related to their responsibilities under the PREA standards. This training will include:</p> <ul style="list-style-type: none"> • West Central's zero tolerance policy for sexual abuse • West Central's zero tolerance policy for sexual harassment • How to report sexual abuse and sexual harassment • Sexual abuse and sexual harassment prevention • The legal prohibition of any sexual activity with residents • The identifies of possible sexual assault victims • Sexual assault prevention strategies <p>Volunteers and contractors will receive training through the facility's Family and Volunteer Services Coordinator. In addition to receiving verbal instruction, the contractor or volunteer will watch the Just Detention International's resident education video.</p> <p>The auditor was provided the materials and video used to train contractors and volunteers, along with signed acknowledgements of receiving training.</p> <p>Review:</p> <p>Contractor/Volunteer/Intern Training Acknowledgement Form</p> <p>Notice to vendors, volunteers, and interns: zero tolerance against sexual abuse and sexual harassment</p> <p>Just Detention International resident education video</p> <p>Volunteer training checklist</p> <p>Volunteer receipt of policy and procedure</p> <p>Interview with PREA Coordinator</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>WCCCF has a policy that requires 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. The handbook provides the following information:</p> <ul style="list-style-type: none">• How to report incidents or suspicions of sexual abuse or sexual harassment• The resident's right to be free from sexual abuse and sexual harassment• The resident's right to be free from retaliation for reporting such incidents• West Central's policies and procedures for responding to reported incidents

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has a policy that requires all West Central staff that conduct investigations into sexual abuse allegations receive training on conducting sexual abuse investigations in confinement settings, in addition to the general training provided to all West Central employees. The training is required to include:

- Techniques for interviewing sexual abuse victims
- Proper use of Miranda and Garity Warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The facility will maintain documentation that administrative investigators have completed the required specialized training in conducting sexual abuse investigations. The facility does not conduct criminal investigations. All sexual abuse and sexual harassment allegations that appear criminal in nature will be referred to the Union County Sheriff's Office for a criminal investigation.

The auditor has a copy of the training curriculum and zoom recording of the training provided to the WCCCF administrative investigators. The training was provided by Ohio Community Corrections includes:

- PREA investigation standards
- First responder duties and evidence collection
- Understanding trauma
- Legal issues and agency liability
- Reports and credibility
- Interview techniques
- Understanding sexual harassment
- Report writing
- Investigation outcomes

During the onsite visit, the auditor was able to speak to three administrative investigators, including the PREA Coordinator. The investigators were able to discuss their training and the skills they use during investigations into sexual abuse and sexual harassment. The reported training topics from the investigators included trauma informed care, evidence protection, proper documentation, and investigation outcomes using preponderance of evidence. All of the investigators reported only conducting administrative investigations, and being prohibited from conducting criminal investigations.

The auditor questioned the investigators on the use of Miranda and Garity during investigations. The PREA Coordinator reports that at any point during the

investigation, criminal behavior is apparent, the administrative investigation would be put on hold, so as to not corrupt a criminal investigation. The administrative investigator would not interview residents or staff until the criminal investigation was complete.

The facility provided the auditor with copies of training certificates for each administrative investigator.

Review:

Policy and procedure

Administrative investigator training curriculum

Administrative investigator training video

Interview with administrative investigators

115.235	Specialized training: Medical and mental health care
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 577 295">Auditor Discussion</p> <p data-bbox="280 333 1452 412">Facility policy requires all medical and mental health care staff, in addition to PREA training related to standard 115.231, complete training that includes:</p> <ul data-bbox="352 479 1468 723" style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment • How to preserve physical evidence of sexual abuse • How to respond effectively and professionally to victims of sexual abuse and sexual harassment • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment <p data-bbox="280 763 1449 880">The facility medical staff would not conduct a forensic medical examination. Any resident who would be in need of a forensic medical exam would be transported to the hospital and receive an examination from a SANE provider.</p> <p data-bbox="280 920 1473 1285">The auditor was able to interview the Medical Coordinator during the onsite visit. She reports that herself, along with all medical personnel, including the contract doctor, have completed the specialized medical and mental health modules available through the PREA Resource Center's website. She reports that medical staff at the facility would not conduct medical examinations related to sexual abuse, and that residents needing forensic medical exams would be transported to Memorial Hospital. She reports that all medical staff have been trained on detecting and reporting allegations or suspicions of sexual abuse and sexual harassment. She goes on to describe a report she made based on suspicion.</p> <p data-bbox="280 1326 1465 1480">The auditor also interviewed a nurse during the onsite visit. The nurse reports that she has received appropriate PREA training, including specialized training related to responding professionally to residents that have experienced sexual abuse and sexual harassment.</p> <p data-bbox="280 1520 1465 1845">The auditor was also able to interview the Mental Health Manager (currently the only mental health employee) during the onsite visit. She too confirms that she is required to complete all employee PREA training as well as specialized training through the PREA Resource Center. She reports that she can provide residents with community level mental health treatment and would be responsible for providing this service to the residents of WCCCF. She reports being appropriately trained and prepared to detect, assess, and report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="280 1886 1404 1964">The auditor was provided with training completion records for both medical and mental health staff.</p> <p data-bbox="280 2004 392 2042">Review:</p>

	Policy and procedure
	Training records
	Interview with Medical Services Coordinator
	Interview with Mental Health Manager

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 295">Auditor Discussion</p> <p data-bbox="280 333 1465 539">The facility has a policy that outlines the procedures for screening residents for risk of sexual victimization and abusiveness, and to establish the process for the use and sharing of screening information to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="280 573 1422 779">The facility has a PREA Accommodation Strategy Team that consist of the PREA Coordinator, Deputy Director, medical and mental health staff, and other staff as necessary. The team will develop a plan that based upon the PREA classification determined by the PREA risk assessment tool, and the needs of the individual resident.</p> <p data-bbox="280 813 1469 1059">The policy states that all residents will be assessed for risk of sexual victimization or abusiveness within a 72-hour period. The screening will be conducted by Court Services staff and incorporate the resident's interview with collateral information. No sooner than 15 days, but no later than 30 days from the resident's intake date, the resident will be reassessed regarding their risk of victimization or abusiveness. The resident's assigned counselor will complete the reassessment.</p> <p data-bbox="280 1093 1442 1131">The risk assessment instrument will consider, at a minimum, the following criteria:</p> <ul data-bbox="352 1193 1458 1653" style="list-style-type: none"> • Whether the resident has a mental, physical, or developmental disability • The age of the resident • The physical build of the resident • Whether the resident has previously been incarcerated • Whether the resident's criminal history is exclusively nonviolent • Whether the resident has prior convictions for sex offenses against an adult or child • Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming • Whether the resident has previously experienced sexual victimization • The resident's perception of vulnerability <p data-bbox="280 1686 1445 1809">The policy requires a resident's risk to 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.</p> <p data-bbox="280 1843 1267 1881">The policy also defines risk classifications. The classifications include:</p> <ul data-bbox="352 1944 1430 2067" style="list-style-type: none"> • Potential Abuser- A resident that has been found guilty of committing, attempting to commit, or threatening to commit one or more instances of sexual abuse in an institutional setting

- Potential Victim- A resident that has been the victim of a confirmed attempted sexual abuse or confirmed sexual abuse in an institutional setting
- No classification- Residents that do not have any significant risk of victimization or abusiveness

The policy states that residents are not allowed to be disciplined for refusing to answer or for not disclosing complete information in response to question concerning mental, physical, or developmental disabilities; perception of being gay lesbian, bisexual, transgender, intersex, or gender non-conforming; previous sexual victimization; or the resident's own perception of vulnerability.

Completed risk screenings contain sensitive information, and the staff are required to secure all forms so that the information is not exploited.

The auditor was able to interview the Court Services Coordinator, who is responsible for conducting the initial risk screen, during the onsite visit. He reports that during an intake of a new resident, they will go through a three-step process.

- Step 1- Medical: initial exam
- Step 2- Security: delouse, urine drug screen, orientation uniform
- Step 3- New Resident Paperwork: review handbook, confidentiality, PREA reporting, grievances, disciplinary action/sanctions, and complete PREA risk assessment

The Coordinator states that the first thing he does prior to conducting the assessment is to review PREA, what the assessment is and how the information is used, and definitions of terms used in the assessment. He states most of the residents “roll their eyes” as he reviews the information but understand that it is necessary. He states that the resident's past history will determine the resident's classification, depending upon the nature of the offense and the amount of time that has passed. He will also take into account the resident's own view of vulnerability.

Due to the ongoing construction project, the Coordinator states that he will conduct assessments during times when there is no “traffic” in the hallway, in order to protect the resident's confidentiality. During days when there are multiple intakes, he will place the others in a holding cell, and conduct the assessment one-on-one. He reports that should a female resident be uncomfortable discussing the information on the screening with a male staff member, he will get the assistance of a female counselor to conduct the screen.

All screens are given to the PREA Coordinator after completion for quality assurance review and security.

The auditor interviewed a counselor during the onsite visit. The counselor reports she will receive an email reminder to complete the assessment after the resident has been in the facility for 15 days. She states that she will re-interview the resident and update the classification if necessary based on the resident interview

and any other additional information received since intake. She reports that she is also responsible for conducting additional screens based on receiving new information or a resident who has had an incident of sexual abuse.

The auditor was able to review completed initial and rescreens. The auditor noted that all required elements based on this standard are listed on the screening instrument. The auditor noted that while the facility had a way of deciding how residents are classified, the whole of the information is not being used to make an informed determination. The auditor discussed this issue with the PREA Coordinator. The auditor advised the facility in how to create an objective screening tool that is to be used for initial, rescreens, and additional screens.

The facility provided the auditor with a risk screening report that for fiscal year 23. The information on this report includes:

- Resident Name
- Entry date
- Initial assessment date
- PREA Classification
- PREA orientation date
- 30 day assessment date

The report also list a discharge date if the resident was discharged prior to completion of orientation and/or the 30 day reassessment. The report shows compliance with the required assessment time limits.

FACILITY RESPONSE:

The facility has updated the risk screening tool to include a scoring system to decide classification. The facility provided the auditor with a copy of the new form and assessments using the new tool. The facility also reports that a new body scanner will be installed on April 24, 2023. This will allow for the intake process to be moved into a private room. All intake assessments will be conducted there to ensure privacy of the resident.

The PREA Coordinator maintains control of the screening forms so that they cannot be read or used by other staff as a way to exploit the resident. Classification information is the only thing that is shared in an effort to ensure residents are safe while at the facility.

Review:

Policy and procedure

Initial and rescreens

Court Services Coordinator interview

Counselor interview

	PREA Coordinator interview
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy states that the information collected during the risk screening will be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexual victimized from those at high risk of being sexually abusive.</p> <p>The policy only allows for the sharing of screening information regarding a resident's sexual orientation or gender identity for the purposes of risk assessment classification, 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.</p> <p>The Court Services Coordinator reports that he informs the PREA Coordinator and Counselor of the resident's PREA classification so that everyone can be on the same page as it relates to making accommodations to keep the resident safe.</p> <p>Residents that acknowledge previous abuse in the community or in an institution will be referred to the Mental Health Manager. The Mental Health Manager reports that she will meet with the resident and offer services, that include Trauma Survivors Group, Anger Management, Beyond Trauma (females only), and/or one-on-one counseling. She reports that all mental health services are optional.</p> <p>The Counselor reports that before a resident is placed on a crew, a crew leader would request approval from the counselor. This allows the counselor to ensure a vulnerable resident is not placed on the same crew as a resident classified as a potential abuser.</p> <p>The Resident Monitor Coordinator would be responsible for assigning a dorm room and bed that allows for RM staff to have clear views of the resident. The male housing unit has two bathrooms that are used based on dorm assignment. Residents that are classified as abusive are on the opposite side of the housing unit from those that are vulnerable.</p> <p>The facility does not place lesbian, gay, bisexual, transgender or intersex residents in specific housing units based on their sexual orientation or gender identity. 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. Other accommodations will be considered based on the resident's own views of vulnerability. Accommodations will be made on an individual basis.</p> <p>During the tour, the auditor was able to view both the segregation cells and the holding cells. These cells are in the intake area and not apart of a housing unit. No resident has been housed in these cells. The auditor interviewed any resident that identified as being LGBTI or gender non-conforming. These residents report being</p>

housed in a general population unit and not experienced any bullying or harassment based on their sexual orientation or gender identity. The auditor interviewed one resident, who stated that he did have an issue with another resident (not related to PREA) and had it immediately addressed by staff.

The auditor conducted a search on the internet concerning any lawsuits, civil actions, or consent decrees concerning the agency. The auditor was not able to find any information related to those topics and the facility.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility is required to provide multiple internal ways for residents to privately report sexual abuse, sexual harassment, and retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents may privately report allegations of sexual abuse, sexual harassment, and retaliation by:</p> <ul style="list-style-type: none"> • Verbally • In writing • Text message on Keefe Messaging System • ODRC Bureau of Community Sanctions hotline • Anonymously • Third party <p>All reports of sexual abuse and sexual harassment, regardless of how the incident was reported, will be investigated.</p> <p>Residents are informed of the ways they can report abuse, harassment, or retaliation at intake and during orientation group. At intake, residents are provided with a resident handbook. The handbook states:</p> <ul style="list-style-type: none"> • Incidents or suspicion of sexual abuse, sexual harassment, and retaliation can be reported to ANY STAFF member: <ul style="list-style-type: none"> ◦ verbally to ANY STAFF MEMBER ◦ in writing to ANY STAFF MEMBER ◦ PREA Coordinator (937)555-1234 ◦ Outside agency Hotline (614) 728-3399 <p>Residents are given the opportunity to remain anonymous upon request to the outside agency. There will be NO retaliation for reporting incidents of sexual abuse or sexual harassment made in good faith. Residents using the facility phones do not have to input a pin number that could identify them when making calls from the resident phones when using them to report allegations of sexual abuse or sexual harassment. There is a notice that informs residents phone calls are recorded. The PREA Coordinator reports that staff do not have access to the phone recordings, and permission must be obtained in order to listen to any calls. The Executive Director would not permit the monitoring if the outside agency reports that the caller wishes to remain anonymous.</p> <p>The auditor called the outside agency during the onsite visit from the resident phones. The auditor did not need to enter a pin in order to call the outside reporting agency. The Assistant Chief from the Bureau of Community Sanctions returned the phone call to the auditor's message, and reported that residents can report to this</p>

hotline and can remain anonymous. He states that someone from the Bureau of Community sanctions would call the facility and report the allegation to the PREA Coordinator.

The residents can also use the kiosk system to report allegations of sexual abuse and sexual harassment. During the onsite visit, a resident demonstrated how to use the kiosk system. The system allows the resident to email friends and family to request them to make a third party report; send an internal message to their counselor, medical, mental health, and/or the PREA Coordinator. These messages are not anonymous, but can be limited to the staff who need to know in order to conduct investigations and/or protect the resident.

During orientation group, residents are provided with instruction on how to report allegations of sexual abuse or sexual harassment. The PREA Coordinator, who conducts the orientation group, reports that he informs the residents on all the ways they can report allegations; which options allow residents to remain anonymous; the limits to confidentiality; and third-party reporting.

During the tour, the auditor noticed several posting in conspicuous places that list reporting information for local, state, and national organizations. The information includes the name, phone number, and address for these organizations.

Residents interviewed during the onsite visit discussed the ways they can report allegations. This includes private and anonymous reporting. Residents reported that at intake, they received a handbook and that the handbook was reviewed with them. They also discussed the information reviewed with them during orientation group. Residents understood their ability to report allegations to any staff member and could make mention of a staff member they felt comfortable reporting allegations. One resident interviewed discussed reporting an allegation of sexual harassment to staff. He states that he was comfortable reporting to staff, and he felt staff would handle the allegation appropriately. He states that the allegation was investigated and he received an outcome notification.

The auditor also questioned the residents of the phone and mail system. The residents report that there are several kiosks in the dayroom where they can make phone or video calls. The residents report that on the kiosk is a "PREA Button" where they could make a report if they did not feel comfortable reporting to staff or verbally over the phone. When discussing mail that would be sent to a victim advocate or emotional support agency, the residents were unsure of the process because no one has ever tried to send or receive mail from an advocate or emotional support person. The PREA Coordinator states that all incoming and outgoing mail is read by the mail clerk. Outgoing and incoming mail that is privileged would not be read but opened in front of the resident. This is the process that would be used should the resident wish to correspond by mail with an advocate or emotional support person. The PREA Coordinator reports that residents can purchase stamped envelopes though the commissary, and indigent residents are provided with weekly postage.

Policy states that WCCCF staff can privately report sexual abuse and sexual

harassment of residents in the following ways:

- Contacting the PREA Coordinator in person, by phone, or by email
- Calling the Bureau of Community Sanctions hotline number
- Emailing prea@wccf.org
- Completing an Incident Report, making it confidential, and submitting it directly to the PREA Coordinator

The PREA Coordinator is responsible to ensure all allegations are investigated while maintaining the anonymity of the reporting staff.

Staff interviewed reported that all information they received concerning an incident, report, or suspicion of sexual abuse or sexual harassment is to be reported to their supervisor. The staff report that they have been informed to make private reports directly to the PREA Coordinator.

Review:

Policy and procedure

Investigation reports

Resident phones

Resident kiosk

Resident handbook

Interview with PREA Coordinator

Interview with residents

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A: WCCF's grievance procedure is not used for reports of sexual abuse or sexual harassment. All reports of sexual abuse or sexual harassment are to follow the established First Responder Flow Chart and the Imminent Risk of Sexual Victimization Form. Investigations of alleged sexual abuse or sexual harassment are administratively or criminally investigated in accordance with the facility's investigation policy found in standard 115.171,</p> <p>The PREA Coordinator reports that any allegation reported through the grievance system would immediately be reported to the PREA Coordinator, who would initiate an administrative investigation into the allegation. He reports that no resident has used the grievance system to report an allegation.</p> <p>The auditor interviewed 20 residents during the onsite visit. The residents report that they are educated on the grievance process during intake and orientation group. There were several residents that reported writing grievances or complaints, but no one reported using the grievance system to report an allegation of sexual abuse or sexual harassment. They report that using the grievance system is not one of the ways they are instructed to report an allegation. One resident interviewed discussed reporting an allegation of sexual harassment; however, the resident did not use the grievance system to report the allegation.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Resident handbook Investigation reports Interview with PREA Coordinator Interview with residents

115.253	Resident access to outside confidential support services
	<p data-bbox="280 185 1002 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 259 576 293">Auditor Discussion</p> <p data-bbox="280 338 1465 663">Facility policy states that the WCCCF 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, and National victim advocacy or rape crisis organizations, by enabling reasonable communication between and these organizations, in as confidential a manner as possible. The facility will inform residents of the extent to which residents may expect such communications to remain confidential.</p> <p data-bbox="280 701 1477 987">The facility informs residents that if they use the resident phone system, it is subject to monitoring. During the onsite visit, the auditor viewed the limited confidentiality notice posted above the resident phones. The residents are also informed that reports of abuser will be forwarded to authorities in accordance with mandatory reporting laws. Residents are able to use a facility phone that is not monitored to communicate with emotional supportive services in the most confidential way as possible.</p> <p data-bbox="280 1025 1469 1312">The facility has provided the auditor with emails trying to establish a MOU with HelpLine. HelpLine services eight counties, including Union County. The Sexual Assault Response Network (SARN) is a part of HelpLine. SARN is the sexual violence prevention and intervention program that services Union County. SARN advocates are available to assist survivors at the hospital and with law enforcement immediately following an assault, and can connect a survivor to the resources at HelpLine and in the community. SARN can provide:</p> <ul data-bbox="352 1375 1362 1621" style="list-style-type: none"> • A free, 24 hour information, referral, and crisis line • Individual support at hospitals and law enforcement agencies • One-on-one crisis intervention and follow up • Trauma informed support • Workshops for sexual assault survivors • Confidential support number- 800-684-2324 or text helpline - 898211 <p data-bbox="280 1659 1449 1778">The advocates at SARN are also able to provide support to victims whose assault happened years ago. The advocates are also trained to help male, female, LGBTQ, teen, adult, and elderly survivors of sexual assault.</p> <p data-bbox="280 1816 1442 2056">During the tour, the auditor noticed several posting in conspicuous places that list reporting information for local, state, and national organizations. The information includes the name, phone number, and address for these organizations. The PREA Coordinator states that all incoming and outgoing mail is read by the mail clerk. Outgoing and incoming mail that is privileged would not be read but opened in front of the resident. This is the process that would be used should the resident</p>

wish to correspond by mail with an advocate or emotional support person. The PREA Coordinator reports that residents can purchase stamped envelopes through the commissary, and indigent residents are provided with weekly postage.

During resident interviews, the residents stated that the phone system is a recorded line and that any phone call they make can be monitored. When asked about privileged, private calls, such as with an attorney, the residents report that they can go to the post desk or to their clinician to make a private phone call. Instructions on how to make a privileged call is also written in the resident handbook.

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

Review:

Policy and procedure

PREA posters

Resident handbook

Facility tour

Email with HelpLine

HelpLine website

Interview with PREA Coordinator

Interviews with residents

115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy requires the facility to receive third-party reports of sexual abuse and sexual harassment in the following ways:</p> <ul style="list-style-type: none"> • Phone calls to WCCCF's PREA extension • Emails to WCCCF's PREA email account • Phone calls to the Bureau of Community Sanctions hotline <p>The facility's third-party reporting methods are published in the resident handbook and on the facility's website, wcccf.org. Third-party reporting methods are posted in the resident visiting areas and in the facility lobby.</p> <p>The auditor tested the email reporting method and received a reply from the PREA Coordinator within a few hours. During the facility onsite visit, the auditor viewed posters with third-party reporting information in the lobby. The facility is not allowing visitors in the facility for visitation at this time; however, there is a video visitation kiosk in the lobby for visitors. The posters are near the kiosk.</p> <p>The residents are informed on how their friends and family can make a third party report in the resident handbook. The handbook states:</p> <ul style="list-style-type: none"> • Family and friends can report allegations of sexual abuse, sexual harassment and retaliation on your behalf: <ul style="list-style-type: none"> · By calling (937) 644-2838 ext. 404 · By e-mailing prea@wcccf.org <p>In addition to the handbook, residents report that during orientation group, they are informed about third-party reporting. The residents report that third parties can include their friends, family, or any other outside entity. The residents are trained on how they can be a third party reporter on behalf of other residents. The residents report that the information is also listed in the resident handbook.</p> <p>The auditor reviewed the investigations from the past twelve months. The facility had several investigations that were initiated by a resident making a third party report on behalf of another resident. There was also an investigation initiated by an outside third party reporter.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Investigation reports</p>

	PREA posters
	Agency website
	Interview with residents

115.261	Staff and agency reporting duties
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 257 577 295">Auditor Discussion</p> <p data-bbox="280 333 1473 703">Facility policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred at WCCCF directly to the PREA Coordinator. Staff are also required to report retaliation against residents or staff who report such incidents, and any staff neglect, or violation or responsibilities, that may contribute to an incident or retaliation directly to the PREA Coordinator. Unless otherwise precluded, by Federal, State, or local law, medical and mental health practitioners will 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.</p> <p data-bbox="280 741 1461 902">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.</p> <p data-bbox="280 940 1461 1140">Apart from reporting to the PREA Coordinator and Chain of Command, staff will 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 designed staff members to make necessary treatment, investigation, and other security and management decisions.</p> <p data-bbox="280 1178 1461 1547">Staff during the onsite visit report that they have been trained on their duty to report allegations of sexual abuse and sexual harassment. They report that regardless of how the allegation was reported to them, third-party or anonymously, that they would immediately report the allegation to their direct supervisor. Every staff member interviewed mentioned the "Chain of Command" when reporting an allegation. When asked who could they report to if their supervisor was the subject of the allegation, they each stated that they would go up the "Chain of Command." When asked how they could report privately, the staff stated that they could go directly to the PREA Coordinator to report.</p> <p data-bbox="280 1585 1461 1830">Several staff members, including a nurse, the Medical Services Coordinator, and the Food Services Manager, stated that they have, at some point during their tenure, reported an allegation that was reported to them by a resident. They state they reported the allegation to either their direct supervisor or to the PREA Coordinator. The staff report receiving "red flag" training and would either address the issue directly with the staff member or report the behavior to their supervisor.</p> <p data-bbox="280 1868 1461 2029">Staff are required to sign their acknowledgement of their understanding of how to fulfill their responsibilities of preventing, detecting, responding, and reporting incidents of sexual abuse, sexual harassment, and retaliation. During the employee file review, staff signed acknowledgements of receiving the following information:</p>

- Zero tolerance policy
- Employee handbook
- Ohio ethics law and related statutes
- Ethics
- Protecting confidentiality
- First responder flowchart and reporting information

Retaliation monitoring is conducted by all staff. After an allegation, staff are not given the details of the report, are informed to keep a specific resident separate through a separation contract, or a staff member would be placed on the opposite unit of the alleged victim or placed on administrative leave. Staff are trained on reporting incidents of retaliation to their supervisor.

The policy states that if the alleged victim is under the age of eighteen or considered a vulnerable adult under a State or local vulnerable persons' statute. WCCF will report the allegation to the appropriate State or local services' agency under the applicable mandatory reporting laws.

The Medical Services Coordinator, Nurse, and Mental Health Manager were all questioned on their responsibility to inform residents of their duty to report and the limitation of confidentiality at the initiation of services. All report that residents are informed of their duty to report, but that the information will only be reported to those who need to know the information in order to conduct an investigation or make safety/security decisions.

The auditor reviewed all allegation investigations during the onsite visit for the past twelve months. There were several allegations where residents reported the allegation to staff for themselves, and on behalf of other residents; third-party reports; and suspicion. All allegations reported to staff were reported to the PREA Coordinator for an investigation.

Review:

Policy and procedure

Employee files

Investigation reports

Interview with PREA Coordinator

Interview with Nurse

Interview with Mental Health Manager

Interview with Medical Services Coordinator

115.262	Agency protection duties
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 257 577 295">Auditor Discussion</p> <p data-bbox="280 333 1477 663">WCCCF has a policy that states that all reports of substantial risk of imminent sexual abuse will immediately be forwarded to the Resident Monitor in Charge, Resident Monitor Coordinator, and PREA Coordinator. Upon receipt of a report, the resident monitor staff will take immediate action to employ protection measures to ensure the resident safety. This includes changing housing assignments if the residents are housed in the same dorm, or if a staff member is accused, the staff member will be moved to the opposite unit and/or placed on administrative leave during the course of an investigation. Any action taken will be documented.</p> <p data-bbox="280 701 1455 1111">The male housing unit has dorms and a bathroom on opposite sides of the housing unit. Residents are assigned to use the bathroom on the same side as their assigned dorm. In the middle of the dayroom that separates the dorms, is a staff desk that is manned by a Resident Monitor 24/7. The female housing unit has two dorms and one bathroom. There is a staff desk at the top of the dayroom near the exit that is manned by a Resident Monitor 24/7. Residents would be separated and placed on a separation contract. In the male female housing unit, because there is only one bathroom, the residents are required to let staff know before going to the bathroom if they are on a separation contract so that they cannot be in the bathroom at the same time as the other resident.</p> <p data-bbox="280 1149 1474 1391">The PREA Coordinator reports that residents that are having issues with another resident, would be placed on a separation contract. The residents that are on a separation contract names are listed on the resident bulletin board. Staff would ensure that the residents did not have any contact/interactions with each other. The separation contract can only be removed by a supervisor. Staff are made aware of who is on a separation contract through the Shift Brief.</p> <p data-bbox="280 1429 1468 1588">The facility provided the auditor with several Shift Briefs. The shift briefs have a section designated: <i>Risky Residents</i>. The section list any residents that are on a separation contract, the length of the contract, and the importance of reporting and documenting behavior.</p> <p data-bbox="280 1626 1449 1785">While the facility does have isolation and holding cells, resident victims would not be placed in these cells in order to facilitate safety. The PREA Coordinator reports that for allegations of imminent abuse, the resident abuser would be placed in one of these cells, if necessary, during the investigation.</p> <p data-bbox="280 1823 1461 1982">If the alleged abuser was a staff member, the PREA Coordinator and Executive Director both report that the staff member, depending upon the seriousness of the allegation, can be required to work on the housing unit where the allegation did not occur, or be placed on administrative leave.</p> <p data-bbox="280 2020 1458 2058">The auditor spoke to several residents who reported being on a separation contract</p>

at some point during their stay at the facility. They confirm the practice of being moved to opposite side of the housing unit, moved to a new dorm, showering at different scheduled times, and not using the bathroom at the same time as the person they are on the separation contract with. The auditor spoke with one resident who reported sexual harassment. He states that during the investigation, the alleged abuser was moved to "the other side" and staff ensured that he "left me alone."

The Resident Monitor Coordinator reports that residents are usually placed on separation contracts for bullying or harassing behavior, or for establishing a relationship with another resident. He reports that a resident that is alleged to threatened abuse to another resident or staff for that matter, would be placed in an isolation cell during an investigation into the allegation.

No resident interviewed or listed in any of the investigation reports, alleged imminent abuse. Reports did identify how the facility separated the alleged abuser from the victim during the investigation.

Review:

Policy and procedure

Investigation reports

Facility tour

Interview with PREA Coordinator

Interview with Executive Director

Interview with Resident Monitor Coordinator

Interview with residents

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy states that in the event 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 will contact the head of the facility in which this alleged abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification to the facility will be documented.</p> <p>The PREA Coordinator reports that the facility documents all reports of previous institutional abuse and will send notice of the allegation to the head of the institution. The reports are usually completed the same day the facility is given notice of the allegation. The facility had two allegations reported during the initial risk screening and those allegations were reported to those institutions.</p> <p>The policy also states that anytime the facility receives notification from another confinement facility that a resident has been sexual abuse or sexually harassed at WCCCF, the facility will notify the PREA Coordinator. The PREA Coordinator will ensure that the allegation is investigated in accordance with WCCCF's PREA policies.</p> <p>The auditor reviewed the allegations from the past twelve months. No allegation originated from another confinement facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation Reports</p> <p>Interview with PREA Coordinator</p>

115.264 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy requires the facility, upon the report of resident sexual abuse, to respond immediately to protect the alleged victim and preserve all evidence. The first staff member to respond to the report will:

- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not to take any actions that would destroy physical evidence, including 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, 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 allegation involves criminal behavior, contact the Union County Sheriff's Office. The Union County Sheriff's Office will be responsible for collecting any evidence
- Notify the Chain of Command and PREA Coordinator
- If requested by the Union County Sheriff's Office, the facility will transport the alleged victim to the local hospital accompanied by a Victim Support Person if requested by the victim

The facility trains staff on the First Responder duties during New Hire Orientation Training. Staff members can also obtain the steps in the "PREA Book" that is located at the post desk in the male and female housing units and at Main Control. The book contains the required duties for first responders, along with a flowchart and contact information for staff and victim advocates.

The auditor was able to confirm training through the file review and documentation of Emotional Support Person training.

During staff interviews, they state that other than having to separate the alleged abuser and victim, they have not had to employ the first responder step duties. All staff report feeling comfortable deploying the steps should an incident of sexual abuse take place. The facility has several staff that are within their first year of employment. They report knowing the location of the "PREA Book" should they need to refresh themselves with the proper responding protocols.

Review:

Policy and procedure

Investigation reports

PREA Book

Emotional Support Person training certificates

Employee files

Interviews with staff

115.265	Coordinated response
	<p data-bbox="280 185 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 293">Auditor Discussion</p> <p data-bbox="280 338 1469 454">The facility has a policy that outlines the coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators, and institutional leadership.</p> <p data-bbox="280 495 735 528">The Coordinated Response Plan:</p> <p data-bbox="280 568 1469 763">Upon report of an allegation of sexual abuse, the first staff member to respond will be required to notify Resident Monitor Staff, who will separate the alleged victim and abuser and preserve and protect any crime scene until the Union County Sheriff Department arrives onsite. All first responders will follow the First Responder Flowchart.</p> <p data-bbox="280 804 616 837">Medical Responsibilities</p> <ul data-bbox="360 878 1469 1077" style="list-style-type: none"> • A resident who reports to be a victim of sexual abuse or sexual assault will have immediate access to medical care at no cost to the alleged victim. The alleged victim will be accompanied by a victim support person upon request, and will undergo a forensic examination to collect evidence at the hospital. <p data-bbox="280 1117 762 1151">Mental Health Responsibilities</p> <ul data-bbox="360 1223 1422 1294" style="list-style-type: none"> • West Central will offer a mental health evaluation and ongoing treatment when necessary. <p data-bbox="280 1335 491 1368">Investigators</p> <ul data-bbox="360 1440 1469 1682" style="list-style-type: none"> • All allegations of sexual abuse, sexual harassment, or retaliation are referred to the Union County Sheriff's Department for investigation unless the allegation does not involve potentially criminal behavior. The PREA Coordinator maintains a copy of the Memorandum of Understanding (MOU) entered into between West Central and the Union County Sheriff's Office which details the investigator's protocols. <p data-bbox="280 1722 671 1756">West Central Leadership</p> <ul data-bbox="360 1827 1453 2069" style="list-style-type: none"> • West Central provides training to all new staff, volunteers, contractors, and residents on its' zero-tolerance policy for sexual abuse, sexual harassment, and retaliation and the requirements to follow all PREA guidelines. The Sexual Assault Response Team (SART) along with the leadership of West Central, will monitor the first responder actions, medical and mental health services provided to residents, victim support actions, investigative actions,

resident discipline and administrative and criminal sanctions, to assure that each allegation is handled appropriately and follows all PREA standards and policies. Each case shall be evaluated individually and any changes in protocol will be made when needed.

The auditor reviewed the plan during the onsite visit.

Review:

Policy and procedure

Coordinator Response Plan

First Responder Flowchart

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A: The Human Resource Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. The agency is an “At Will” employer. Staff members sign an “At Will” employer acknowledgement during onboarding, and the at will policy is also stated in the employee handbook.</p> <p>Review:</p> <p>Interview with Human Resource Manager</p> <p>Employee files</p> <p>Employee handbook</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 297">Auditor Discussion</p> <p data-bbox="280 338 1465 454">The facility has a policy that requires the facility protect all residents and staff, who report sexual misconduct or cooperate with sexual misconduct investigations, from retaliation by other residents or staff. The policy for protection of residents states:</p> <ul data-bbox="352 524 1465 1375" style="list-style-type: none"> <li data-bbox="352 524 1369 600">• The Resident Monitor Coordinator shall monitor all cases of retaliation against residents. <li data-bbox="352 607 1465 723">• If a report of sexual abuse or sexual harassment is made, or cooperation in an investigation into such is done by a resident, the following measures will be taken if there is a potential for retaliation: <ul data-bbox="389 763 1382 981" style="list-style-type: none"> <li data-bbox="389 763 1382 840">a. Monitoring by way of periodic status checks, (i.e. reviewing resident discipline) <li data-bbox="389 880 911 913">b. Housing or programming changes. <li data-bbox="389 954 1262 987">c. Emotional support services for resident who fear retaliation. <li data-bbox="352 1055 1465 1249">• The Resident Monitor Coordinator shall monitor for at least 90 calendar days the conduct and treatment of residents who reported sexual abuse and of residents who were reported to have suffered sexual abuse, and shall act promptly to remedy such retaliation. The Resident Monitor Coordinator may monitor beyond 90 calendar days if needed <li data-bbox="352 1261 1465 1375">• If any other resident who cooperates with an investigation expresses a fear of retaliation, the Resident Monitor Coordinator shall take the appropriate measures to protect that individual against retaliation <p data-bbox="280 1417 890 1451">The policy for the protection of staff states:</p> <ul data-bbox="352 1520 1477 2051" style="list-style-type: none"> <li data-bbox="352 1520 1445 1597">• The Human Resource Manager shall monitor all cases of retaliation against or involving staff <li data-bbox="352 1608 1477 1877">• 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: <ul data-bbox="459 1731 1390 1877" style="list-style-type: none"> <li data-bbox="459 1731 1070 1765">◦ a. Alteration in shift, or reassignment. <li data-bbox="459 1771 1390 1805">◦ b. Negative performance memo and/or subject to discipline. <li data-bbox="459 1812 1362 1845">◦ c. Emotional support services for staff who fear retaliation <li data-bbox="459 1852 475 1886">◦ <li data-bbox="352 1899 1465 2051">• The Human Resource Manager shall monitor for at least 90 calendar days the conduct and treatment of staff who reported sexual abuse, and shall act promptly to remedy such retaliation. The Human Resource Manager may monitor beyond 90 calendar days if needed

- If any other staff member who cooperates with an investigation expresses a fear of retaliation, the Human Resource Manager shall take the appropriate measures to protect that individual against retaliation

The auditor was able to interview both the Resident Monitor Coordinator and the Human Resources Manager during the onsite visit. The Human Resources Manager is responsible for ensuring that staff is not retaliated against. He reports that as part of his monitoring responsibilities, he would meet with the staff member to see if the staff member has experienced any retaliation, if the staff members shift or assignments have been changed, if there have been any negative performance reviews or if the staff has been subject to discipline. He states that he will offer support services for any staff member who has participated in an investigation as a reporter or witness.

The Resident Monitor Coordinator reports that he would meet with the resident periodically to ensure the resident is not experiencing retaliation from other residents or staff. He states that this would be done through a formal meeting with the resident and through informal conversations in the housing unit. He states that he would also monitor for any housing unit changes, disciplinary action taken against the resident, and any program changes. The Coordinator understands the requirement to monitor for at least 90 days unless the allegation has been determined unfounded.

The auditor discussed the facility's process for documenting retaliation monitoring. He reports that currently the Human Resources Manager and the Resident Monitor Coordinator meet with the person who needs to be monitored but there is not a formal process to document the meetings. Should the person report retaliation, the staff would take steps to protect that person and those measures would be documented. The auditor worked with the facility to develop a method of documenting the monitoring along with documenting the status checks.

The facility's new form includes:

- Date monitoring begins/ends
- Type of monitoring
- Staff assigned to monitor
- Who's being monitor (resident or staff)
- Reason for monitoring (victim, witness, cooperation w/ investigation)
- Comments
- Meetings (every 15 days for 90 days- residents or every 30 days for 90 days)
- Results from monitoring (no retaliation, retaliation found [address and protection measures], end monitoring [unfounded or resident left program], extend monitoring

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 185 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 293">Auditor Discussion</p> <p data-bbox="280 338 1465 577">Facility policy requires the facility conduct investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Any allegation determined to be criminal in nature will be immediately reported to the Union County Sheriff Department. If law enforcement determines no criminal activity, the facility will continue with an administrative investigation into the incident. All reports are documented in a file maintained by the PREA Coordinator.</p> <p data-bbox="280 618 1018 651">The criminal and/or administrative investigators will:</p> <ul data-bbox="352 723 1473 1464" style="list-style-type: none"> • gatherer and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator • not terminate solely because the source of the allegation recants the allegation or solely because the alleged abuser or victim departs from the employment or control of the facility • conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution • assess credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as resident or staff • 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 • refer for prosecution substantiated allegations of conduct that appear to be a criminal matter (criminal investigators) <p data-bbox="280 1505 1465 1704">The departure of the victim or abuser from employment or control of the facility does not provide a basis for termination of the investigation. The facility has a MOU with the Union County Sheriff's Department to conduct criminal investigations. If Union County Sheriff's Department is conducting the investigation, WCCCF will cooperate in all criminal investigations and remain informed of the progress.</p> <p data-bbox="280 1744 1369 1899">The facility will document in a written report a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings. The report will be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years.</p> <p data-bbox="280 1939 1441 2051">The auditor was able to review all investigations the facility had in the past twelve months with the PREA Coordinator and other facility administrative investigators. The report includes:</p>

- Name of victim
- Name of alleged abuser
- Type of allegation
- Name of investigator
- Date and time of incident
- Location of incident
- Alleged abuse status (resident or staff)
- Witnesses
- Statements
- Video evidence
- Legal action
- Other physical evidence

A summary of the investigations can be found in standard 115.222.

The auditor interviewed the PREA Coordinator, along with two other trained administrative investigators, and discussed the process for conducting an administrative investigation. The auditor was able to question investigators on investigation initiation process, investigation techniques, investigating third-party or confinement facility referred allegations, credibility assessments, and referral for criminal investigations. The investigators report collecting as much collateral information as possible which can corroborate allegations or assist in credibility assessments. The PREA Coordinator states that the facility always errs on the side of caution and will contact the local legal authority anytime an investigation suggest criminal behavior. The investigators state because of Garity laws, they are not to question a suspected abuser during a criminal investigation.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution. When asked how the facility assist in criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the police department will collect the physical evidence. He will maintain communication with the police department in order to remain informed on the progress of the investigation.

The PREA Coordinator states that at the conclusion of the investigation, all documents, notes, and any other materials collected relevant to the investigation will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Review:

Policy and procedure

Investigation reports

MOU with Union County Sheriff's Office

Administrative investigator training certificate

	Interview with administrative investigators
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy states that the facility will impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor interviewed the facility’s administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation.</p> <p>The auditor reviewed the allegations from the past twelve months to verify the standard of proof used. The allegations were determined with that standard.</p> <p>Review: Policy and procedure Investigation reports Interview with PREA administrative investigators</p>

115.273	Reporting to residents
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 577 295">Auditor Discussion</p> <p data-bbox="280 333 1469 539">WCCCF has a policy that states all residents making allegations of sexual abuse and sexual harassment will be informed of the progress and outcome of the investigation into the alleged sexual abuse. The facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="280 573 1469 689">The facility has a MOU with Union County Sheriff's Department. The MOU states that the facility will request all relevant information from the Sheriff's Department in order to inform the resident.</p> <p data-bbox="280 723 1449 801">Unless the allegation has been determined to be unfounded, the facility will inform the resident whenever:</p> <ul data-bbox="352 875 1449 1283" style="list-style-type: none"> • The staff member is no longer posted within the resident's unit • The staff member is no longer employed by the facility • The staff member has been indicted on a charge related to sexual abuse within the facility • The staff member has been convicted on a charge related to sexual abuse within the facility • The resident abuser has been indicted on a charge related to sexual abuse within the facility • The resident abuser has been convicted on a charge of sexual abuse within the facility <p data-bbox="280 1323 1469 1440">All notifications will be documented and issued to the resident in writing. Policy allows the facility obligation to report under this policy to terminate if the resident is released from WCCCF custody.</p> <p data-bbox="280 1473 1366 1552">The auditor reviewed the notifications that were given to the residents at the completion of the investigation. The notice includes:</p> <ul data-bbox="352 1626 887 1783" style="list-style-type: none"> • The residents name/date • The type of investigation • The determination of the allegation • What the determination means <p data-bbox="280 1816 1430 1984">The resident then signs and dates acknowledgement of receiving the notification. The auditor was able to interview a resident who made an allegation of sexual harassment against another resident. The resident was able to confirm receiving notification of the investigation outcome.</p> <p data-bbox="280 2018 1305 2056">The PREA Coordinator reports that he will keep in touch with the criminal</p>

investigators so that he may inform a resident victim of the outcome of the investigation. He reports all residents will receive notification unless they are no longer residing at the facility.

Review:

Policy and procedure

Resident notification acknowledgement

Interview with PREA Coordinator

Interview with resident

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 257 576 295">Auditor Discussion</p> <p data-bbox="280 333 1469 790">The facility has a policy that requires staff to be subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Any employee determined to have engaged in sexual misconduct, retaliation, or conversations or correspondence which suggest a romantic relationship with a resident, shall be terminated from employment. The employee may also be subject to criminal prosecution. All terminations for violations of agency sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy requires all staff members to fully cooperate during investigations.</p> <p data-bbox="280 824 1449 987">Due to Garity Laws, employees who are the subject of formal investigations have the right to be accompanied, represented, and advised by an attorney. Employees who fail to respond, to respond truthfully, or to otherwise cooperated in an investigation, will be considered insubordinate, and may result in termination.</p> <p data-bbox="280 1021 1449 1308">The facility may investigate the employee's alleged act of sexual misconduct or activities and determine the appropriate discipline, if any, without regard to the pending criminal charges. The disposition of criminal charges is independent of an administrative investigation. The decision to take appropriate disciplinary action may or may not correspond with the filing, or non-filing, of criminal charges. The administrative investigation would not proceed without appropriate approval from law enforcement, who conduct criminal investigations.</p> <p data-bbox="280 1344 1461 1673">The auditor was provided a copy of the employee handbook. The handbook states that due to the resident's dependency and vulnerability, interactions between staff and residents must remain professional. Staff is strictly forbidden from engaging in any behavior with residents that may evoke even an appearance of impropriety. Employees, volunteers, interns, and contractors are prohibited from engaging in any personal relationship with a current resident, a resident who has been incarcerated at the facility in the last twenty-four months, or a resident under court supervision.</p> <p data-bbox="280 1706 1461 2036">The handbook also states that the facility has a right to investigate all alleged disciplinary violations. Employees are required to cooperate fully during investigations, and may be placed on unpaid leave of absence during the pendency of an investigation. Employees who are the subject of a formal investigation have the right to be accompanied, represented, and advised by an attorney. For all employees, the failure to respond, to respond truthfully, or to otherwise cooperate in an investigation, will be considered insubordination and may result in termination.</p>

Discipline for minor infractions will normally be imposed in a progressive manner with consideration given to the nature of the offense, prior disciplinary action, length of service, the employee's position, the employee's record of performance and conduct along with other relevant considerations. However, WCCCF employees are employees-at-will who serve at the pleasure of the Agency, and at-will employees may resign, or be terminated, at any time for any reason consistent with law.

Forms of discipline include:

- written reprimand
- forfeiture of vacation leave
- suspension with or without pay
- demotion
- termination

Forms of misconduct that constitute grounds for disciplinary action, up to and including termination, include neglect of duty, policy or practice violations, conviction of a crime, and any other act of misfeasance, malfeasance, or for any other conduct that violates the policies and procedures of the facility.

The auditor interviewed the Executive Director, Human Resources Manager, and the PREA Coordinator during the onsite visit. All report that it is the agency practice to place staff on administrative leave during investigations or, depending upon the severity of the allegation, place the staff member on a different unit during the investigation. The Executive Director reports that the facility maintains a strict adherence to their zero tolerance policy and will terminate employee found to have engaged in sexual misconduct. The PREA Coordinator reports that the facility strives to maintain a reporting culture where staff and resident believe allegations will be responded too appropriately.

The Human Resources Manager reports that the agency is an at-will employer and is not required to follow a progressive disciplinary plan when there are substantiated allegations of sexual misconduct. He reports that termination is the presumptive sanction for any staff member who has been found to have violated the agency's zero tolerance policy. The auditor was able to confirm staff acknowledgement of the agency's at-will policy and receipt of the employee handbook during the employee file review.

During the past twelve months, the facility received three allegations against staff members. All the allegations were administratively investigated and two of the three allegations were determined to be unfounded. The third allegation was determined to be substantiated. The allegation was referred to the Union County Sheriff's Department for a criminal investigation. While the sheriff's department closed the investigation due to lack of evidence, the facility terminated the staff member for violation of the facility's zero tolerance policy.

The auditor interviewed staff from security, programming, and administration. All

staff that were interviewed confirmed that they have received an employee handbook, and understood the agency's at-will workplace policies. The staff state that during new employee orientation, they received information on the facility's zero tolerance policy and signed an acknowledgement of receiving the policy. When questioned on the presumptive sanction for staff sexual misconduct, all staff report termination is the expected outcome.

Review:

Policy and procedure

Zero tolerance acknowledgements

Employee handbook

Investigation reports

Interview with Executive Director

Interview with Human Resource Manager

Interview with PREA Coordinator

Interview with staff

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a policy that allows the facility to refuse entry into the facility any vendor, contractor, volunteer, or student intern who interacts inappropriately with residents. Any contractor, volunteer, or student intern determined to have engaged in sexual misconduct, retaliation, or conversations or correspondence which suggest a romantic or sexual relationship with a resident, will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity, unless the activity was clearly not criminal and to relevant licensing bodies.</p> <p>The policy states that any contract or agreement between a volunteer, contractor, company, or organization may be cancelled should any allegation of resident sexual harassment or sexual abuse be substantiated.</p> <p>All allegations of sexual abuse or harassment are referred for investigation to local law enforcement agencies, unless the activity was clearly not criminal, and reported to relevant licensing bodies. The facility will document both the agency's and the investigating entity's responsibilities.</p> <p>The facility had one allegation of sexual misconduct against a contractor. The allegation was administratively investigated and determined to be substantiated. The facility contacted the company and informed them of the allegation. The worker was not allowed back on facility property.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 295">Auditor Discussion</p> <p data-bbox="280 333 1458 703">The facility has a formal disciplinary process for substantiated allegations of resident-on-resident sexual abuse that provides appropriate and measured sanctions commensurate with the nature and circumstances of the abuse, the resident's disciplinary history, and sanctions imposed for comparable offenses by residents with similar histories. The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Any report of resident-on-resident sexual abuse that is criminal in nature will be forwarded to the Union County Sheriff Department for criminal investigation and/or prosecution.</p> <p data-bbox="280 741 1426 815">The facility will only discipline residents for sexual conduct with upon finding that the staff member did not consent to such contact.</p> <p data-bbox="280 853 1458 972">Sexual abuse is a major rule violation, and residents will be subject to WCCCF's formal resolution of major infractions of facility rules. Sexual abuse is a violation of Cardinal Rule #4:</p> <ul data-bbox="352 1039 1418 1113" style="list-style-type: none"> • Residents will refrain from sexual contact. Violation of Cardinal Rules will result in disciplinary action up to and including disciplinary discharge <p data-bbox="280 1151 1474 1442">The policy also states that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Resident that make 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.</p> <p data-bbox="280 1480 1458 1675">Policy prohibits all sexual contact between residents. While all sexual activity is prohibited, the facility will not deem sexual contact between resident to constitute sexual abuse if it is determined the activity is not coerced. The facility has not had an allegation against a resident for non-consensual physical contact with a staff member.</p> <p data-bbox="280 1713 1458 1957">Resident abusers are not offered therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Residents that have been found to have committed sexual abuse will be terminated from the program. Resident that have had substantiated allegations of sexual abuse were terminated from the facility, while resident with substantiated allegations of sexual harassment were disciplined according to facility policy.</p> <p data-bbox="280 1995 1426 2069">The auditor spoke to the Mental Health Manager during the onsite visit, who confirms that she has not provided services for resident abuser, and nor does the</p>

facility offer such services.

The facility provided the auditor with a copy of the resident handbook. The handbook describes cardinal rules as the most serious rules as they relate to resident and staff physical safety as well as criminal behavior. Alleged violations of a cardinal rule will result in a complete conduct report, staff investigation, and, if necessary, a disciplinary hearing. Cardinal rule #4 in the handbook states: Residents will refrain from sexual abuse.

During intake, residents will sign and date an acknowledgement of receiving the resident handbook. The auditor was able to verify acknowledgement during a review of resident files.

During the onsite visit, the auditor interviewed the Court Services Coordinator, he provides intake to new residents, and the PREA Coordinator, he provides new resident orientation. Both indicated that they reviewed the cardinal rules with the residents when they arrive at the facility. They also make clear to the residents that while they want to encourage reporting of all allegations, bad faith reports can be cause for disciplinary action.

The facility has had several allegations against residents during the past twelve months. The allegations that were third-party reports from other residents were all investigated. Some of those allegations were determined to be unfounded, and no resident was disciplined for a bad faith report. The allegations against resident that were substantiated for sexual abuse were terminated from the facility, while those with substantiated sexual harassment allegations were disciplined according to policy. The facility also placed residents on separation contracts for unsubstantiated allegations in order to keep all residents safe and prevent retaliation.

The auditor interviewed twenty residents during the onsite visit. The residents confirmed that they received a handbook on the day of their arrival. They reported that the person who conducted their intake reviewed the handbook with them and addressed the facility's cardinal rules. All the resident's interviewed stated that removal from the program would result if they engaged in sexually harassing or abusive behavior. One resident discussed his report of sexual harassment from another resident. He reports that the resident was removed from the program.

Review:

Policy and procedure

Resident handbook

Resident files

Investigation reports

Disciplinary policy

	<p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
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115.282	Access to emergency medical and mental health services
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 295">Auditor Discussion</p> <p data-bbox="280 333 1469 622">Policy states that a victim of sexual abuse is provided, at no cost, unimpeded, unconditional, and timely emergency medical treatment, and crisis intervention services. The appropriate medical treatment is determined solely by medical and mental health professionals according to their professional judgement. Additionally, the victim must be provided timely information and access to emergency contraception and sexually transmitted infectious prophylaxis, where medically appropriate.</p> <p data-bbox="280 660 1442 860">Residents who have experienced sexual abuse will be transported to Memorial Hospital for treatment, including, if appropriate, a forensic medical examination performed by a SANE/qualified medical practitioner, or transfer to another tertiary hospital. All treatment services will be provided regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p data-bbox="280 898 1465 1182">During the interview of the Medical Services Coordinator, she reports to the auditor, that the medical staff at the facility are trained to provide basic services to a resident, and that emergency medical services are provided at the local hospital. Aftercare, depending upon the severity, can be managed by the facility doctor that sees residents once a week. She also reports that the local health department provides STI testing and treatment; pregnancy testing, birth control, and pap smeres to residents right at the facility.</p> <p data-bbox="280 1220 1465 1464">Mental Health Services would be provided to the resident by the Mental Health Manager. She reports she is qualified to provided community access level of care, and that crisis situations would be managed by Memorial Hospital's emergency room. She states that services would be offered to all resident victims, who can accept or decline services. The resident can also request rape crisis services from a local rape crisis agency.</p> <p data-bbox="280 1503 1417 1657">The PREA Coordinator reports that the facility is in talks with the local rape crisis agency, HelpLine, to provide no cost rape crisis services to resident victims at WCCCF. The facility provided the auditor with a copy of the emails and the draft MOU.</p> <p data-bbox="280 1695 1465 1771">In addition to the Mental Health Manager, the facility has trained emotional support personnel to provide services to resident victims upon request.</p> <p data-bbox="280 1809 1433 1886">The PREA Coordinator and the Mental Health Manager report that no resident has requested services (medical, mental health, or rape crisis) during this audit cycle.</p> <p data-bbox="280 1924 392 1962">Review:</p> <p data-bbox="280 2000 576 2033">Policy and procedure</p>

MOU with Memorial Hospital

Emotional Support training certificate

Emails with HelpLine

Draft rape crisis MOU

Interview with Medical Services Coordinator

Interview with Mental Health Manager

Interview with PREA Coordinator

115.283	<p data-bbox="277 107 1465 192">Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="277 230 1002 264">Auditor Overall Determination: Meets Standard</p> <p data-bbox="277 304 576 338">Auditor Discussion</p> <p data-bbox="277 383 1465 539">Policy states that WCCCF will offer all residents who have been sexually abused in a jail, lockup, prison, or juvenile facility, medical and mental health services. The medical and mental health services will be consistent with the community level of care, and at no cost to the victim. Services will include:</p> <ul data-bbox="352 611 1026 730" style="list-style-type: none"> • Follow-up services • Treatment plans • Referrals for continued care following release <p data-bbox="277 768 1382 846">The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.</p> <p data-bbox="277 884 1453 1167">Victims of sexual abuse that includes vaginal penetration, while incarcerated at WCCCF 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. If a pregnancy results from such abuse, the resident will receive timely and comprehensive information about and access to all lawful pregnancy related medical services.</p> <p data-bbox="277 1205 1382 1283">Treatment services will be offered regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="277 1321 1469 1478">In following the facility's Coordinated Response Plan, staff first responders will contact the facility's medical and/or mental health practitioners. The first responder will also attempt to make available to the victim an advocate from HelpLine. If an advocate is not available, a qualified staff member will be used to provide support.</p> <p data-bbox="277 1516 1453 1765">The Medical Services Coordinator states that all medical services related to sexual abuse will be provided to the resident at Memorial Hospital. The facility's medical staff will provided any ongoing treatment. The facility, in partnership with the local health department, has the ability to conduct pregnancy testing, birth control, STI testing and care, and other medical assessments; however, prenatal care will be conducted in the community.</p> <p data-bbox="277 1803 1445 1960">The Mental Health Manager states that residents in need of mental health services are able to meet with her for one-on-one sessions, and that the services she provides are the same as community levels of care. She states that she will make referrals for community treatment prior to the resident leaving the facility.</p> <p data-bbox="277 1998 1433 2076">The policy also requires the facility to attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of</p>
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such abuse history.

The Court Services Coordinator reports that as a part of pre-placement, the facility assesses a resident's appropriateness for placement, any potential resident that has a known history of resident-to-resident abuse would be declared not appropriate for placement.

The Mental Health Manager states that she has never conducted an assessment on a known resident-on-resident abuser. She reports that the facility does not provide treatment for sexual abusers. Residents that sexually abuse residents at WCCCF are terminated from the program.

Review:

Policy and procedure

MOU with Memorial Hospital

Interview with Mental Health Manager

Interview with Medical Services Coordinator

Interview with Court Services Coordinator

115.286 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has a policy and procedure for reviews of sexual abuse incidents by the WCCCF Sexual Abuse Review Team (SART) to determine whether revisions should be made to policies, protocols, practices, and prevention techniques. The members of the SART include:

- Executive Director and/or Operations Director
- PREA Coordinator
- Administrative investigator of the allegation
- Resident Monitor Coordinator or designee
- Input from front line staff and/or supervisors deemed relevant to the specific allegation and Medical and/or Mental Health Practitioners, will also be included when deemed necessary

Policy requires the SART to review all sexual abuse allegations, 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. The SART will convene and review the following:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- 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
- Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area that may enable abuse
- The adequacy of staffing levels in the area during different shifts
- Whether monitoring technology should be deployed or augmented to supplement supervision by staff
- At the conclusion of the review of the sexual abuse incident, the PREA Coordinator will prepare a report of the review team's finding. The report will include any determinations made by the review team and recommendations to reduce the likelihood of sexual abuse in the facility in the future

The facility will implement the recommendations for improvement or will document its reasons for not doing so.

The auditor was provided with SART reports from the substantiated or unsubstantiated sexual abuse allegations during the past twelve months. The auditor reviewed the reports and found that the team reviewed all required

provisions of the standard. The team was able to reference the following issues during the review and make recommendations:

- Monitoring technology- Due to an ongoing construction project, a camera, that could have recorded the incident, was unplugged. As part of the expansion process, new camera will be installed
- Physical barriers/Staffing levels/Staff neglect- The alleged incident took place inside a storage room where there are no cameras, and at night where staffing levels are lower. Staff did not report suspicions in a timely manner. The recommendations include meeting with staff to retrain on reporting and investigative duties, possibly adding a camera to the storage room. The facility has allocated the funds for this camera and it will be installed by May 31, 2023
- Monitoring technology/staffing levels- Due to the amount of movement, blind spot areas, and number of residents working in the kitchen at any given time, the team recommended the following changes to kitchen practices, the chemical room door will remain closed and opened by staff when needed- all storage areas are only allowed to have one resident at a time inside. Residents on the "Kitchen Crew" are only allowed in the cooler and freezer and must get permission from a kitchen staff member prior to entering; kitchen restrooms are to be closed and open only by staff members; and resident monitors will conduct implement regular security checks into the kitchen.

The auditor interviewed the Executive Director, Operations Director, Human Resources Manager, Medical Services Coordinator, Nurse, Mental Health Manager, Program Director, Resident Monitor Coordinator, and PREA Coordinator during the onsite visit. Each of these positions are on the SART and/or be responsible for implementing recommendations from the SART. The members of the team that were interviewed state that they complete a Sexual Abuse Response Checklist during the review of every sexual abuse allegation that has not be determined to be unfounded. The review is completed within 30 days after the completion of the investigation. The PREA Coordinator reports that it is his responsibility to ensure recommendations are implemented, and the Executive Director reports that it is his responsibility to remove any barriers to implementation. Any recommendations that are not implemented will be documented along with the reason for not implementing the recommendations.

During the onsite visit, the auditor was able to verify the implemented corrective action plans, or the plan to implement the recommendation along with a completion date. New protocols and practices are provided to staff through log entries or a shift brief. The facility provided the auditor with examples of both a log entry and shift brief with the new post orders.

Review:

Policy and procedure

SART review reports

Facility tour

Interview with PREA Coordinator

Interview with Executive Director

Interview with Operations Director

Interview with Human Resources Manager

Interview with Mental Health Manager

Interview with Medical Services Coordinator

Interview with Program Director

Interview with Resident Monitor Coordinator

115.287	Data collection
	<p data-bbox="280 181 1002 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 577 295">Auditor Discussion</p> <p data-bbox="280 333 1437 495">The facility has a policy to collect uniform data on how many allegations of sexual abuse are made at the facility, the type of sexual abuse alleged, and how the allegations were resolved. This data is aggregated annually to analyze trends or changes in facility sexual safety. The policy includes the following definitions:</p> <ul data-bbox="352 562 679 804" style="list-style-type: none"> • Recent sexual abuse • Sexual abuse • Sexual contact • Sexual conduct • Sexual harassment • Sexual misconduct <p data-bbox="280 846 1474 1005">The facility provided the auditor with the agency’s data collection instrument. The form was developed by the Bureau of Community Sanctions. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes data on:</p> <ul data-bbox="352 1072 956 1485" style="list-style-type: none"> • Resident-to-Resident sexual abuse • Resident-to-Resident sexual harassment • Staff-to-Resident sexual abuse • Staff-to-Resident sexual harassment • Administrative investigations • Criminal investigations • Retaliation • Staff training • Resident education • Initial and 30-day risk screening <p data-bbox="280 1525 1474 1767">The information on the form is aggregated and listed in the facility's annual report. The report is posted on the facility's website, chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.wcccf.org/WebSite/WebSite.nsf/PREA2022.pdf. The auditor access the facility's website and reviewed the 2022 annual report. The information report is enough to complete the Bureau of Justice's Survey of Sexual Violence.</p> <p data-bbox="280 1807 1465 2049">The facility's PREA Coordinator or designee will ensure that all aggregated sexual misconduct data received is readily available to the public at least annually through WCCCF's website. All personal identifiers will be removed from publicly available data. The PREA Coordinator is also responsible for ensuring all information related to allegations of sexual abuse, sexual harassment, and retaliation are securely retained for a period of ten years after the initial collection unless Federal, State, or</p>

local laws require otherwise.

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

Review:

Policy and procedure

Allegation tracking form

Facility website

Interview with PREA Coordinator

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>WCCCF has a policy that states the facility is to annually review, analyze, and use all sexual abuse data, including incident based and aggregated data, to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and trainings. The facility will use this data to compare the current year's data and corrective actions with those from prior years and will provide an assessment of the facility's progress in addressing sexual abuse.</p> <p>The policy requires a review of the data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ul style="list-style-type: none"> • Identifying problem areas • Taking corrective action on an ongoing basis • Preparing an annual report of the findings and corrective actions for the facility <p>The PREA Coordinator will prepare an annual report that includes a comparison of the current year's data and corrective action with those from prior years and will provide an assessment of the facility's progress in addressing sexual abuse. The annual report will be submitted to the Executive Director for approval. Once approved, the report will be posted on the agency's website. Prior to posting, any personal identifying information that would present a threat to the safety and security of the facility will be removed.</p> <p>The PREA Coordinator reports that he retains control of all PREA related information and the information is in a secure file cabinet accessible only to him. He states that once he completes the report, the Executive Director will review and sign approval of the information before being posted on the agency's website. The facility has posted the annual reports from 2014 through 2022.</p> <p>The data includes this information on the report:</p> <p>Data: January1,2022— December31,2022</p>

Allegations	Substantiated	Unsubstantiated	Unfounded	Total
Staff sexual harassment	1	2	1	2
Staff sexual abuse	0	1	0	1
Resident sexual harassment	2	3	6	11
Resident sexual abuse	2	2	3	7

The facility also post the 2021 annual report that allows for a comparison of the previous years data. The 2022 report that the the facility experienced an increase in reports from the previous year. In response to this increase, the facility has provided additional training in New Staff Orientation.

The information on the report does not contain any identifying information that would need to be redacted in order to protect the safety of the resident, staff, or facility.

The information in the report has been reviewed and approved by the agency's Executive Director, and posted on the facility's website.

Review:

Policy and procedure

Annual report 2022

Annual report 2021

Interview with Executive Director

Interview with PREA Coordinator

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The policy requires the facility to collect data required in standard 115.287 and that this information will be aggregated, and made available to the public through the facility's website. The information posted in the report will have all personal identifying information removed. The facility is mandated by standard and policy to securely retain the information collected for at least ten years after the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The auditor accessed the agency's website, https://www.wcccf.org/WebSite/WebSite.nsf/TestPREA?OpenForm?, to ensure that the facility has posted its annual report. The information in the report is collected by the facility's PREA Coordinator. The PREA Coordinator will aggregate the information and prepare the information for the annual report. After completion of the annual report, the Executive Director will review and sign his approval.</p> <p>The PREA Coordinator reports that all information collected is only accessible to approved staff members, and that he retains control of all information. The information is kept for ten years from the time of collection.</p> <p>The auditor access the facility's website to review the report. The report did not contain any personal identifying information that could jeopardize the safety and security of the facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Annual report</p> <p>Facility website</p> <p>Interview with PREA Coordinator</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency post the final PREA report on the agency website. The auditor reviewed the agency website to ensure that during the previous audit cycle, the final report was posted.</p> <p>The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook’s Effective Strategies for Interviewing Staff and Resident Guide. Residents and facility staff were interviewed during the onsite visit.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was also able to tour the area under construction. The auditor was able to have informal interaction with both staff and residents during the walk through and saw how staff interacted with residents. During the walk through of the facility, a resident gave the auditor a note questioning the closeness of the beds and wondered if it was a violation of PREA to have them that close. The auditor was able to view the beds and speak with the resident to address the concern.</p> <p>The auditor received documentation on the facility prior to the onsite visit through PREA OAS web based audit system. The auditor was also provided requested documentation during the onsite visit and post onsite visit through email.</p> <p>The auditor reviewed electronic documentation during the onsite visit.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. These places included areas resident, staff, and visitors would frequent. The notices included the auditors mailing and email addresses. The PREA Coordinator emailed the auditor photos of audit notice postings on January 18, 2023.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, https://www.wcccf.org/WebSite/WebSite.nsf/TestPREA?OpenForm?, the final PREA report for the 2020 audit. The auditor reviewed the agency website and verified that the facility had its final audit report posted. The PREA Coordinator states that he understands the requirement of having all final report posted.</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 the facility does not have female inmates.)	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 the facility does not have female inmates.)	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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

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

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

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
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?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

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

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

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

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes