

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: 05/20/2026

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: 05/20/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	04/06/2026
End Date of On-Site Audit:	04/07/2026

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

Primary Contact

Name:	Kollin Tossey
Email Address:	ktossey@wcccf.org
Telephone Number:	937-644-2838 ext. 27

Facility Director	
Name:	Craig Shumaker
Email Address:	cshumaker@wcccf.org
Telephone Number:	937-644-2838 ext. 22

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

Facility Health Service Administrator On-Site	
Name:	Sasha Baltazar
Email Address:	sbaltazar@wcccf.org
Telephone Number:	937-644-2838 ext. 38

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	118
Average daily population for the past 12 months:	117
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

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:	70
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	180

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

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-06
2. End date of the onsite portion of the audit:	2026-04-07

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:	HelpLine- Rape Crisis/emotional support Bureau of Community Sanctions- outside reporting

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	140
15. Average daily population for the past 12 months:	117
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	105
25. 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:	1
26. 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:	1
27. 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:	0
28. 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:	0
29. 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:	0
30. 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:	0

<p>31. 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:</p>	<p>0</p>
<p>32. 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:</p>	<p>0</p>
<p>33. 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:</p>	<p>3</p>
<p>34. 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:</p>	<p>0</p>
<p>35. 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):</p>	<p>The agency provided the auditor with a list of residents and identified targeted areas.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. 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:</p>	<p>70</p>
<p>37. 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:</p>	<p>180</p>

38. 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:	<p>5</p>
39. 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:	<p>There were no volunteers present during the onsite visit</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>17</p>
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<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>

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. 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):	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.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. 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:	1

<p>49. 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 about 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>50. 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 about 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>51. 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>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 about 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>52. 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 about 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>53. 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>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 about 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>54. 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>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 about 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>55. 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>3</p>
<p>56. 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>During the facility tour, the auditor did not observe any residents in the holding/segregation cells.</p>
<p>57. 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

58. Enter the total number of RANDOM STAFF who were interviewed:

10

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)

- Too many staff declined to participate in interviews.
- Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).
- Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.
- Other

<p>61. 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>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. 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>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. 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>

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. 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.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

Was the site review an active, inquiring process that included the following:

72. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

<p>73. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</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.</p> <p>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.</p>
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>77. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. 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 the PREA audit system. The auditor was also provided with the requested documentation during the onsite visit. The auditor reviewed electronic documentation during the onsite visit. This includes camera views.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

79. 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	1	1	1	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	1	0	2

80. 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	4	0	4	4
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	4

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.

81. 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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>96. 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>97. 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>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The facility had four resident-resident sexual harassment allegations. All were administratively investigated. Two allegations were determined unfounded, one was unsubstantiated, and one was substantiated. The facility had one resident-resident sexual abuse allegation. The allegation was reported after the resident was released from the facility. The allegation was referred for a criminal investigation and is ongoing. There were no allegations against a staff member, contractor, or volunteer.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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	
<ul style="list-style-type: none"> • 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	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>West Central Community Correctional Facility (WCCCF) has a policy that requires the 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

The policy states that the facility will maintain zero tolerance through:

- 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

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 that will comply with the PREA standards of prevention, detection, and response to sexual assault or abuse
- Being the contact person for reporting allegations of sexual misconduct against residents
- Oversee internal audits of the facility's compliance with PREA standards
- Oversee the 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

	<p>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.</p> <p>During the onsite visit, the auditor interviewed the PREA Coordinator. He reports to the auditor that his responsibilities include ensuring compliance with all standards, as well as coordinating audits. For PREA, he oversees "all PREA-related responsibilities" in the facility, ensures PREA standards are met, and maintains PREA documentation. Specifically, he is responsible for staff training, administrative investigations, maintaining Memoranda of Understanding, collecting and tracking PREA-related data, and conducting quality assurance checks. The PREA Coordinator reported that he has been provided sufficient time and authority to ensure facility compliance.</p> <p>During the onsite visit, the auditor spoke to the PREA Coordinator's direct supervisor, the Operations Director. The Operations Director reports that the PREA Coordinator serves as the facility's primary PREA resource and point of contact. They stated that PREA-related reports are referred to him, and that even matters that may not ultimately meet the PREA definition are still sent to him for review and guidance. The Operations Director describes the PREA Coordinator as having day-to-day responsibility for PREA compliance and being relied upon for PREA interpretation and guidance.</p> <p>The Executive Director reports that the PREA Coordinator is given the necessary latitude in developing and implementing policies, procedures, and practices that ensure the facility is in compliance with the standards.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Table of Organization</p> <p>Interview with PREA Coordinator</p> <p>Interview with Operations Director</p> <p>Interview with Executive Director</p>
--	---

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>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 who 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.</p>
--	--

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>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 factors, and deviations from the staffing plan. Annually, the facility reviews the staffing plan with the Facility Governing Board and assesses the effectiveness of the plan, prevailing staffing patterns, the deployment of monitoring equipment, and the adequacy of staffing levels.</p> <p>Physical Plant:</p> <p>West Central is a community corrections facility located in Marysville, Ohio. The facility has separate male and female housing and programming areas, with resident supervision provided throughout the facility. Since the last PREA audit, the facility has completed construction in the female unit, which has added a multipurpose room (dining and computer room), three additional showers and toilets, classroom space, and staff offices.</p> <p>Currently, there are nine wings to the facility:</p> <ul 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>Composition of the Resident Population:</p> <p>The facility is funded for 140 beds and houses an average of 120 residents, including 73 males and 47 females.</p>

Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse:

During calendar year 2025, West Central Community Correctional Facility had 5 PREA allegations:

- 4 Allegations of Resident-on-Resident Sexual Harassment;
- 0 Allegations of Staff-on-Resident Sexual Harassment;
- 1 Allegation of Resident-Resident Sexual Abuse;
- 0 Allegations of Staff-on-Resident Sexual Abuse.

Investigations of each allegation determined the following outcomes:

- 2 Unfounded Allegations of Resident-on-Resident Sexual Harassment;
- 1 Unsubstantiated Allegation of Resident-on-Resident Sexual Harassment;
- 1 Substantiated Allegation of Resident-on-Resident Sexual Harassment.

The investigation into the allegation of resident-on-resident sexual abuse was referred to the Union County Sheriff's Office for criminal investigation. The investigation is currently open, and the outcome is pending.

Any Other Relevant Factors:

West Central Community Correctional Facility adheres to all local, state, and federal regulations and standards. Any findings or violations of standards must be addressed and corrected in a timely manner through a Corrective Action Plan. As state or local laws, regulations, and standards change, so shall the staffing plan for West Central Community Correctional Facility.

Prevailing Staffing Patterns:

When considering the number of staff on each shift, West Central Community Correctional Facility follows best practices to ensure that staffing levels are maintained. Direct care security staff members are required to always maintain line-of-sight supervision of residents. At least one supervisory level person will be on duty each shift. On duty supervisory staff are required to always be accessible to direct and oversee facility operations and safety, and respond to crisis situations. At least one administrative staff member will always be on call.

The staffing plan requires a minimum of four Resident Monitors per shift, unless waived by the Executive Director or designee. The plan identifies the posts as:

- Main Control
- Male Supervision
- Female Supervision
- Transports/Float

It also requires at least one male and one female Resident Monitor or staff member

to be present in the facility at all times.

Deviations from the Staffing Plan:

The facility reported four deviations from the staffing plan during 2025. The facility documented the dates, shifts, deviations, and corrective or immediate action taken.

The deviations involved either staffing below the four-RM minimum or failure to maintain at least one female staff member in the facility, most often due to sickness, emergency call-off, or no-call/no-show. During the shifts where no female Resident Monitor was working, female residents requiring a pat search were segregated until a female Resident Monitor was on duty. The report noted that no female resident was in need of a pat or strip search during this time.

Video Monitoring System:

As of 10/14/25, West Central Community Correctional Facility has a video monitoring system. Cameras are utilized throughout the building. The exceptions include private staff offices, medical exam rooms, and all bathrooms. Dorm areas are not viewed by staff of the opposite gender. The video system has an automatic recording function. The recordings are viewed daily and can also be used in PREA investigations and any other resident/staff Investigations to increase the credibility of the findings.

The PREA Coordinator advised there were 137 cameras and that additional cameras were being considered. The central control room was described as the location where staff monitor cameras, log activity, listen to radio traffic, help coordinate movement/transports, and manage door control. Staff reported that cameras normally display the male floor, female floor, male intake, female intake, and medical wing.

The facility leadership discusses a restroom camera project. Staff reported that restroom cameras were being installed or tested, but not yet fully active at the time of the tour. The plan was to black out shower areas, toilet/urinal areas, and mirrors/reflections so staff could see only common walkway areas and whether more than one person entered a stall or shower area. Access was to be restricted by gender and role, and the cameras were not to be generally viewable from the control center.

Staffing Plan Review:

The staffing plan will be reviewed and approved annually by the Executive Director, Operations Director, and Facility Governing Board, then submitted to the PREA Coordinator.

The staffing plan review will consider:

- Prevailing staffing patterns
- Need for additional deployments of video monitoring systems and other monitoring technologies

	<ul style="list-style-type: none"> • Additional resources the facility has available to commit to ensure adherence to the staffing plan • Modifications made from incident review recommendations • Any other changes made that are necessary <p>The Facility Governing Board reviewed the staffing plan on 10-22-2026 and approved it.</p> <p>Review:</p> <p>Policy and procedure</p> <p>2025 Staffing Plan</p> <p>Facility tour</p> <p>Camera monitors</p> <p>Investigation reports</p> <p>FGB meeting minutes</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p> <p>Interview with Operations Director</p> <p>Interview with Resident Monitors</p>
--	---

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, to 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 purpose 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</p>

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:

- Random
- Just cause
- Resident not under the direct supervision of staff
- Residents leave a work detail where tools or utensils are used

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 of a resident can occur for the following reasons:

- Admissions
- Residents returning from any unsupervised activity in the community
- Just cause or reasonable suspicion

The policy requires all strip searches to be conducted in a manner and in a location that permits 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.

Policy 6.4 does allow for body cavity searches. A body cavity search is a manual or instrumental inspection of body cavities that 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 exists, and as a last resort to 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 medical facility if necessary)
- Maintain constant observation until the examination is conducted
- Notify the staff person accompanying the resident of the findings

Since the last PREA audit, the facility has procured a body scanner, which is used during the intake process. The Court Services Staff, who conduct the intake process, use the body scanner for both male and female residents. The scanner only shows an outline of the body rather than displaying detailed anatomical features.

West Central's policy prohibits staff from searching or physically examining a

transgender or intersex resident solely to determine the resident's genital status. If genital status is unknown, it may be determined through conversation with the resident, review of medical records, or, if necessary, as part of a broader private medical examination by a medical practitioner. The policy also requires Resident Monitor staff, during new staff orientation, to be trained on searches of transgender and intersex residents in a professional, respectful, and least-intrusive manner consistent with security needs.

Staff reported that search training is handled partly through general orientation and partly through more specific departmental training for staff who actually conduct searches. HR reported that staff receive orientation information, including a video on cross-gender pat-downs, but that hands-on topics such as pat searches, body scanner use, and strip searches are primarily trained departmentally because only certain staff conduct those searches.

Staff reported that searches are generally conducted by same-gender staff. The shift supervisor stated that staff "typically" conduct same-gender searches and that a cross-gender search would occur only in a "super emergency" or last-resort situation. Security leadership similarly reported that the facility does not conduct cross-gender pat searches and had not had exigent circumstances requiring them.

A shift supervisor reported that new Resident Monitors are trained on the control center, intake process, shower-in process, urinalysis testing, pat downs, strip searches, transports, counts, security rounds, and commotion protocol. The supervisor also stated that the Operations Supervisor provides the introductory and major trainings on pat-down searches, strip searches, and cross-gender searches. The supervisor also stated staff had received training on transgender searches in case such a search became necessary.

Regarding actual practice, staff described one transgender resident who was housed at the facility within the last twelve months. Staff reported that male Resident Monitors conducted strip searches for that resident when she returned from community service or furlough, and that staff had asked about or considered her preference regarding who would conduct pat or strip searches.

The PREA Coordinator also reported that when a transgender resident is expected, the facility discusses the case with administration, operations, security, and support services before arrival; handles housing and accommodations on a case-by-case basis; reviews transgender search expectations with Resident Monitor staff and other staff who may conduct searches; and reminds staff to communicate respectfully with the resident.

Residents generally reported that searches were conducted appropriately and by same-gender staff.

Male residents reported that pat searches most often occurred after kitchen work, community service, or other outside-facility activities. Several residents said they had not been searched by female staff. When female staff were involved with male residents, residents described the process as a modified search, where the resident

empties pockets, removes or shows shoes/socks, checks pockets or waistband areas themselves, and staff observes rather than physically patting them down.

Residents also reported that when they left the facility and returned, the process was often a strip search rather than a pat search. One male resident clarified that after community service, furlough, garden crew, or maintenance, residents go to a secure area and then to the bathroom for a "full search," while pat searches were primarily connected to kitchen work.

Female residents similarly reported that they were strip searched at intake and when returning from community service or outside trips. One female resident stated that she had not had a pat search, but had been strip searched when returning from community service. She described the strip searches as routine, quick, and consistent across staff, stating that staff did not make the process more uncomfortable than necessary.

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.

Residents generally reported that the bathrooms were safe and sufficiently private, though several raised concerns about the newer camera placement. Male residents commonly stated they did not have safety or privacy concerns in the bathrooms. One resident said the bathroom was "private and safe," while another said he had "never had a problem" except for questions about the newly installed cameras. Residents reported that the facility held a discussion about the cameras and allowed them to ask questions. Female residents gave more mixed feedback. Some said they felt safe and that the bathroom was private enough, with one stating she did not worry about herself in the bathroom and that "nobody really bugs you." Another described the bathroom as "doable" and not uncomfortable, more like a locker-room setting.

Residents also consistently reported that opposite-gender staff generally do not

enter bathrooms. Male residents stated that female staff announce themselves before entering dorm areas and generally do not go into bathrooms. Female residents similarly reported that male staff do not enter bathrooms and announce themselves when approaching dorm areas.

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, the Court Services 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.

Review:

Policy and procedure

Facility tour

Pat search training video

Training sign-in sheets

Interview with Resident Monitors

Interview with Resident Monitor Supervisors

Interview with Executive Director

Interview with Operations Director

Interview with PREA Coordinator

Interview with Court Services Coordinator

Interview with residents

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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 residents are made accessible to 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:

- 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

WCCCF has another policy that requires the 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.

The PREA orientation materials also show that residents are provided with written PREA information in the handbook and receive orientation on reporting sexual abuse and harassment. The handbook pages identify multiple reporting methods, including reporting verbally or in writing to any staff member, contacting the PREA Coordinator, using the outside agency hotline, or sending a kiosk message; the orientation documentation reflects that residents receive additional PREA training during orientation.

Staff interviews were consistent with the written policy. Staff reported that they had not recently had residents who truly did not speak English, though they knew interpreter services were available. Staff also reported they had not recently had residents who were fully deaf or blind, but had accommodated residents with hearing aids, glasses, and difficulty using combination locks by using aids such as key locks or charging hearing aids. For residents with cognitive disabilities, comprehension issues, traumatic brain injuries, or low reading levels, staff reported using individualized accommodations. Examples included reading questions aloud, checking whether the resident understood, rephrasing questions, slowing the process down, breaking intake paperwork into smaller parts to avoid information overload, and involving medical or education staff when appropriate. Staff also reported that residents who struggle with comprehension can ask staff to read written testing material to them, and that West Central has made accommodations for residents functioning at very low reading/comprehension levels.

The auditor interviewed the Intake Coordinator from the Court Services Department. Intake staff are responsible for completing new resident paperwork, providing each

resident with a copy of the handbook, and verbally reviewing the handbook during the intake process. The review includes confidentiality, PREA reporting, the grievance process, and the disciplinary process.

The Intake Coordinator reported that he has not worked with a resident who was Limited English Proficient. He stated that, if a language barrier were identified, the facility would likely be notified before the resident's placement. In that situation, a translator or interpreter would be used to assist with intake, including completion of the risk assessment, and written materials would be provided in a language the resident understands through the use of Google Translate.

He further reported that, if a resident had a cognitive, mental health, or physical disability that could affect the resident's ability to understand or benefit from the facility's sexual abuse and sexual harassment prevention, detection, and response efforts, he would consult with the Education Coordinator, Mental Health Counselor, and/or Operations Director to determine the appropriate accommodation strategy.

After intake, residents participate in an orientation class. Residents identified the Resident Monitor Facilitator as the staff member who teaches the orientation class during the first two to two-and-a-half weeks. Residents reported that this class goes through the handbook, cardinal rules, resident rights, the grievance process, community service rules, PREA information, and how to report PREA concerns.

The PREA Coordinator also conducts a PREA-specific orientation component. The transcript states that residents watch the PREA video and receive information on policy and how to report. One resident reported that, during orientation, the PREA Coordinator comes in, shows a video, discusses PREA, and reviews multiple reporting options, including self-reporting, family reporting, and use of the hotline.

Residents also described peer orientation support through Big Brothers/Big Sisters, who help new residents learn expectations, make beds, organize lockers, understand rules, prepare for testing, and adjust to the program. They described this as a "crash course," while the formal orientation class covers the same subjects in greater detail.

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 offer reporting options in both Spanish and English.

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 residents who identified as having a reading or cognitive disability, physical disability, or limited English proficiency. None of the residents in this targeted group required additional accommodations or services to understand or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents interviewed were able to explain the facility's

	<p>zero-tolerance policy, identify available reporting options, and describe the free services available to residents who request them.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident orientation materials</p> <p>Resident handbook</p> <p>PREA education video</p> <p>Facility tour</p> <p>PREA posters- English and Spanish</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p> <p>Interview with Court Services Coordinator</p> <p>Interview with Resident Monitors</p> <p>Interview with residents</p>
--	--

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>West Central has a policy that prohibits the facility from hiring or promoting anyone who may have contact with residents who may have:</p> <ul 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 refuse; or • Civilly or administratively adjudicated to have engaged in sexual abuse or sexual harassment <p>The facility conducts background investigations and criminal records checks on all</p>

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.

In addition to conducting background checks to prevent hiring applicants who 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 resources department. Once hired, all employees must annually submit a continued affirmation to disclose any sexual misconduct. The facility captures this information on the employee evaluation form.

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.

The Human Resources Manager reported that he has worked at the facility for approximately 26 years and that her duties include participation in the hiring process, new staff orientation, oversight and scheduling of facility training, staff discipline, investigations, and terminations. For hiring, he reported that she is involved in most of the process, including ensuring required PREA-related questions are asked during interviews, completing background checks, reviewing whether any information would disqualify an applicant, preparing offer letters, and completing prior-employer checks when applicants have worked at another facility. He also reported that West Central conducts background checks on all staff annually, rather than only every five years. The checks are completed by the Union County Sheriff's Office.

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 offences.

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 whether the employee resigned in the middle of an investigation.

The auditor reviewed ten 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, before being placed in the facility, must provide information about any previous sexual

	<p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee file</p> <p>Personnel handbook</p> <p>Applications</p> <p>Interview questionnaire</p> <p>Reference checks</p> <p>Background checks</p> <p>Performance evaluations</p> <p>Promotion documentation</p> <p>Disciplinary records</p> <p>Interview with Human Resources Manager</p>
--	---

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Since the previous PREA audit, the facility completed a physical plant expansion that added a 12-bed dormitory to the male housing unit and a 16-bed dormitory to the female housing unit. The female-side expansion also added a multipurpose room that includes dining space and a designated computer room, expanded restroom capacity with additional toilets and showers, and added classrooms and staff offices. The male dorm is currently being used as a storage room due to the low admission numbers. This area is off limits to the residents and is equipped with camera coverage.</p> <p>The facility has added cameras in areas in need of increased surveillance, including the storage room where an unsubstantiated allegation took place. The facility added new camera equipment and adjusted the placement of other cameras at the conclusion of the expansion project. The facility has also received a grant that has</p>

	<p>allowed for the purchase of a body scanner. 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>In progress, however, not completed, is the addition of cameras in the resident bathrooms. The restroom cameras were being installed or tested, but not yet fully active at the time of the tour. The plan was to black out shower areas, toilet/urinal areas, and mirrors/reflections so staff could see only common walkway areas and whether more than one person entered a stall or shower area. Access was to be restricted by gender and role, and the cameras were not to be generally viewable from the control center.</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>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The agency has a policy that requires all allegations of sexual harassment and sexual abuse to be administratively 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>The facility has an 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 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 sexually 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 review 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 the credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as a 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 if substantiated allegations of conduct appear to be a criminal matter

The agreement is signed by the former executive director and the Union County Sheriff and was approved by the Union County Assistant Prosecuting Attorney.

The Union County Sheriff's 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 and collect and preserve vital evidence that includes latent fingerprints, DNA, shoe prints, bodily fluids, and trace evidence.

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

Facility policy states that WCCCF will offer victims of sexual abuse access to a forensic medical examination at no cost. These examinations are conducted at the hospital and are to be performed by a Sexual Assault Nurse Examiner when available. If a SANE is not available, the examination may be completed by a qualified medical practitioner, and reasonable efforts will be made to provide SANE services at the hospital. Although WCCCF has an onsite medical department and examination rooms, facility medical staff do not conduct forensic medical examinations. Residents requiring this level of care are transported to Memorial Hospital of Union County. The facility provided the auditor with a copy of its memorandum of understanding with Memorial Hospital, which confirms that West Central will arrange transportation for residents needing forensic medical examinations for suspected sexual abuse and that the hospital will provide SANE services when possible. 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 an MOU with HelpLine. HelpLine services eight counties, including Union County. The MOU states HelpLine will:

- Training WCCCF staff about SARN services and related sexual assault topics
- Emergency/crisis response by a SARN advocate when a resident reports sexual assault
- 24/7 support by SARN advocates for survivors while reporting to law enforcement
- Advocate accompaniment and support during investigatory interviews, if the survivor agrees
- Emotional support, crisis de-escalation, information about victims' rights and responsibilities, safety planning, community resource information, and assistance with requests for WCCCF administrative remedies related to sexual abuse allegations
- Advocacy services such as crisis intervention, case-status notification, accompaniment before, during, and after related court appearances, and other related advocacy needs
- Confidential telecommunications and written correspondence with incarcerated individuals who experienced sexual assault, with written consent before HelpLine discloses caller information to WCCCF officials
- Coordination with WCCCF to obtain security clearance, follow facility safety and security rules, and complete required facility training.
- Communication with auditors about relevant facility conditions when necessary

The Sexual Assault Response Network (SARN) is a part of HelpLine. SARN is the sexual violence prevention and intervention program that serves 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.

The facility has trained victim support persons. The auditor was provided with 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 requests.

Residents are informed of the services available in the resident handbook. The resident PREA handbook materials also state that West Central will provide the services of a qualified internal victim support person or, if available, a rape crisis center victim advocate. The handbook further notes that counseling, follow-up, and referral for mental health evaluations will be available, and that treatment will be provided to the victim at no charge.

Review:

Policy and procedure

MOU with Union County Sheriff's Office

MOU with Memorial Hospital of Union County

MOU 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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 when a resident may report sexual misconduct.

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.

The auditor reviewed the allegations during the onsite visit.

Investigation #1: The facility received an allegation from a resident that another resident "slapped him on the buttocks." The allegation was administratively investigated and determined to be unsubstantiated. The resident was notified of the investigation outcome and was monitored for retaliation every 15 days until release.

Investigation #2: The facility received an allegation from a resident that another resident "asked to look at her naked in the shower." The allegation was administratively investigated and determined to be unfounded. The resident was notified of the investigation outcome and was moved dorms to ensure safety.

Investigation #3: The facility received an allegation from a resident that another resident made sexual/romantic comments towards the victim. The allegation was administratively investigated and determined to be substantiated. The resident was notified of the investigation outcome and was monitored for retaliation every 15 days for 90 days. The abuser and victim were separated and placed on a separation contract.

Investigation #4: The facility received an allegation from a resident that another resident made sexually harassing comments toward the victim. The allegation was administratively investigated and determined to be unfounded. The resident was notified of the investigation outcome.

Investigation #5: The facility received an allegation from the Licking County Jail that a former resident reported being sexually assaulted while at West Central. The resident was taken to the hospital by Licking County for a SANE examination. A criminal investigation was opened by the Union County Sheriff's Department. The investigation is still open pending the results of the SANE examination. Both the resident abuser and victim have both been released from the facility.

	<p>Review:</p> <p>Policy and procedure</p> <p>Facility website</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
--	--

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 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>The facility will provide this training bi-annually and provide refresher training on the facility's sexual abuse and sexual harassment policies in the off year. The PREA training will address sexual abuse and sexual harassment factors that impact both male and female residents.</p> <p>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>The facility provided the auditor with the PowerPoint used to provide staff with PREA training. The PREA staff training PowerPoint provides staff with an overview of West Central's zero-tolerance policy and emphasizes that residents have the right to be</p>

free from sexual abuse and sexual harassment, to report and receive help, and to be protected from retaliation. The training explains that all allegations of sexual misconduct and sexual harassment must be administratively and/or criminally investigated.

The training defines key PREA terms, including resident-on-resident sexual abuse, staff/contractor/volunteer sexual abuse of a resident, voyeurism, sexual harassment, retaliation, and resident inability to consent. It specifically notes that residents cannot legally consent to sexual activity with staff, volunteers, or contractors in a confinement setting, and that any sexual activity between a resident and staff, volunteer, or contractor violates law and policy.

Staff are trained on prevention strategies, including maintaining professional boundaries, avoiding inappropriate relationships with residents, using respectful communication, recognizing physical plant vulnerabilities and blind spots, and holding staff and residents accountable for safe and professional behavior. The presentation gives examples of inappropriate conduct, such as making sexual jokes, discussing personal issues with residents, granting special favors, gossiping about staff with residents, or allowing residents to engage in sexualized conversations.

The PowerPoint also addresses privacy and cross-gender supervision. Staff are instructed that residents must be able to shower, change clothes, and use the toilet without opposite-gender staff viewing them. It also requires staff to announce their presence when entering opposite-gender sleeping areas or restrooms, and notes that live dorm video feeds should not be displayed when opposite-gender staff are present in control.

The training includes detection information, including possible physical and psychological signs of sexual abuse, resident red-flag indicators, and indicators of possible staff-on-resident abuse. Examples include changes in resident behavior, isolation, depression, increased sexualized language, unusual familiarity between a resident and staff member, residents lingering near staff, staff appearing at work during off-hours, staff being in unauthorized areas, or staff bringing inappropriate items to work.

Staff are instructed to immediately report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect that may have contributed to an incident. The training states that staff must report to the PREA Coordinator, must not investigate or determine the validity of an allegation, and must limit disclosure to those who need the information for treatment, investigation, security, or management decisions.

The PowerPoint reviews resident reporting options, including verbal or written reports to any staff member, calling the PREA Coordinator, using the outside agency hotline, and reports by family or friends through phone or email. It also reinforces that retaliation for good-faith reporting is prohibited.

The response section trains staff on first responder duties. Security first responders must separate the alleged victim and abuser, preserve and protect the crime scene,

instruct the alleged victim and alleged abuser not to take actions that could destroy physical evidence, and notify the PREA Coordinator and Shift Supervisor. Non-security first responders must separate the alleged victim and abuser, request that the alleged victim not destroy evidence when applicable, and notify the Resident Monitor Shift Supervisor.

Finally, the training explains that all allegations of sexual abuse, sexual harassment, and retaliation will be investigated and documented. Administrative investigations must include consideration of whether staff actions or failures to act contributed to the abuse and must be conducted by staff who have completed PREA Specialized Investigations Training and are assigned by the PREA Coordinator. Criminal investigations are conducted by the Union County Sheriff's Office.

In the off-year, the facility provides refresher training. The refresher training includes:

- Agency zero tolerance policy
- Staff reporting requirements
- Resident reporting options
- First responder duties

In addition to the training provided annually, the facility also posts "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 the 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

Staff reported that training is coordinated primarily through Human Resources. HR stated that new staff orientation includes ethics and resident/staff boundaries. Staff

reported that PREA training is provided through online modules, PowerPoint/ refresher training, email reminders, and periodic all-staff meetings. Medical staff reported that the PREA Coordinator sends refresher emails approximately monthly and has provided PREA presentations during all-staff meetings, including training on reporting information and general PREA reminders.s, PREA, facility policies, West Central’s history, classroom/program rules, resident expectations, and information such as the PREA hotline.

Staff also emphasized training on professional boundaries. HR and clinical staff described boundary training as part of orientation, ethics, core correctional practices, team meetings, supervision, and ongoing staff discussions. The files reflect repeated emphasis on being “friendly but not friends,” maintaining professionalism, and avoiding blurred boundaries with residents.

The PREA Coordinator reported that his live PREA training reviews reporting duties, the first-responder flow chart, signs of abuse, definitions of sexual abuse and sexual harassment, confinement dynamics, confidentiality, how to report, privacy issues, restroom/shower/changing privacy, and opposite-gender staff announcement requirements.

HR also reported that hands-on or role-specific training is handled departmentally when only certain staff perform those duties. For example, Resident Monitors receive more specific training on pat searches, body scanner procedures, and strip searches. In contrast, the general staff receives orientation-level information such as a video on cross-gender pat-downs. HR 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.

Review:

Policy and procedure

PREA PowerPoint

Refresher training worksheets

Staff meeting refresher training

Training sign-in sheets

Interview with HR Director

Interview with PREA Coordinator

Interview with staff

115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <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 identities 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 Just Detention International's resident education video.</p> <p>The facility provided the auditor with the volunteer training packet. The volunteer packet includes a Contractor/Volunteer/Intern Training acknowledgment confirming that the individual received and understood training on West Central's PREA responsibilities. The packet also includes a Notice to Vendors, Volunteers, and Interns advising that West Central maintains zero tolerance for sexual abuse and sexual harassment and that vendors, contractors, volunteers, and interns must immediately report any allegation of sexual abuse or sexual harassment to the PREA Coordinator or to any West Central staff member. The notice also states that the facility may deny or terminate entry if a substantiated allegation of sexual harassment or sexual abuse exists against the vendor, contractor, volunteer, or intern.</p> <p>The HR Director reports that interns, volunteers, and contractors receive substantially the same orientation and policy review as staff, with different onboarding paperwork depending on their role.</p> <p>Review:</p> <p>Policy and procedure</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 Family and Volunteer Services Coordinator</p> <p>Interview with HR Director</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, to be provided with information explaining West Central's zero tolerance policy regarding sexual abuse and sexual harassment. The policy covers:</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 <p>Residents receive PREA education at both intake and during the formal orientation period. All residents are issued a resident handbook containing information on how to report sexual abuse or sexual harassment, the right to be free from sexual abuse and harassment, the right to be free from retaliation for reporting, and the facility's procedures for responding to reports. During intake, residents sign a Rules and Regulations Contract acknowledging that facility rules were explained to them, that they had an opportunity to ask questions, and that they received a resident handbook containing PREA information and reporting instructions.</p> <p>The resident handbook includes a dedicated PREA section. It tells residents they have the right to be free from sexual misconduct by staff, other residents, volunteers, and vendors; that West Central has zero tolerance for sexual abuse and sexual harassment; and that all allegations will be administratively and/or criminally investigated. It also explains reporting options, including verbal or written reports to any staff member, contacting the PREA Coordinator, calling the outside agency hotline, and sending a kiosk message to PREA. Family and friends may also report by phone or email. Residents are further informed that they may remain anonymous when reporting to the outside agency and that retaliation for good-faith reporting is prohibited. The handbook also explains the facility's response obligations, including separating the alleged victim and abuser, preserving and</p>

collecting evidence, providing a qualified internal victim support person or rape crisis center advocate when available, transporting the resident for qualified medical examination when needed, making counseling/follow-up/mental health referral available at no charge, investigating all reports, documenting findings, and reporting sexual abuse allegations to local law enforcement.

During orientation, residents review a PREA video and discuss rights, reporting responsibilities, and related PREA information. Policy requires residents to sign documentation acknowledging their understanding, and the training is documented in group notes.

The residents report that during orientation group, they watched a video and received instruction on how to report sexual harassment, sexual abuse, or retaliation; how to avoid potential situations of sexual harassment or abuse; and how to receive help if victimized. They also state that staff reviewed the handbook's zero-tolerance information with them.

The policy also requires PREA education materials to be made available in formats accessible to residents with limited English proficiency, deafness, visual impairment, or other disabilities. Information is to be read aloud when a resident has known or identified limitations in reading or writing. The facility will provide reasonable accommodations as necessary. Auxiliary aids and services for residents who are hearing or visually impaired or limited English proficient are provided. For full details on how the facility assists residents who are Limited English proficient, deaf/hard of hearing, blind/low vision, low literacy or nonreaders, or have cognitive or other disabilities, see standard 115.216.

Review:

Policy and procedure

Resident handbook

Resident PREA orientation material

Resident PREA education acknowledgements

Interview with PREA Coordinator

Interview with Court Services Coordinator

Interview with residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has a policy that requires all West Central staff who conduct investigations into sexual abuse allegations to 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 a Zoom recording of the training provided to the WCCCF administrative investigators. The training 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, if criminal behavior is apparent, the administrative investigation

	<p>would be put on hold so as not to corrupt a criminal investigation. The administrative investigator would not interview residents or staff until the criminal investigation was complete.</p> <p>The facility provided the auditor with copies of training certificates for each administrative investigator.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training curriculum</p> <p>Administrative investigator training video</p> <p>Interview with administrative investigators</p>
--	---

115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Facility policy requires all medical and mental health care staff, in addition to PREA training related to standard 115.231, to complete training that includes:</p> <ul 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>The facility's 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>Medical and mental health staff receive specialized PREA medical and mental health care training. The training is designed for health professionals working in correctional settings and covers how to detect and assess signs of sexual abuse, preserve physical evidence, and respond effectively and professionally to victims. The training is identified as a four-hour curriculum, and the certificates document that medical/mental health staff also received instruction on West Central's zero-tolerance policy and how to report sexual abuse or sexual harassment.</p> <p>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</p>

	<p>responding professionally to residents who have experienced sexual abuse and sexual harassment.</p> <p>The auditor also interviewed a mental health counselor during the onsite visit. She confirmed that she is required to complete the facility’s standard employee PREA training, as well as specialized training through the PREA Resource Center. She reported that she is able to provide residents with community-level mental health treatment and is responsible for providing those services to WCCCF residents. She further stated that she is appropriately trained and prepared to detect, assess, and report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training records</p> <p>Interview with nurse</p> <p>Interview with mental health counselor</p>
--	--

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>The facility has a PREA Accommodation Strategy Team that consists of the PREA Coordinator, Deputy Director, medical and mental health staff, and other staff as necessary. The team will develop a plan that is based upon the PREA classification determined by the PREA risk assessment tool and the needs of the individual resident.</p> <p>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>The risk assessment instrument will consider, at a minimum, the following criteria:</p>

- 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

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.

The policy also defines risk classifications. The classifications include:

- Potential Abuser- A resident who has been found guilty of committing, attempting to commit, or threatening to commit one or more instances of sexual abuse in an institutional setting
- Potential Victim- A resident who has been the victim of a confirmed attempted sexual abuse or confirmed sexual abuse in an institutional setting
- No classification- Residents who 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 questions 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 the 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.

The clinical supervisor stated that counselors are trained within the clinical department on how to complete the risk screening and that an automated reminder is generated around the fifteenth day to prompt completion of the reassessment within the required timeframe.

Counselors, who conducted the rescreening, reported that the assessment considers factors such as the resident’s physical characteristics, whether the resident has previously been sexually victimized in the community or while incarcerated, criminal history, violent offense history, prior institutional violence, and any sex-related offense history.

Residents interviewed reported that they remembered receiving the risk assessment and being asked sensitive PREA-related questions. One male resident clearly recalled being asked risk-assessment type questions, including whether he had ever been sexually harassed or abused and his sexual preference. He also stated that he was offered mental health services. A female resident recalled that staff likely asked those questions during intake, including questions about sexual preference, prior sexual abuse, and criminal history.

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 instrument has a scoring system that allows for an objective classification.

The facility provided the auditor with a risk screening report. The information in this report includes:

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

The PREA Coordinator reported that he tracks both the initial and 30-day assessments through the computer system and maintains a spreadsheet showing resident intake dates, classifications, 30-day reassessment due dates, and orientation completion. He stated that he monitors whether reassessments are completed on time and follows up with counselors when a reassessment is nearing the deadline.

	<p>Staff also reported that access to assessment information is limited. Counselors can generally see only assessments for residents on their own caseload, while the clinical supervisor and PREA Coordinator have broader access.</p> <p>Review:</p> <p>Review:</p> <p>Policy and procedure</p> <p>Initial and rescreens</p> <p>Interview with Court Services staff</p> <p>Interview with Counselors</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
--	---

115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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 sexually 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. Staff stated that if a resident is identified as a potential victim or potential abuser, the information is submitted to the PREA Coordinator and shared with appropriate staff, including medical and security leadership. The information is used to help make housing and supervision decisions, including avoiding placement of a potential victim in the same living area as a potential abuser. Residents identified as potential victims are also offered the opportunity to meet with medical or mental health staff, although staff stated that such services are not mandatory.</p> <p>The facility provided the auditor with documentation of using screening information</p>

to ensure residents who are assessed as potential victims are kept separate from residents screened as potential abusers. One example states that a resident classified as a potential victim should not be housed in the same dorm as a potential abuser, and asks staff to notify him if classifications create issues with bunk assignments or other operational concerns. Another example specifically instructs that a resident classified as a potential victim should not be placed in the same dorm as the only resident then classified as a potential abuser.

Residents who 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.

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.

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 who are classified as abusive are on the opposite side of the housing unit from those who are vulnerable.

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.

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 a part of a housing unit. No resident has been housed in these cells.

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.

Review:

Policy and procedure

Risk assessments

Separation measures

Facility tour

	<p>Interview with counselors</p> <p>Interview with Court Services staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with mental health counselor</p>
--	--

115.251	Resident reporting
----------------	---------------------------

	Auditor Overall Determination: Meets Standard
--	--

	Auditor Discussion
--	---------------------------

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:

- Verbally
- In writing
- Text message on Keefe Messaging System
- ODRC Bureau of Community Sanctions hotline
- Anonymously
- Third party

All reports of sexual abuse and sexual harassment, regardless of how the incident was reported, will be investigated.

Residents are informed of the ways they can report abuse, harassment, or retaliation at intake and during the orientation group. At intake, residents are provided with a resident handbook. The handbook states:

- Incidents or suspicion of sexual abuse, sexual harassment, and retaliation can be reported to ANY STAFF member:
 - verbally to ANY STAFF MEMBER
 - in writing to ANY STAFF MEMBER
 - PREA Coordinator (937)555-1234
 - Outside agency Hotline (614) 728-3399

The handbook further states that family and friends may report allegations on a resident's behalf by calling the facility or emailing the PREA address. The PREA section also explains that all reports of sexual harassment, sexual abuse, and retaliation will be investigated and documented, and that all allegations of sexual abuse will be reported to local law enforcement.

The resident handbook excerpt on communication with staff states that residents may communicate directly with their assigned counselor, submit concerns or requests on specific topics through the kiosk, and submit grievances through the kiosk.

During the onsite visit, the Mail Clerk explained the process for sending and receiving mail. 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 through the commissary, and indigent residents are provided with weekly postage.

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 that 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.

The auditor called the outside agency. The Assistant Chief, Sandra Dunlap, from the Bureau of Community Sanctions returned the phone call to the auditor's message and stated that residents can report to this 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.

During the tour, the auditor noticed several postings 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 reported that they were informed during intake and orientation that they could report sexual harassment, sexual abuse, or retaliation to any staff member, the PREA Coordinator, through the hotline, or through the kiosk system. Several residents described learning these options through the handbook, orientation class, and PREA-specific orientation/video.

Residents also reported that when harassment or conflict was reported, staff used separation measures. One resident who reported general harassment stated that the alleged abuser was moved to "the other side" and that staff ensured the person left him alone. This is consistent with the facility's practice of using separation contracts, housing moves, bathroom/shower scheduling, and staff monitoring to prevent further contact.

The facility provided the auditor with files that include examples showing that residents did make verbal reports of sexual harassment to staff. In one investigation packet, a resident reported to staff that another resident made repeated unwanted

comments about wanting to marry her, take care of her, and be in a relationship with her. Staff documented the report, obtained statements, reviewed video footage, monitored the involved residents, and the allegation was ultimately substantiated.

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 for ensuring all allegations are investigated while maintaining the anonymity of the reporting staff.

Staff report that they are required to report any allegation, suspicion, or information involving sexual abuse, sexual harassment, retaliation, or other inappropriate conduct. This obligation applies whether the information is personally observed, reported by a resident, reported by another staff member, or suspected based on other facts. Staff report that when they receive an allegation of sexual abuse, they must notify the Shift Supervisor/Resident Monitor in Charge and/or the PREA Coordinator.

Review:

Policy and procedure

Investigation reports

Resident phones

Resident kiosk

Resident handbook

PREA posters

Interview with PREA Coordinator

Interview with residents

Interview with Mail Clerk

115.252	Exhaustion of administrative remedies
----------------	--

	Auditor Overall Determination: Meets Standard
--	--

	<p>Auditor Discussion</p> <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 the orientation group. There were several residents who 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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
--	---

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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 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>The facility informs residents that if they use the resident phone system, it is subject</p>

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 abuse 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 possible.

The facility has an MOU with HelpLine, a local rape crisis agency. HelpLine agrees to accept confidential telephone and written communications from incarcerated survivors for the purpose of providing emotional support. Written consent is required before HelpLine discloses caller information to WCCCF officials.

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.

During the tour, the auditor noticed several postings 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 Mail Clerk states that all incoming and outgoing mail is read by her. 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 through the commissary, and indigent residents are provided with weekly postage.

*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

MOU with HelpLine

Interview with PREA Coordinator

Interview with Mail Clerk

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 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 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>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Investigation reports</p> <p>Agency website</p> <p>PREA posters</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 707">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 of 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="280 748 1469 904">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's Department for investigation. Allegations that are not determined to be criminal will be administratively investigated.</p> <p data-bbox="280 945 1469 1146">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 designated staff members to make necessary treatment, investigation, and other security and management decisions.</p> <p data-bbox="280 1187 1469 1509">Staff report that they are required to report any knowledge, suspicion, or information about sexual abuse, sexual harassment, retaliation, or staff neglect that may have contributed to an incident. They will report such information immediately to the PREA Coordinator. Staff reports that they are trained that they are not responsible for deciding whether an allegation is valid. The training specifically instructs staff to report all allegations made verbally or in writing by residents, not to investigate, and to allow the appropriately trained staff to handle the investigation.</p> <p data-bbox="280 1550 1469 1832">For response, security staff state they are trained to separate the alleged victim and alleged abuser, preserve and protect the crime scene, instruct both parties not to take actions that could destroy physical evidence when evidence may still be collected, and notify the PREA Coordinator and Shift Supervisor. Non-security staff are trained to separate the alleged victim and abuser, request that the alleged victim not destroy evidence when applicable, and notify the Resident Monitor Shift Supervisor.</p> <p data-bbox="280 1872 1469 2074">Several staff members reported that they had received allegations from residents at some point during their employment and reported those allegations either to their direct supervisor or to the PREA Coordinator. Staff also stated that they receive training on identifying "red flag" indicators and, depending on the circumstances, would either address concerning behavior directly with the staff member involved or</p>

report it through the supervisory chain.

Staff are required to sign an acknowledgment confirming that they understand their responsibilities for preventing, detecting, responding to, and reporting sexual abuse, sexual harassment, and retaliation.

During the employee file review, staff signed acknowledgements of receiving the following information:

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

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. All staff with licensure were asked about their responsibility to inform residents, at the start of services, of their duty to report and the limits of confidentiality. All reported that residents are advised of this obligation and are informed that any reportable information will be shared only with individuals who need the information to investigate the matter or make safety and security decisions.

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 staff

115.262	Agency protection duties
----------------	---------------------------------

	Auditor Overall Determination: Meets Standard
--	--

Auditor Discussion

WCCCF policy requires that any report of a substantial risk of imminent sexual abuse be immediately forwarded to the Resident Monitor in Charge, Resident Monitor Coordinator, and PREA Coordinator. Once such a report is received, resident monitor staff are required to take immediate protective action to ensure the resident's safety. Protective measures may include changing housing assignments when the resident is housed in the same dorm. If the allegation involves a staff member, the staff member may be moved to the opposite end of the building and/or placed on administrative leave during the investigation. Any protective action taken must be documented on the Imminent Risk of Sexual Victimization form.

The facility's physical layout supports separation practices. The male housing unit contains dorms and bathrooms on opposite sides of the housing unit, and residents are assigned to use the bathroom located on the same side as their assigned dorm. A Resident Monitor staffs the desk located in the dayroom between the dorm areas 24 hours a day. The female housing unit contains two dorms and one bathroom, with a Resident Monitor stationed at the dayroom desk near the exit 24 hours a day. When residents are placed on a separation contract, staff use housing moves, bathroom restrictions, shower scheduling, and direct monitoring to prevent contact between the residents.

The PREA Coordinator reported that residents experiencing conflict with another resident may be placed on a separation contract. Residents on separation contracts are listed on the resident bulletin board, and staff are responsible for ensuring the residents do not have contact or interaction with one another. Staff are also made aware of separation contracts through the Shift Brief, and the contract can only be removed by a supervisor.

The facility provided shift briefs showing a designated "Risky Residents" section. This section identifies residents on separation contracts, the length of the contract, and reminders about the importance of reporting and documenting behavior. This practice is consistent with the facility's policy requiring screening and safety information to be used for housing, bed, work, education, and program decisions with the goal of keeping residents at high risk of sexual victimization separate from residents at high risk of sexual abusiveness.

Although the facility has isolation and holding cells, staff reported that resident victims would not be placed in those cells solely for safety. The PREA Coordinator reported that, when necessary during an investigation, the alleged abuser—not the victim—would be placed in a holding or isolation cell. The staff PREA training similarly instructs security first responders to separate the alleged victim and abuser and, when appropriate, place the alleged abuser in a holding cell while evidence is preserved and notifications are made.

If the alleged abuser is a staff member, both the PREA Coordinator and Executive Director reported that, depending on the seriousness of the allegation, the staff member may be reassigned to a housing unit where the allegation did not occur or

	<p>placed on administrative leave. This is also consistent with staff discipline policy, which allows employees to be placed on leave during investigations and requires staff to cooperate fully.</p> <p>Residents interviewed by the auditor confirmed the facility's use of separation contracts. Residents described being moved to the opposite side of the housing unit, reassigned to a different dorm, scheduled to shower at different times, and prevented from using the bathroom at the same time as the person from whom they were separated. One resident who reported sexual harassment stated that, during the investigation, the alleged abuser was moved to "the other side," and staff ensured the resident was left alone.</p> <p>The Resident Monitor Coordinator reported that separation contracts are commonly used for bullying, harassment, or inappropriate resident relationships. He also reported that if a resident allegedly threatened sexual abuse toward another resident or staff member, the alleged abuser could be placed in an isolation cell while the allegation was investigated.</p> <p>No resident interviewed, and no investigation report reviewed alleged an imminent risk of sexual abuse. However, the reviewed materials documented that the facility separated alleged abusers from alleged victims during investigations and used housing, supervision, and movement controls to prevent further contact.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Investigation reports Facility tour Shift briefing Interview with residents Interview with staff Interview with PREA Coordinator Interview with Executive Director
--	--

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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.

The facility provided three emails from the Executive Director notifying other confinement facilities after residents reported, during intake or orientation, that they had experienced sexual abuse or sexual harassment at another facility.

- One notification was sent to the Clark County Jail Administrator. WCCCF advised Clark County Jail of the allegation and provided contact information for WCCCF's PREA Coordinator.
- A second notification was sent to Logan County Jail's PREA staff point of contact. WCCCF still shared the information with the facility's PREA contact and provided follow-up contact information.
- A third notification was sent to Tri-County Jail. WCCCF forwarded the allegation and provided the PREA Coordinator's contact information for follow-up.

The policy also states that anytime the facility receives notification from another confinement facility that a resident has been sexually abused 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.

The facility received one allegation that originated from another confinement facility. The allegation is currently being investigated by the Union County Sheriff's Department.

Review:

Policy and procedure

Investigation reports

Emails

Interview with Executive Director

Interview with PREA Coordinator

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.

Staff reported that first responder duties are focused on immediate safety, evidence preservation, notification, and avoiding investigation by unassigned staff. The staff states that security first responders must separate the alleged victim and abuser, preserve and protect the crime scene, prevent both the alleged victim and alleged abuser from destroying evidence when evidence may still be collected, and notify the PREA Coordinator and Shift Supervisor, while non-security first responders must separate the alleged victim and abuser, ask the alleged victim not to destroy evidence, and notify the Resident Monitor Shift Supervisor.

Review:

Policy and procedure

First Responder Flow Chart

Investigation reports

Training PowerPoint

	<p>PREA book</p> <p>Interview with staff</p>
--	--

115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>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>The Coordinated Response Plan:</p> <p>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's Department arrives onsite. All first responders will follow the First Responder Flowchart.</p> <p>Medical Responsibilities</p> <ul style="list-style-type: none"> • A resident who reports being 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>Mental Health Responsibilities</p> <ul style="list-style-type: none"> • West Central will offer a mental health evaluation and ongoing treatment when necessary. <p>Investigators</p> <ul 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>West Central Leadership</p>

	<ul 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 ensure 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. <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated Response Plan</p> <p>First Responder Flow Chart</p>
--	---

115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

The facility has a policy that requires the facility to 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 the protection of residents states:

- The Resident Monitor Coordinator shall monitor all cases of retaliation against residents.
- 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:
 - a. Monitoring by way of periodic status checks (i.e., reviewing resident discipline)
 - b. Housing or programming changes.
 - c. Emotional support services for residents who fear retaliation.
- 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
- 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

The policy for the protection of staff states:

- The Human Resource Manager shall monitor all cases of retaliation against or involving staff
- If a report of sexual abuse or sexual harassment is made, or cooperation in an investigation into such is done by a staff member, the following measures will be taken if there is a potential for retaliation:
 - a. Alteration in shift or reassignment.
 - b. Negative performance memo and/or subject to discipline.
 - c. Emotional support services for staff who fear retaliation
- The 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 Resources Manager shall take the appropriate measures to protect the individual against retaliation

Residents are informed during PREA education that they have the right to be free from retaliation for reporting sexual abuse or sexual harassment. The training defines retaliation as conduct where a resident or staff member injures, harms, or intimidates a person who reported sexual abuse or sexual harassment, or attempts to do so, because of the report.

	<p>The auditor discussed the facility’s process for documenting retaliation monitoring. The PREA Coordinator reported that the Human Resources Manager and Resident Monitor Coordinator currently meet with individuals who require retaliation monitoring. If an individual reports retaliation, staff would take appropriate steps to protect the person, and those protective measures would be documented.</p> <p>The form captures the monitoring start and end dates, type of monitoring, assigned monitoring staff, the person being monitored, and whether the monitored person is a resident or staff member. It also identifies the reason for monitoring, such as victim status, witness status, or cooperation with an investigation, and includes space for comments. The form also provides for recurring monitoring contacts, with residents monitored every 15 days for 90 days and staff monitored every 30 days for 90 days. The form documents the outcome of each monitoring contact, including whether no retaliation was reported, retaliation was identified and addressed through protective measures, monitoring ended because the allegation was unfounded or the resident left the program, or monitoring was extended.</p> <p>The facility did not have an allegation of sexual abuse that required retaliation monitoring. The victim reported the allegation after being released from the facility.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Retaliation monitoring form Investigation reports Interview with Human Resources Director Interview with Director of Operations Interview with PREA Coordinator
--	---

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy requires the facility to 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's 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>

The criminal and/or administrative investigators will:

- 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 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 the credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as a 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)

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 an MOU with the Union County Sheriff's Department to conduct criminal investigations. If the Union County Sheriff's Department is conducting the investigation, WCCCF will cooperate in all criminal investigations and remain informed of the progress.

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.

The auditor reviewed all investigations the facility had in the past twelve months with the PREA Coordinator and other facility administrative investigators. The report includes:

- 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 and two additional trained administrative investigators regarding the facility's administrative investigation process. The discussion included how investigations are initiated, investigative techniques, handling third-party or facility-referred allegations, credibility assessments, and referral of allegations for criminal investigation.

Investigators reported that they collect as much collateral information as possible to corroborate allegations and assist with credibility determinations. This is consistent with policy, which requires administrative investigators to gather and preserve direct and circumstantial evidence, including available physical, DNA, and electronic monitoring evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints or reports involving the suspected perpetrator. The investigators report that credibility assessments are made individually and not based on a person's status as a resident or staff member.

The PREA Coordinator stated that the facility errs on the side of caution and contacts the appropriate law enforcement authority whenever an investigation suggests possible criminal behavior. The facility requires any allegation determined to be criminal in nature to be reported immediately to the Union County Sheriff's Office, which has jurisdiction over criminal offenses at WCCCF and has a formal agreement with the facility to investigate sexual assaults or sexual offenses occurring at the facility.

The investigators reported that, because of Garrity considerations, they do not question a suspected abuser during an active criminal investigation in a manner that could interfere with the criminal process. Compelled interviews are conducted only after consultation with prosecutors regarding whether such interviews could create an obstacle to criminal prosecution.

The PREA Coordinator reported that a referral for criminal prosecution is at the discretion of the legal authority. When asked how the facility assists with criminal investigations, he stated that, if a sexual abuse or sexual assault incident occurs, the facility's role is to protect and preserve potential evidence while law enforcement collects physical evidence.

At the conclusion of an administrative investigation, the investigation must be documented in a written report that includes the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings. Policy also requires administrative investigations to consider whether staff actions or failures to act contributed to the abuse.

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 ten years.

	<p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>MOU with Union County Sheriff's Office</p> <p>Administrative investigator training certificates</p> <p>Interview with administrative investigators</p> <p>Interview with PREA Coordinator</p>
--	--

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 reports use 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:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA administrative investigators</p>

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

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.

The facility has an MOU with the 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.

Unless the allegation has been determined to be unfounded, the facility will inform the resident whenever:

- 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 of 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 of a charge of sexual abuse within the facility

The resident notification examples provided to the auditor show residents signing forms acknowledging that they were notified that the allegation was investigated and informed of the outcome. The examples include findings of unsubstantiated, unfounded, and substantiated allegations. For sexual abuse investigations, the files show that the facility continues to coordinate with law enforcement and track resident status when needed. In one sexual abuse investigation file, the PREA Coordinator documented that the alleged abuser had been successfully discharged from West Central and provided contact/supervision information to the Union County Sheriff's Office detective so the criminal investigation could continue.

The PREA Coordinator reports that all residents will receive notification unless they are no longer residing at the facility.

Review:

Policy and procedure

Resident notification acknowledgements

Interview with PREA Coordinator

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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 that 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.

The auditor was provided with 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 are 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.

The handbook states that West Central has the right to investigate all alleged disciplinary violations and that all employees are required to fully cooperate. Employees may be placed on unpaid leave while an investigation is pending. Failure to respond, failure to respond truthfully, or failure to cooperate is considered insubordination and may result in termination. Staff involved in an investigation are also prohibited from discussing the facts of the investigation while it is pending.

Due to Garity Laws, employees who are the subject of formal investigations have the right to be accompanied, represented, and advised by an attorney.

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.

Staff also have an affirmative duty to report misconduct. This includes incidents they personally observe, matters reported by residents or other staff, or suspected misconduct based on other facts.

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 any other conduct that violates the policies and procedures of the facility.

During the onsite visit, the auditor interviewed the Executive Director, Human Resources Manager, and PREA Coordinator regarding staff discipline during PREA-related investigations. They reported that the agency's practice is to place staff on administrative leave while an investigation is pending or, depending on the seriousness of the allegation, temporarily reassign the staff member to another area of the facility. The Executive Director stated that the facility strictly follows its zero-tolerance policy and will terminate any employee found to have engaged in sexual misconduct. The PREA Coordinator further reported that the facility works to maintain a reporting culture in which staff and residents believe allegations will be taken seriously and addressed appropriately.

The Human Resources Manager reported that the agency is an at-will employer and is not required to follow progressive discipline when an allegation of sexual misconduct is substantiated. He stated that termination is the presumptive sanction for any staff member found to have violated the agency's zero-tolerance policy. During the employee file review, the auditor confirmed staff acknowledgment of the agency's at-will employment policy and receipt of the employee handbook.

The facility did not have a substantiated allegation of sexual abuse or sexual harassment against a staff member.

Review:

Policy and procedure

Employee handbook

Investigation reports

Employee zero tolerance acknowledgements

Interview with staff

Interview with Executive Director

	<p>Interview with Human Resource Director</p> <p>Interview with PREA Coordinator</p>
--	--

115.277	Corrective action for contractors and volunteers
----------------	---

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility’s policy permits WCCCF to deny or terminate facility access for any vendor, contractor, volunteer, or student intern who interacts inappropriately with residents. Any contractor, volunteer, or student intern found to have engaged in sexual misconduct, retaliation, or conversations or correspondence suggesting a romantic or sexual relationship with a resident will be prohibited from resident contact. When applicable, the matter will be reported to law enforcement unless the conduct is clearly not criminal, and to any relevant licensing body.</p> <p>The policy also allows the facility to cancel any contract, volunteer agreement, or organizational arrangement if an allegation of resident sexual abuse or sexual harassment involving the contractor, volunteer, company, or organization is substantiated. This is consistent with the facility’s zero-tolerance policy, which states that sexual activity between residents and staff, volunteers, or contractors is prohibited and that sexual comments or gestures by staff, contractors, or volunteers toward residents violate facility policy.</p> <p>All allegations of sexual abuse or sexual harassment are referred for investigation to the appropriate investigative authority unless the activity is clearly not criminal. The facility’s investigation policy states that WCCCF conducts initial investigations promptly, thoroughly, and objectively; immediately reports allegations determined to be criminal in nature to the Union County Sheriff’s Office.</p> <p>The facility did not have an allegation against a contractor, intern, or volunteer during the past twelve months.</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
----------------	---

Auditor Overall Determination: Meets Standard

Auditor Discussion

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's Department for criminal investigation and/or prosecution.

The facility will only discipline residents for sexual conduct upon finding that the staff member did not consent to such contact.

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:

- Residents will refrain from sexual contact. Violation of Cardinal Rules will result in disciplinary action up to and including disciplinary discharge

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.

A resident charged with a major rule violation receives written notice of the alleged violation, including the incident description and specific rule allegedly violated. The matter is documented on a West Central Conduct Report, and an administrative investigator is assigned to record physical evidence, interview witnesses, and take statements from the accused after proper notification and rights are provided.

The handbook and policy also make clear that resident disciplinary action does not replace PREA response and investigation requirements. The handbook states that, upon a report of resident sexual abuse, staff must separate the alleged victim and abuser, preserve/protect/collect evidence, provide victim support services when available, arrange medical treatment and mental health follow-up at no charge when needed, investigate all reports, document findings, and report all sexual abuse allegations to local law enforcement.

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.

Policy prohibits all sexual contact between residents. While all sexual activity is prohibited, the facility will not deem sexual contact between residents to constitute sexual abuse if it is determined that the activity is not coerced. The facility has not had an allegation against a resident for non-consensual physical contact with a staff member.

Resident abusers are not offered therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Residents who 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 residents with substantiated allegations of sexual harassment were disciplined according to facility policy.

The auditor spoke to the Mental Health Manager during the onsite visit, who confirmed that she has not provided services for the resident abuser, nor does the facility offer such services.

During the onsite visit, the auditor interviewed the Court Services Coordinator, who completes intake with new residents, and the PREA Coordinator, who provides new resident orientation. Both reported that they review the facility's Cardinal Rules with residents. They also explained to residents that the facility encourages reporting of all sexual abuse and sexual harassment allegations, but that reports made in bad faith may result in disciplinary action.

Residents generally reported that they received a handbook and were given information about facility rules and PREA during intake and orientation. Residents described receiving the handbook when they arrived and stated that staff reviewed rules, expectations, Cardinal Rules, resident rights, grievances, and PREA reporting options with them.

The intake acknowledgment forms show that residents sign to confirm that the rules and regulations were explained to them, that they had the opportunity to ask questions, and that they received a handbook containing PREA information and instructions on how to file a report and possible disciplinary actions.

The facility had five resident-resident allegations during the past twelve months: four resident-on-resident sexual harassment allegations and one resident-on-resident sexual abuse allegation. The sexual harassment investigations resulted in two unfounded findings, one unsubstantiated finding, and one substantiated finding. The sexual abuse allegation was referred to the Union County Sheriff's Office for

	<p>criminal investigation and is an ongoing investigation.</p> <p>The resident who had a substantiated sexual harassment allegation was disciplined according to policy. The facility also placed residents on separation contracts for substantiated and unsubstantiated allegations in order to keep all residents safe and prevent retaliation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Resident files</p> <p>Investigation reports</p> <p>Resident disciplinary policy</p> <p>Interview with residents</p> <p>Interview with PREA Coordinator</p> <p>Interview with Court Services Coordinator</p>
--	---

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>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>The facility has an MOU with Memorial Hospital. The MOU states Memorial Hospital will provide medical care for West Central residents who are believed to have experienced sexual abuse. The hospital will provide care within its scope of services and according to hospital policy, or transfer the resident to another tertiary hospital</p>

if needed. It will provide an examination by a Sexual Assault Nurse Examiner (SANE) when possible. If a SANE is not available, the exam may be completed by a qualified medical practitioner, and the Emergency Department physician will decide whether transfer to a facility with SANE availability is warranted. The hospital also offers information about victim advocates and advocacy programs.

The Medical Services Coordinator 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 who sees residents once a week. She also reports that the local health department provides STI testing and treatment, pregnancy testing, birth control, and pap smears to residents right at the facility.

Mental Health Services would be provided to the resident by the Mental Health Manager. She reports she is qualified to provide 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.

The facility has an MOU with HelpLine. The MOU states HelpLine's Sexual Assault Response Network will provide victim advocacy and emotional support services to WCCCF residents who report sexual assault. HelpLine/SARN advocates are available 24/7 to support survivors while they report to law enforcement. If the resident goes to the hospital, the hospital will initiate the dispatch of an advocate. The MOU also identifies additional advocacy services, including crisis intervention, victim notification regarding case status, accompaniment before, during, and after related court appearances, and other community or systems advocacy needs. HelpLine also agrees to accept confidential phone and written communications from incarcerated survivors for emotional support, with written consent required before disclosing caller information to WCCCF officials.

The facility had one allegation of sexual abuse. The resident was not housed at the facility at the time of the report.

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.

Review:

Policy and procedure

MOU with Memorial Hospital

MOU with HelpLine

Interview with WCCCF Medical Services

Interview with Mental Health Manager

	Interview with PREA Coordinator
--	---------------------------------

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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 style="list-style-type: none"> • Follow-up services • Treatment plans • Referrals for continued care following release <p>The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.</p> <p>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>Treatment services will be offered regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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:</p>

- 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 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 findings. 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 document the reasons for not doing so.

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 is on the SART and/or is responsible for implementing recommendations from the SART. The members of the team that was interviewed state that they complete a Sexual Abuse Response Checklist during the review of every sexual abuse allegation that has not been 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

	<p>recommendations.</p> <p>The facility did not have a substantiated or unsubstantiated allegation of sexual abuse during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SART review form</p> <p>Facility tour</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p> <p>Interview with Operations Director</p> <p>Interview with Human Resources Manager</p> <p>Interview with Mental Health Manager</p> <p>Interview with Medical Services Coordinator</p> <p>Interview with Program Director</p> <p>Interview with Resident Monitor Coordinator</p>
--	--

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 style="list-style-type: none"> • Recent sexual abuse • Sexual abuse • Sexual contact • Sexual conduct • Sexual harassment • Sexual misconduct <p>For 2025, the facility reported the following PREA allegation data:</p>

Allegation Type	Substantiaed	Unsubstantiated	Unfounded	Total
Staff-Resident Sexual Harassment	0	0	0	0
Staff-Resident Sexual Abuse	0	0	0	0
Resident-Resident Sexual Harassment	1	1	2	4
Resident-Resident Sexual Abuse	0	0	0	1 ongoing investigation

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://efaidnbmnnnibpcajpcglclefindmkaj/https://www.wcccf.org/WebSite/-WebSite.nsf/PREA2025.pdf. The auditor accessed the facility's website and reviewed the 2025 annual report. The information report is enough to complete the Bureau of Justice's Survey of Sexual Violence.

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 is securely retained for a period of ten years after the initial collection unless Federal, State, or local laws otherwise.

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

Review:

Policy and procedure

Annual report

Facility website

Interview with PREA Coordinator

115.288	Data review for corrective action
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1484 586">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 data-bbox="280 622 1458 739">The policy requires a review of the data to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ul data-bbox="354 806 1404 967" 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 data-bbox="280 1008 1439 1169">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 report states:</p> <ul data-bbox="354 1236 1465 2065" style="list-style-type: none"> • Allegations of sexual harassment decreased from last year, and WCCCF did not have any reports of sexual harassment or sexual abuse involving a staff member. One allegation was referred for a criminal investigation, which is currently an ongoing investigation. • In 2025, all WCCCF staff received training on the following information: <ul style="list-style-type: none"> ◦ PREA basics ◦ Effects of abuse ◦ Boundaries and professionalism ◦ Resident privacy ◦ Ways residents can report ◦ Duty to report knowledge, suspicion, or information ◦ First responder duties ◦ Investigations ◦ Encouraging residents to report sexual abuse ◦ Zero tolerance policy for sexual abuse and sexual harassment of residents • The facility has created a training plan for 2026, which includes all training provisions listed in standard 115.231 • WCCCF will continue to identify problem areas and take corrective action on an ongoing basis to provide a safe, humane, and appropriately secure

	<p style="text-align: center;">environment free from the threat of sexual misconduct for all residents</p> <p>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.</p> <p>The information in the report has been reviewed and approved by the agency's Executive Director and posted on the facility's website.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Annual report 2025</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p>
--	---

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <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 at 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 it 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 accessed 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
----------------	--------------------------------------

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The agency posts 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.</p> <p>No resident, staff member, or community partner provided confidential information or requested to speak with the auditor during the onsite visit.</p> <p>The auditor received documentation on the facility prior to the onsite visit through the PREA OAS web based audit system. The auditor was also provided with the requested documentation during the onsite visit.</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 residents, staff, and visitors would frequent. The notices included the auditors' mailing and email addresses.</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 the 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	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
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.)	yes
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	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
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,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

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

	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?	
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	yes

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

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

	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.)	
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	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	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	Policies to ensure referrals of allegations for investigations	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	Resident education	

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

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	third parties?	
	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	Exhaustion of administrative remedies	

(d)		
	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	na

	exempt from this standard.)	
	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	

	<p>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?</p>	yes
115.261 (c)	Staff and agency reporting duties	
	<p>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?</p>	yes
	<p>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?</p>	yes
115.261 (d)	Staff and agency reporting duties	
	<p>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?</p>	yes
115.261 (e)	Staff and agency reporting duties	
	<p>Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?</p>	yes
115.262 (a)	Agency protection duties	
	<p>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?</p>	yes
115.263 (a)	Reporting to other confinement facilities	
	<p>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?</p>	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	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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	Disciplinary sanctions for staff	

(b)		
	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	yes

	facility?	
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	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	yes

	and security of a facility?	
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