

PREA Facility Audit Report: Final

Name of Facility: River City Correctional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/29/2023

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Kayleen Murray

Date of Signature:
08/29/
2023

AUDITOR INFORMATION

Auditor name: Murray, Kayleen

Email: kmurray.prea@yahoo.com

Start Date of On-Site Audit: 07/17/2023

End Date of On-Site Audit: 07/19/2023

FACILITY INFORMATION

Facility name: River City Correctional Center

Facility physical address: 3220 Colerain Avenue, Cincinnati, Ohio - 45225

Facility mailing address: same,

Primary Contact

Name:	Scott McVey
Email Address:	SMcVey@cms.hamilton-co.org
Telephone Number:	513-946-6868

Facility Director

Name:	Scott McVey
Email Address:	SMcVey@cms.hamilton-co.org
Telephone Number:	513-946-6868

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site

Name:	Jeff Merling
Email Address:	jmerling@hotmail.com
Telephone Number:	513-490-4214

Facility Characteristics

Designed facility capacity:	220
Current population of facility:	130
Average daily population for the past 12 months:	131
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	18 and up
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	98
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION

Name of agency:	River City Facilities Governing Board
Governing authority or parent agency (if applicable):	
Physical Address:	3220 Colerain Ave, Cincinnati, Ohio - 45225
Mailing Address:	same,
Telephone number:	5139466800

Agency Chief Executive Officer Information:

Name:	Scott McVey
Email Address:	SMcVey@cms.hamilton-co.org
Telephone Number:	5139466800

Agency-Wide PREA Coordinator Information

Name:	Brandi Lyons	Email Address:	blyons@cms.hamilton-co.org
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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:

1

- 115.286 - Sexual abuse incident reviews

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-17
2. End date of the onsite portion of the audit:	2023-07-19

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:	Women Helping Women- Rape crisis University of Cincinnati Medical Center- SANE

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	220
15. Average daily population for the past 12 months:	87
16. Number of inmate/resident/detainee housing units:	4
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**

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	87
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility provided the auditor with a list of current residents and any that fit into one of the target areas. The auditor asked each staff member about their experience working with residents in the target categories, and no staff member identify a current resident in a category that was not already identified by administration. Staff, who have had previous experience working with a target category resident, recounted their experience with the auditor.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	98

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	15
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility had one intern at the facility during the onsite visit. The auditor interviewed the intern as documented in standard 115.232.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility has three housing units that hold residents for male offenders and one for female offenders. Each housing unit has three dorms. The auditor interviewed all targeted residents and selected the random residents based upon gender, housing units, dorms, race, age, and length of time in the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Due to the limited number of identified targeted residents, the auditor interviewed more random residents. Surplus residents in any targeted category were counted as random and interviewed with both the random resident protocol and the targeted resident protocol.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="834 743 1422 890"> <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. </div> <div data-bbox="834 932 1422 1005"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="834 1623 1422 1770"> <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. </div> <div data-bbox="834 1812 1422 1885"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

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>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
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>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>2</p>
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group. During the onsite visit, the auditor toured the facility, including the area with segregation cells. There were no residents being housed in this area.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender and race were also considered during random interviews of staff.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Resident supervisor staff from every shift were interviewed, as well as multiple program staff.
Specialized Staff, Volunteers, and Contractor Interviews	
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.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <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)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The auditor was given full access to the facility during the onsite visit. The Executive Director and PREA Coordinator escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor tested the internal and external reporting options. The auditor reviewed paper files (staff and residents) and electronic documentation during the onsite visit. This includes camera views.

Documentation Sampling

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

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

☒ Yes
☐ No

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

<p>99. 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation 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 abuse investigation files)</p>
<p>102. 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation 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 staff-on-inmate sexual abuse investigation files)</p>

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility did not have any allegations for the past twelve months. The auditor was able to review investigations from 2020 through calendar year 2022.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
<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>Agency PREA policy 1.1 states that River City has zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines the procedures put in place to prevent, detect, and respond to sexual abuse and sexual harassment, and requires the facility to maintain full compliance with the federal PREA guidelines and standards.</p> <p>The policy requires the PREA Coordinator to oversee agency efforts to comply with PREA standards. The facility has identified the Clinical Compliance Director, who has 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:</p> <ul style="list-style-type: none"> • Oversees compliance for ODRC, ACA, PREA, and SOP • Recommends modifications of policies, procedures, and operations to the Executive Director • Serves as liaison to other personnel, internal, and external programs,

agencies, and community functions

- Ensures documentation is at highest standards for accuracy, individualism, and timeliness
- Analyzes and provides feedback regarding organizational effectiveness on an on-going basis
- Assist with disciplinary action whenever necessary to ensure the effectiveness and integrity of the program
- Trains, supervises, and evaluates assigned personnel
- Provides direct observation, coaching, and feedback
- Oversees file audits, peer review and all program related quality assurance measures
- Manages a comprehensive training program for all staff
- Investigates grievances and complaints filed by the residents in an unbiased manner to ensure that policy and procedure are being properly followed

According to the Organizational Chart provided to the auditor, the PREA Coordinator reports to the Executive Director. During an interview with the PREA Coordinator, she reports that while she is new to the position, she is very familiar with PREA and the standards. She reports that she has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the Community Confinement PREA standards. The Coordinator states that she maintains a close relationship with the executive team to ensure all policy, procedure, and practice is in line with the standards.

The auditor was able to interview the Executive Director. He reports that the PREA Coordinator is given great latitude in developing and implementing policies, procedures, and practices that assures the facility is in compliance with all PREA standards. He works closely with the PREA Coordinator to assist in removing any barriers to compliance.

The PREA Coordinator and the Executive Director both report that the facility is in a state of flux, and they are working closely with the executive team to ensure the facility has a reporting culture and that staff and residents alike feel safe at the facility.

Review:

Policy and procedure

Facility organizational chart

Clinical Compliance Director job description

Interview with PREA Coordinator

Interview with Executive Director

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility houses residents for the State of Ohio and does not contract with other facilities to house offenders on behalf of River City.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility PREA policy 1.3 requires the facility to provide residents with the supervision necessary to protect residents from sexual abuse and sexual harassment. This includes reviewing the facility for physical barriers that may allow abuse to go undetected, the adequacy of staffing levels, and the need for monitoring technology to supplement facility staff supervision. Annually, the plan will be reviewed and updated if necessary. The plan must include:</p> <ul style="list-style-type: none"> • The physical layout of the facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities • The composition of the resident population • The prevalence of substantiated and unsubstantiated incidents of sexual abuse • Any other relevant factor <p>The annual review includes:</p> <ul style="list-style-type: none"> • The prevailing staffing patterns • The facility's deployment of video monitoring systems and other monitoring technologies • The resources the facility has available to commit to ensure adequate staffing levels <p>The facility provided the auditor with a facility floor plan, camera screenshots, and the facility's most recent staffing plan. The plan included:</p> <p>Lay out of the facility</p> <ul style="list-style-type: none"> • The facility is a single story building that has three male housing units and one female unit. The residents in the male unit are grouped together by risk level. The housing units are self-contained, and residents have

programming and rec within the unit. There is a shared kitchen space; however, each housing unit eats separately. The building is reviewed annually for blind spots and unseen areas from camera views.

Composition of Residents

- The facility can hold 165 male and 55 female residents. The current level of security staff is adequate to secure the facility. PREA Assessments are completed on the day of arrival by the medical department. Assessment results are forwarded to the Program Director so appropriate bed assignments are made.

Incidents of Sexual Abuse

- The facility housed 470 residents in calendar year 2022. There were two reported PREA incidents; however, neither was determined to be substantiated. During the first half of calendar year 2023, the facility has had two allegations. One allegation was determined to be unsubstantiated, while the other was determined to be substantiated.

Deviations from staffing plan

- The facility documented the use of video surveillance with fifteen minute rounds conducted by the supervisor on duty when staffing levels dipped below minimum levels due to staff call-offs. There was only one incident of a deviation from the staffing plan

Facility policy requires for at least five staff members to be in the facility 24-hours a day, 7 days a week, 365 days a year. There is always at least one female and male staff member on duty. Any deviations of staffing must be approved in advance by the Chief of Security or the Executive Director. In emergency situations, and for a limited time, approval may be given to use video supervision until staffing can be re-supported. These instances will be approved by the Chief of Security and/or the Executive Director, and logged in the daily report. When using video supervision, 15 minute rounds are required.

The prevailing staffing pattern is as follows:

- 7am - 7pm 7 Resident Supervisors
- 7pm - 7am 7 Resident Supervisors

Treatment and administrative staff work Monday-Friday.

The facility has cameras that are strategically located in common areas throughout the interior and perimeter of the facility. The monitoring system shows live views as well as playback for 15-30 days, depending upon the activity in each location. A

	<p>Resident Supervisor is staffed at the control center, where they monitor cameras in both the male and female pods. Supervisors have access to the system from their office computers. The auditor reviewed cameras angles during the onsite visit.</p> <p>Resident Supervisors report during interviews that they are required to conduct security checks at least one time per hour on an irregular schedule, and resident counts are conduct every other hour. This includes the overnight shift.</p> <p>The Executive Director, PREA Coordinator, Program Director, Security Director, and the Director of Operations review the staffing plan at the beginning of each calendar year. The review includes ensuring a dependable and reliable plan, prior to the budgeting process. If there is an increase in unusual or PREA related incidents/ allegations, or if deviation from current staffing plan has offset the budget, an update to the staffing plan will be completed.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Staffing plan 2023</p> <p>Floor plan</p> <p>Camera review</p> <p>Tour of facility</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with Resident Services Coordinator</p> <p>Interview with Resident Supervisors</p>
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115.215 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility PREA policy 1.4 states that the facility will not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The policy requires all appropriate staff to be trained to conduct the searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Strip searches are only to be conducted at intake, and when there is probable cause to believe a resident may be concealing contraband, or randomly when a resident has been out of the secure area of the</p>

facility. All strip searches are conducted by security staff in the restroom in the intake area, or by a physician in the medical office. All strip searches are to be documented. The policy prohibits the facility from conducting searches or physically examining a transgender/intersex resident for the sole purpose of determining a resident's genital status.

As part of supportive documentation, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training includes video on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents and safe management of LGBTI residents, and facilitated hands-on training on pat search techniques. These training also include instructions on how to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. As part of the agency's training program, Resident Supervisor staff receive this training during orientation and annually thereafter.

The policy also requires the facility to permit residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except when such viewing is incidental to routine dorm checks. When a member of the opposite sex enters a dormitory or bathroom of the other gender, the staff member must make an announcement to indicate their presence.

During the site visit, the auditor interviewed sixteen residents. The auditor inquired about searches as well as cross-gender announcements. All the residents interviewed have received at least one pat search during their stay at the facility.

The female residents interviewed stated that they have never received a pat search from a male staff member. The female residents interviewed also stated that during staff walk-throughs, staff would announce their presence before entering into the room. The staff and the female residents both report that no male staff member has ever searched the bathroom. When questioned on incidental viewing, female residents did not report any incident of incidental viewing from a member of the opposite sex. Male staff members announce before entering the dorm room. The auditor was able to see this practice during the onsite visit.

All the male residents interviewed stated that at some time during their stay, they have had a pat search by a male staff member. The male residents state that they have never had a search by a female staff member. When asked about cross-gender announcements, all residents stated that anytime a female staff enters the housing unit and dorm area, she announces herself before entering into the room.

None of the male residents interviewed reported any incidental viewing from a member of the opposite sex. During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice.

The facility has three male housing units and one female housing unit. Each housing unit has one dorm and bathroom on the first level, and two dorms and two bathrooms on the mezzanine level. During program hours, the residents are

required to use the bathroom on the first level. The residents on the first level are required to use the bathroom on the first level, and the residents on the mezzanine level are required to use the bathroom nearest their dorm during non-programming hours. The bathroom doors have windows; however, residents cannot be seen using the restroom or showering from outside the bathroom. Down one wall of the male bathrooms on the mezzanine level are three sinks with mirrors above; two urinals with a partition in between; two toilet stalls separated by a half wall (there are no doors on the stalls); and three shower stalls with curtains. The bathroom on the first level has the same set-up; however, only has one handicap shower stall. The bathrooms in the female housing unit have the same set-up as the male bathrooms, except for the urinals. In place of the urinals, the female bathrooms are equipped with four toilet stalls.

Resident are admitted to the program through the intake area. The intake area have three segregation cells, all with a window in the door. Inside each cell is a toilet/sink combo and a pad for a bed mattress. The toilet/sink combo is placed in the corner on the same side as the door. One cannot see a resident using the restroom when looking into the window- must open the door. The bathroom in the intake area is where staff conduct urinalysis and strip searches. The bathroom has two toilet stalls separated by a half wall, and one shower.

Resident Supervisors were interviewed during the onsite visit. All interviewed stated that they receive annual training on how to conduct proper pat and strip searches. The staff state that they are not allowed to conduct any type of search on a resident of the opposite gender. Male RS staff do not work on the female housing unit, but may assist on the unit if necessary. Female staff report that they can work on a male housing unit, but will request a male staff member to assist when a search is necessary. The RS staff report to the auditor that they have received training on how to conduct pat searches on transgender residents. A few staff members were able to discuss their experience, and state that they did not have any issues while conducting searches on transgender residents. The staff report that they are not allowed to conduct body cavity searches. The auditor was able to view several pat searches conducted during the onsite visit. The searches were conducted according to agency policy.

Male and female RS staff state that they announce themselves when entering an opposite gender housing unit. They report that they will make another announcement when entering the dorms. The staff report that they do not enter into the bathroom of an opposite gender housing unit. No staff member reported any incidental viewing while conducting rounds in the housing units.

The Assistant Security Chief reports that during new hire orientation, all staff, not just security staff, are provided with pat search training. She reports that Resident Supervisor staff will also receive training on conducting urinalysis and strip searches. She state that the staff will watch the video "Guidance in Cross-Gender and Transgender Pat Searches" produced by the PREA Resource Center. She reports that RS staff receive hands-on instruction and training during on the job training, and annual training during staff meetings. She was able to discuss her experience

	<p>with conducting searches on transgender residents. The facility does not currently have a transgender resident.</p> <p>The Executive Director discussed the facility's plans for offering transgender/intersex residents a private opportunity to shower. The Executive Director reports that the executive team will meet and discuss the appropriate housing unit placement for any transgender resident, along with the pat search protocol. He states that the resident's concerns/preferences will be taken into consideration, along with the facility's ability to safely and securely manage the resident and the facility. He states that the resident would be placed in the door on the first level. The dorm on this level is smaller and near the Resident Supervisor post desk. The resident will also be provided with a private shower time when other residents would not be able to use the bathroom for that time period. The Executive Director reports that the shower in the intake area is also an option to providing transgender/intersex residents with private showers.</p> <p>The facility provided the auditor with a form that is used to document that preferences and concerns of transgender/intersex residents. The form documents the resident's preferred pronoun, preferred name, and preferred gender of staff conducting searches. The form informs the resident that whenever possible the resident's preference will be respected; however, if that gender is not available, there is an emergency situation, or failure to conduct a search could jeopardize the safety of the staff and other residents, the preference will not be respected.</p> <p>The auditor reviewed training sign-in sheets and employee files to verify training.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training sign-in sheets</p> <p>Training curriculum</p> <p>Facility tour</p> <p>Interview with residents</p> <p>Interview with RS staff</p> <p>Interview with Assistant Security Chief</p> <p>Interview with Executive Director</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Facility PREA policy 1.5 states that the facility will ensure that residents who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through nonresidential interpreters. Accommodations are made to convey all written information about sexual abuse policies, including how to report sexual abuse, verbally to residents who have limited reading skills or who are visually impaired. Facility employees are trained to review all intake information with the residents, and the facility's zero tolerance policy is explained and signed by the resident. If the facility has a resident whose disabilities go beyond the facility's scope of practice, organizations within the community will be contracted to provide those services. The community agencies include:

- Cincinnati Association for the Blind
- Hearing Speech and Deaf Center
- Affordable Language Services

If the resident's disability prevents them from accessing the treatment programming at the facility, the resident will be referred to a program that can accommodate the disability. It is against the policy of the facility to use residents as interpreters.

The Residential Services Coordinator reports that during intake the facility will assess the resident's ability to speak, read, and understand English; to read and understand the resident handbook; and if auxiliary items are needed to assist the resident. Should the resident need some type of assistance in order to benefit from all aspects of the facility's policies to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment, the facility would provide that assistance at no charge to the resident.

The resident supervisor staff assist with processing new admissions into the facility. The RS staff interviewed report that they provide basic information about the facility, the resident handbook, disciplinary process/sanctions, the grievance policy, and PREA education. The residents will also watch the "PREA video" produced by Just Detention International. The video has closed captions and is available in Spanish. The staff report to the auditor that they will read most of the information to the group and will work one-on-one with any resident that has a disability that prevents the resident from understanding the information on their own. The staff state that they have not had a resident that did not speak and understand English but has needed to work with them individually to make sure they understand due to some English words being confusing or meaning something else in the resident's native language. They report they will also work one-on-one with a resident that has a cognitive disability or low/no reading skills.

Staff members were able to discuss their experience working with residents that are LEP/ESL, low/non readers, have cognitive, mental, or physical disabilities, and are deaf or blind. The staff report that their experience is limited and that they have not had a resident that needed interpretative/translation services or other type of

	<p>auxiliary aid to be able to participate in any part of the program. They report that there are some residents that require extra assistance to understand (ESL or cognitive disability), but that they will work with them one on one at the level of assistance required by the resident.</p> <p>The program director reports that case managers are trained to reinforce PREA education with residents during meetings. This information includes:</p> <ul style="list-style-type: none"> • What PREA is and what it is not • Disciplinary action associated with PREA • Investigation process • Zero tolerance policy • How/ways to report • Mandated reporting and confidentiality • Community support services <p>The Residential Services Coordinator reports that he is responsible for assigning residents to housing units and dorms. He reports that residents with disabilities will be assessed for appropriate accommodations based on their increased risk for victimization.</p> <p>The auditor interviewed all residents that were identified as having a reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. No client in the targeted category was in need of any additional services in order to benefit from the facility's efforts to prevent, detect, or respond to sexual abuse or sexual harassment. All specialized client interviewed were able to describe the PREA education provided to them at orientation group and knew all ways they were able to report an allegation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Community resources MOU</p> <p>PREA education material</p> <p>PREA resident education video</p> <p>Interview with Residential Services Coordinator</p> <p>Interview with Program Director</p> <p>Interview with Resident Supervisors</p> <p>Interview with targeted residents</p>
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	<div data-bbox="345 128 979 163" data-label="Section-Header"> <p>Auditor Overall Determination: Meets Standard</p> </div> <div data-bbox="345 201 604 231" data-label="Section-Header"> <p>Auditor Discussion</p> </div> <div data-bbox="345 268 1424 338" data-label="Text"> <p>PREA policy 1.6 prohibits the agency from hiring anyone, or enlisting the services of any contractor, to a position of direct contact with residents who has:</p> </div> <div data-bbox="410 401 1414 659" data-label="List-Group"> <ul style="list-style-type: none"> • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution • Has been convicted for 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 • Has been civilly or administratively adjudicated to have engaged in the previously described activities </div> <div data-bbox="345 695 1424 991" data-label="Text"> <p>The facility requires all applicants to disclose any allegation of sexual misconduct in the community and while working in an institution. Applicant will document this on during the interview process. The application informs applicants that material omissions with regard to sexual misconduct, or materially false information, are ground for termination. Should an applicant be chosen for employment, the new staff member is informed of their continued responsibility to disclose such information. The facility documents this annually on employee performance evaluations.</p> </div> <div data-bbox="345 1026 1414 1438" data-label="Text"> <p>To ensure the facility does not hire a prohibited applicant, the facility will conduct a criminal background check on any candidate that is interviewing for a position. Successful candidates will have a background check conducted every five years. The initial and ongoing checks are conducted by the Ohio Bureau of Criminal Investigations. The facility conducts background checks every five years on all staff, regardless of when the staff started employment. This will guarantee that all staff receive the required check. The policy allows for a polygraph examination of any applicant that has a background with a felony conviction. If an applicant has work experience in an institutional setting, all reasonable efforts will be made to speak with the prior institutional employer for any information of potential misconduct under their employ.</p> </div> <div data-bbox="345 1474 1424 1541" data-label="Text"> <p>Contractors, volunteers, and interns are also subject to criminal background checks before being allowed to interact with the residents.</p> </div> <div data-bbox="345 1577 1433 1911" data-label="Text"> <p>The Executive Director reviewed the facility's promotion process. He reports that the open position will be posted internally and staff must apply for the position. The direct supervisor for the position will review to ensure the candidates meet the minimum qualifications. Those who meet the minimum qualifications will have an interview, and during the interview, the candidate will be asked about their history of sexual misconduct in the community and workplace. The candidate's disciplinary record and evaluations will also be reviewed. The Executive Director reports that some positions will be directly filled without the application and interview process. He states that these promotions will still be reviewed to ensure no staff member is</p> </div>
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	<p>promoted into a position with a disciplinary record of sexual misconduct.</p> <p>The auditor reviewed files during the onsite visit. The auditor was able to review the initial and, if appropriate, five-year criminal background check; annual performance evaluations; interview questionnaire; employment application; reference checks of institutional employers; and disciplinary record. The auditor also was able to review contractor, volunteer, and intern background checks.</p> <p>The facility will honor all request for employment verification for previous employees unless prohibited. The information provided would include information on substantiated allegations of sexual abuse and sexual harassment if requested from an Institutional employer.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Background checks</p> <p>Applications</p> <p>Reference checks</p> <p>Disciplinary records</p> <p>Annual evaluations</p> <p>Promotion paperwork</p> <p>Interview with Executive Director</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Facility PREA policy 1.7 states that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, the facility will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The Executive Director will solicit feedback from the agency's PREA Coordinator to ensure sexual safety considerations have been made.</p> <p>The Executive Director reports that the facility has not, nor is it planning, any substantial expansion or modification of the building.</p>

	<p>The policy also states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Executive Director will solicit feedback from the agency's PREA Coordinator to ensure sexual safety considerations have been made.</p> <p>The facility is in the process of adding additional cameras to the resident dorms. This will decrease the number of blind spots in the facility and allow the facility to increase its ability to detect and respond to incidents of sexual abuse and sexual harassment.</p> <p>The Executive Director reports that as the funding becomes available, he will continue to augment the facility's electronic monitoring system.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Camera quotes</p> <p>Emails</p> <p>Meeting minutes</p> <p>Interview with Executive Director</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 2.1-2.4 requires the agency to ensure investigations are conducted by properly trained investigators and report all allegations of sexual abuse to the appropriate law enforcement agency(ies) for investigation.</p> <p>The facility has requested the Cincinnati Police Department enter into a Memorandum of Understanding with the facility to investigate all criminal allegations of sexual abuse or sexual harassment at the facility using a uniform evidence protocol 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. The police department has not responded to the MOU.</p> <p>The agency ensures that investigations are conducted by properly trained individuals or local law enforcement who have the legal authority to conduct criminal investigations. Allegations that appear to be criminal in nature will be</p>

referred to Cincinnati Police Department. The Hamilton County Sheriff's Department has pledged to provide mutual aid and assistance if there is ever an emergency at the facility.

Residents of River City Correction Center that are in need of a medical forensic exam will be transported to the University of Cincinnati Medical Center. The hospital has nurses that are specially trained to provide around the clock, first-response care to sexual assault survivors. The nurses are trained to:

- Address psychological and physical trauma
- Conduct safe and comprehensive physical examinations (including the use of colposcope and digital photography)
- Provide dignity and compassionate support
- Work with residents who have disabilities or are deaf

The hospital has partnered with Women Helping Women to provide rape crisis advocates to victims of sexual assaults.

The facility has an MOU with Women Helping Women to provide advocate services to any client victim of sexual abuse or sexual harassment. The MOU outlines the agency agrees to provide to all residents at no cost. The services include:

- Hospital support
- One-on-one crisis intervention sessions
- Long-term counseling
- Legal accompaniment
- Support groups
- Support services for residents who identify as LGBT

The auditor communicated via email with the director from Women Helping Women. The advocate confirmed the scope of services the agency would provide and that the services are free of charge.

The facility would contact a victim advocate from Women Helping Women anytime a resident needs a victim advocate or emotional support. The facility does not currently have a staff member that has taken the training to act as a victim support person. The facility is in the processes of getting staff members trained to fulfill this role. Victim Advocate would always to be contacted; however, a trained staff member could be available at the resident's request after the training is complete.

The facility provided the auditor with the administrative investigator training certificates.

Review:

Policy and procedure

MOU with Women Helping Women

	<p>University of Cincinnati Medical Center SANE program</p> <p>Training certificates</p> <p>Email request</p> <p>Support letter</p> <p>Interview with PREA Coordinator</p> <p>Email with Women Helping Women Director</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 2.5 requires administrative and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The policy states that investigations are conducted by a properly trained individual or by the legal authority to conduct criminal investigations.</p> <p>The agency post the investigatory policy on its website,https://www.hamiltoncountyohio.gov/government/departments/river_city_correctional_center/policies__procedures. The website states that all investigations will receive an administrative investigation and allegations local law enforcement will conduct independent criminal investigations, and be responsible for referral for prosecution.</p> <p>The facility has had the following investigations since the last PREA audit in 2020 through calendar year 2022:</p> <p>Investigation #1: A resident made a written request to see a nurse. When the nurse met with the resident, he handed her a complaint form. The nurse called the resident to the medical department, where he reported another resident was making inappropriate sexual comments towards him. The Nurse made a request to move the resident to the first level dorm where he would be separated from the alleged abuse and use a different bathroom, and notified the PREA Coordinator. The victim was placed under close observation, and the victim and alleged abuser were placed in separate treatment classes. The resident was offered mental health and victim advocate services. The allegation was administratively investigated and determined to be unsubstantiated.</p> <p>Investigation #2: A resident made a verbal statement to staff that while in the examination room, the nurse touched her on her buttocks on two occasions. The resident was offered mental health and victim advocate services. The alleged abuser was placed on administrative leave during the investigation. The allegation</p>

was administratively investigated and determined to be unfounded.

Investigation #3: A staff member heard rumors about a resident being sexually harassed by another resident. The resident was interviewed and reported that another resident makes inappropriate sexual comments and gestures toward him. The resident was moved to the dorm on the first level to separate him and the alleged abuser, and placed under close observation. The victim was offered victim support services. The allegation was administratively investigated and determined to be substantiated. The allegation was not referred for a criminal investigation due to no criminal behavior being found to have occurred.

Investigation #4: A staff member made a report of witnessing staff inappropriately touch a resident, and request the resident to meet him at a utility closet. The resident was provided mental health and victim advocate services. The staff member was placed on administrative leave during the investigation. The allegation was administratively investigated and determined to be substantiated. The staff member's employment was terminated, and the facility made a referral for a criminal investigation. The Hamilton County's Sheriff's Department conducted a criminal investigation, and the investigation ended when the alleged victim withdrew her complaint.

Investigation #5: The facility received a third party report from a resident that a staff member and a resident were having an inappropriate sexual relationship. The resident was offered, but declined mental health and victim advocate services. The alleged abuser was posted in central control and not allowed to work a post in any housing unit. The allegation was administratively investigated and determined to be unsubstantiated.

Investigation #6: A staff member reported a suspicion that a staff member and a resident had an inappropriate sexual relationship. The alleged victim denied all allegations and declined mental health and victim advocate services. The staff member was not allowed to work in the alleged victim's housing unit during the investigation. The allegation was administratively investigated and determined to be unsubstantiated; however, the staff member was terminated for violating the agency's boundary policy.

Investigation #7: A resident made a written report that another resident tried to sexually assault him. He reports that no sexual activity actually took place. The resident was provided medical services, but declined mental health and victim advocate services. The alleged abuser was placed in a segregation cell during the investigation. The allegation was determined to be substantiated, and the abuser was terminated from the program. During the investigation, it was determined that the resident made a prior verbal report to staff who did not report the allegation. The staff member was terminated for failing to report immediately. The allegation was not referred for a criminal investigation.

Investigation #8: A resident made a written report that another resident was making inappropriate sexual comments and gestures toward her. Resident declined mental health and victim advocate services. The alleged abuser was placed in a

	<p>segregation cell during the investigation. The allegation was administratively investigated and determined to be substantiated. The abuser was terminated from the facility. The allegation was not referred for a criminal investigation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility website</p> <p>Investigation reports</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 3.1 requires the facility to train all employees who have contact with residents on:</p> <ul style="list-style-type: none"> • Facility 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 • Rights of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment • The dynamics of sexual abuse and sexual harassment in a confinement setting • The 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 lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities <p>All staff at River City Corrections Center receive training on both male and female responses due to the facility housing both male and female residents. Training is provided to employees within one year of employment and biannually thereafter. On the year refresher training is not offered, the facility will provide employees with the facility's current sexual abuse and sexual harassment policies and procedures. All training is verified by employees through employee signature or electronic verification.</p>

During new hire orientation, staff will be trained on the following topics related to this standard:

- Personnel manual and updates
- PREA zero tolerance policy
- Cross-gender pat search and proper pat search procedure
- PREA- working non-scheduled hours protocol
- Senate Bill 201
- Code of ethics
- Employee handbook
 - grievance policy
 - disciplinary action
 - PREA
 - unauthorized relationships
 - code ethics
 - confidentiality
 - duty to report

Annually, the facility provides PREA training through Relias. The training subject list includes:

- Trauma informed care
- Communicating effectively
- Crisis management
- cultural awareness
- Ethics
- Fostering professional relationships
- Guidance on cross-gender/transgender pat searches
- Maintaining professional boundaries
- Managing inmates who require accommodations for disabilities
- PREA investigations
- PREA dynamics of sexual abuse
- PREA understanding reporting obligations
- PREA RCCC specific training
- Professional Ethics
- Safe management of LGBTI populations
- Basics of ethical decision-making
- Working more effectively with LGBTI community

All training is tracked by the Relias web based Learning Management System. The facility provided the training course record for every employee for the past three years. The auditor was able to verify training staff receiving every year.

During staff interviews, staff were questioned on the training they received during onboarding and annually concerning PREA. All staff were capable of describing first responder duties, policies, and protocols for managing transgender/intersex residents, reporting obligations, boundaries and keeping residents safe from

	<p>retaliation. Staff state that they get monthly refresher training during staff meetings.</p> <p>The facility provided the auditor with the minutes of staff meetings. Each meeting has a standing PREA review section.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training course records</p> <p>Training curriculum</p> <p>Employee files</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 3.2 states that the facility will ensure 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. The type and level of training provided to volunteers and contractors will be based on the services they have provided and level of contact they have with residents, but all volunteers and contractors who have contact with residents will be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility will maintain written documentation confirming that volunteers and contractors understand the training they received.</p> <p>Volunteers, contractors, and other direct contact entities will watch a training video and will sign proper documentation which acknowledges the facility's zero tolerance against resident sexual harassment and sexual abuse.</p> <p>The notice provided to vendors, volunteers, student interns states:</p> <ul style="list-style-type: none"> • The facility reserves the right to refuse entry into residential or nonresidential facilities, any vendor, volunteer, or student intern who interacts inappropriately with RCCC residents • Vendors, volunteers, and student interns must immediately report any allegations of or if they learn of or observe any sexual harassment or sexual

	<p>abuse to the facility's PREA Coordinator</p> <ul style="list-style-type: none"> • Vendors, volunteers, and student interns are trained on how to avoid inappropriate relationships with residents <p>The vendor, volunteer, or student intern will then sign acknowledgement of receiving training, and knowing how to fulfill their responsibility to prevent, detect, report, and respond to sexual abuse and sexual harassment. The facility provided the auditor with signed acknowledgements from several vendors, volunteers, and student interns.</p> <p>During the onsite visit, the auditor was able to interview a student intern. The intern reports that before beginning his internship, he completed an orientation. During his orientation, he reports that he reviewed agency policies, including PREA policies; the coordinated response plan; and reporting responsibilities. He states that he does not work one-on-one with residents, but if a resident would report to him, or if he became aware of a resident being sexually harassed or sexually abused, he would report the allegation to his supervisor immediately. The intern states that he works with development disabled people and understand the importance of protecting the residents.</p> <p>The facility provided the auditor with the volunteer intern checklist for orientation. The checklist includes:</p> <ul style="list-style-type: none"> • Background check • Expectations, facility rules, security and operational procedures • Physical layout of the facility • Program explanation • Volunteer handbook • PREA zero tolerance policy <p>Review:</p> <p>Policy and procedure</p> <p>Notice to vendors, volunteers, student interns: zero tolerance against client sexual abuse and sexual harassment</p> <p>Volunteer/intern checklist orientation</p> <p>Volunteer/intern services acknowledgement</p> <p>Interview with student intern</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA policy 3.3 states that during the intake process, residents will receive information explaining the facility's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The policy requires the facility to provide refresher information whenever a resident is transferred to a different facility.

The facility will provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

The facility will maintain documentation of residents participating in these education sessions.

The facility provided the auditor with material presented to residents during intake and orientation. The information provided at intake includes:

- The facility's zero tolerance policy for sexual abuse and sexual harassment
- How to report incidents or suspicions of sexual abuse or sexual harassment
- Resident's right to be free from sexual abuse and sexual harassment
- Resident's right to be free from retaliation for reporting sexual abuse and sexual harassment
- Policies and procedures for responding to such incidents

The residents are also required to watch a PREA education video produced by Just Detention International.

After receiving the information, residents sign and date an acknowledgement that they have received extensive PREA education; understand the information presented in the PREA education video; know various ways of reporting, including through the hotline number, grievance procedure, RCCC staff verbally or in writing, anonymously, or through third parties; and that there is no time limit for reporting allegations.

During orientation group, the residents receive another informational form that provides them with PREA information, including reporting options. This form includes all the information provided at intake, plus:

- Sexual misconduct among residents and by staff towards inmates is strictly prohibited
- All allegations of sexual abuse and/or sexual harassment will be administratively and/or criminally investigated
- Protection is available to all residents and staff who report sexual misconduct or cooperate with sexual misconduct investigations from

retaliation by other residents or staff

- Reporting options
 - written grievance
 - to facility staff
 - facility PREA Coordinator
 - facility website
 - state hotline 614-728-3399
 - rape crisis hotline 513-381-2610
 - third party
 - anonymous reporting by request
 - friends and family can report 513-946-6845
- Supportive services- Women Helping Women 513-381-5610 or www.OAESV.org

Residents are provided a handbook during intake. The handbook provides the residents with PREA information, reporting options, and services available free of charge.

The facility states that during the intake process, the RS staff will provide basic information about the facility, the resident handbook, disciplinary process/sanctions, the grievance policy, and PREA education. The residents will also watch the "PREA video" produced by Just Detention International. The video has closed captions and is available in Spanish.

The program director reports that case managers are trained to reinforce PREA education with residents during meetings. This information includes:

- What PREA is and what it is not
- Disciplinary action associated with PREA
- Investigation process
- Zero tolerance policy
- How/ways to report
- Mandated reporting and confidentiality
- Community support services

The facility will partner with community organizations within the community to provide interpretive and/or translation services, or provide auxiliary aids for residents who are limited English proficient, deaf, blind, or disabled to ensure all residents can benefit from the facility's efforts to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment. Staff will work one-on-one with any resident who has cognitive disabilities or is a low or non-reader. For specific information on how the facility provides education to these target residents, see standard 115.216.

The residents were able to list their rights under the PREA standards, including the right to free medical and/or mental health services after an incident of sexual abuse. The residents were able to discuss reporting methods and stated that staff at

	<p>intake, orientation group, and case management meetings have reiterated their rights to be free from sexual abuse and sexual harassment while they are confined to the facility.</p> <p>The auditor reviewed resident files during the onsite visit. The files contained signed and dated acknowledgements of receiving:</p> <ul style="list-style-type: none"> • Resident handbook • Disciplinary consequences for program violations • Notice of privacy practices • PREA orientation • PREA intake <p>The auditor insured residents received initial PREA information at intake and orientation group within 30 days of intake.</p> <p>During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Resident handbook acknowledgements</p> <p>Resident intake- PREA verification/understanding form</p> <p>Resident PREA education and understanding form</p> <p>PREA education video</p> <p>Handbook test</p> <p>PREA posters</p> <p>Resident files</p> <p>Interview with RS staff</p> <p>Interview with Program Director</p> <p>Interview with residents</p>
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	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>PREA policy 3.4 requires the facility to have trained investigators to conduct administrative investigations. The training must include techniques for interviewing sexual abuse victims; evidence required to substantiate an allegation for administrative action or criminal referral; the use of Miranda and Garity warnings; evidence collection; and report writing.</p> <p>The facility has five trained investigators who have received training from the National Institute of Corrections, Relias online Learning Management System, and PREA LearnCenter Online Training. The training curriculum includes:</p> <ul style="list-style-type: none"> • Techniques for interviewing sexual abuse victims • Proper use of Miranda and Garity warnings • Sexual abuse evidence collection in a confinement setting • Criteria and evidence required to substantiate a case for administrative action or prosecution referral <p>The auditor interviewed several investigators during the onsite visit. The investigators discussed the techniques learned from the training, including understanding the spectrum of trauma as it related to resident victims, collaborating with other investigators, providing justifications of investigation outcomes, and preserving evidence for collection. The investigators report that if an allegation involves a staff member and appears to be criminal, they would not interview the staff member, but wait until a criminal investigation was complete before conducting an administrative investigation.</p> <p>The facility provided the auditor with training certificates for all five administrative investigators.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA LearnCenter training curriculum</p> <p>NIC training curriculum</p> <p>Relias training curriculum</p> <p>Training certificates</p> <p>Interview with administrative investigators</p>
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115.235	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 3.5 requires all medical and mental health care practitioners employed or contracted with the facility be trained on how to detect and assess signs of sexual abuse, and how to preserve physical evidence of sexual abuse. The practitioners will be trained on how to respond effectively and professionally to victims of sexual abuse, and how and to whom to report allegations or suspicions of sexual abuse. The facility will maintain documentation that medical and mental health practitioners have received this specialized training.</p> <p>The auditor interviewed the nursing supervisor during the onsite visit. She reports that all medical staff are required to complete employee PREA training through Relias annually and specialized training for medical and mental health professionals through NIC. She reports that she has been trained on how to detect and assess signs of abuse and how and to whom to report suspicion or information. She reports that the facility does not conduct forensic medical examinations. All SANE exams will be completed by SANE nurse at the University of Cincinnati Medical Center. She reports that she has not had a resident report to her directly, but the medical department has received written allegations from residents through medical request slips. She states that when a resident makes an allegation to anyone in the medical department, the information would be immediately reported to the Supervisor on Duty and/or the PREA Coordinator.</p> <p>Residents would receive mental health counseling through telehealth. The psychologist that provides this services has completed contractor and specialized training.</p> <p>The facility has provided the auditor with training certificates for all medical and mental health practitioners.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training certificates</p> <p>Interview with Nursing Supervisor</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 4.1 states that all residents will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused or</p>

sexually abusive toward other residents. The intake screening will ordinarily take place within 72 hours of arrival at the facility. The assessment will be conducted using an objective screening instrument. At a minimum, the screening tool will assess:

- Whether the resident has a mental, physical, or development disability
- The age 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 a child or adult
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender-nonconforming
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability
- Prior acts of sexual abuse, prior convictions for violent offenses
- History of prior institutional violence or sexual abuse

The policy also states that within a set time period, not to exceed 30 days from the resident's admission, the facility will reassess the resident's risk of victimization or abusiveness. A resident's risk will also be reassessed when warranted due to referral, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to standard provisions (d)(1), (d)(7), (d)(8), or (d)(9).

All staff that conduct risk assessments are trained in the appropriate interview protocols and the interview is conducted privately.

The intake screen is completed by the facility's medical staff. The auditor interviewed the Nursing Supervisor during the onsite visit. She reports that she will conduct the screening along with the resident's medical assessment. She will explain the purpose of the assessment, how the information will be used, and that the information the resident provides will remain confidential with the exception of the resident's case manager and other staff that will determine housing unit and dorm placement.

The assessment tool has a scoring system for classification of residents

- No Classification
- Potential Abuser
- Potential Victim

The classification is reported to the Supervisor on Duty for appropriate accommodations. The assessment form is passed on to the resident's case manager for inclusion in the resident's file. Access to the file is limited to treatment

staff.

The resident's case manager is responsible for conducting the 30-day reassessment. The case manager reports to the auditor that she creates a firm, nurturing environment for her residents so that they feel comfortable reporting information to her. She will review the initial assessment and any collateral information available. She asks probing questions and ensures that the residents know that all information provided is reviewed by her supervisor but is otherwise confidential.

The auditor was provided a copy of the assessment tool. The tool includes the required questions per the standard. The form has a scoring system that provides an objective classification system. The auditor was able to review initial assessments, 30-day reassessments, and assessments completed on residents after substantiated allegations.

The Quality Assurance Coordinator reports that he completes file audits, which includes a review of the PREA risk assessments. He states that he ensures the assessment is completed properly and on time. The auditor was provided documentation of the file audits.

The auditor interviewed sixteen residents during the onsite visit. The residents have had an initial assessment, and some interviewed had both an initial and a reassessment. The residents agreed they receive an assessment and an explanation of the assessment was given to them.

The auditor also reviewed resident files. The files contained initial risk assessments for all residents, as well as reassessments for residents who have been at the facility for more than thirty days. The dates marked on the assessments show all assessments have been conducted within the specified time period.

The facility has placed appropriate controls on the dissemination within the facility of the 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.

Review:

Policy and procedure

Risk assessment form

Resident files

Interview with Quality Assurance Coordinator

Interview with case manager

Interview with residents

115.242	Use of screening information
	<p data-bbox="331 195 971 226">Auditor Overall Determination: Meets Standard</p> <p data-bbox="331 264 592 296">Auditor Discussion</p> <p data-bbox="331 333 1419 516">PREA policy 4.2 states that information on 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. The agency will make individualized determinations about how to ensure the safety of each resident.</p> <p data-bbox="331 554 1409 888">The PREA Coordinator reports that the facility has three male housing units. The housing units are separated by the resident's risk to re-offend. Within the units are three dorms. The honor dorm on the first floor of each form will be used as a protection dorm for residents that alleged sexual abuse and transgender residents. On the mezzanine level there are two dorms. A/B dorm will house residents that have been classified as potential victims, and C/D dorm will house residents that have been classified as potential abusers. There is only one female housing unit; however, the unit has the same set-up as the male units and the residents are separated in the dorms in the same manner.</p> <p data-bbox="331 926 1409 1182">The Residential Services Director states that new admissions come to the facility every Monday. After the resident completes an Ohio Risk Assessment System (ORAS) and the initial PREA risk assessment, the classifications are sent to him and the Security Chief. They will assess the classifications and assign the residents to a housing unit and dorm. Each housing unit is equipped with a classroom. The residents attend groups together within cohorts. Residents of opposite classifications will not be in the same cohort.</p> <p data-bbox="331 1220 1401 1283">The Executive Director reports that the residents and staff attend trauma informed care education/training.</p> <p data-bbox="331 1320 1414 1386">The agency has a policy to proper housing of transgender or intersex residents. The policy requires the agency to consider:</p> <ul data-bbox="396 1444 1263 1560" style="list-style-type: none"> • Which facility would ensure the client's health and safety • Would the placement present management or security problems • What are the residents concerns about their own safety <p data-bbox="331 1598 1365 1703">Once the agency decides on a male or female housing unit based on those considerations, the facility will place the resident in the honor dorm that has the most visibility and security.</p> <p data-bbox="331 1740 1425 1923">The facility has not housed a transgender resident in the past twelve months. The Executive Director reports that the executive team will meet and develop a plan that includes the residents concerns. The facility documents that resident's preferences and concerns on the Statement of Search Preference Form. He states that the facility allows the resident to have private shower time or allow the resident</p>

	<p>to shower in the intake area.</p> <p>Policy prevents the facility from placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents. The auditor conducted a web search on the facility. The auditor found no information on the facility being involved with a consent decree, legal settlement, or legal judgement.</p> <p>The Residential Services Director reports that residents are not isolated or housed based upon their sexual preference or gender identity.</p> <p>The auditor interviewed any resident identified or perceived as being LGBTI. The residents report that all staff and residents have treated them with respect, and they have not experienced any harassment or bullying. The residents do not feel like they have been placed in a dorm or housing unit based on their sexual identity.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Risk assessments</p> <p>Search preference form</p> <p>Facility tour</p> <p>Interview with Executive Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with Residential Services Director</p> <p>Interview with residents</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>PREA policy 5.1 requires the facility to provide multiple ways to report sexual abuse, sexual harassment, and retaliation to internal and external entities. Residents are not restricted to reporting such allegations via the facility's grievance procedure. Residents are encouraged to use the following established methods:</p> <ul style="list-style-type: none"> • River City toll-free hotline 513-946-6889

- Ohio Division of Parole and Community Services 614-728-3399
- Rape Crisis hotline 513-381-5610
- Grievance process
- Verbally or in writing to any staff member
- Third-party (family, friends, attorney, another resident)
- Anonymously by request

The auditor verified that the methods available were posted in various areas throughout the facility and listed in the client handbook. The handbook lists the phone numbers for all the reporting entities. The facility has audio and video phone available in each housing unit. The residents also have access to "chirps." A "chirp" is a hand held device similar to a cell phone that allows a resident to send text messages to friends and family. The residents are able to use the phones or the chirp to make a toll-free, anonymous, or third-party report.

Throughout the facility, the residents have access to PREA reporting boxes. These boxes are located in each housing unit, medical area, and intake area. The boxes allow for residents to make a written report (anonymously, if they so choose), at any time. The boxes are checked daily by a member of the SART.

The auditor contacted the external phone numbers listed in the handbook and on posters. The external number is received by an answering machine with instructions to leave a message with details of the allegation, that the caller remain anonymous, and the allegations will be investigated. The call to the outside reporting agency was returned the same day.

During interviews with residents. The auditor inquired about their knowledge of the facility's PREA policies. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents were able to recite all reporting options, including reporting anonymously. The residents report that during orientation group, the instructor makes sure they know the location of the reporting posters, reporting boxes, and that all allegations are taken seriously.

The auditor reviewed the PREA allegations made from 2020 throughout calendar year 2022. The auditor was able to confirm that residents have used the grievance system, verbally reported to staff, and reported on behalf of other residents to report allegations of sexual abuse and sexual harassment. Each report was administratively and/or criminally investigated.

The staff interviewed stated that they are required to report all allegations, regardless of how they were received. The staff state that they feel comfortable reporting allegations directly to their supervisors, but also have the option of reporting directly to the PREA Coordinator. The facility provided the training PowerPoint used during staff training. The slides that reference how staff are able to report include an option for privately reporting to the PREA Coordinator or by using the PREA boxes throughout the facility.

	<p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Resident handbook</p> <p>PREA posters</p> <p>Orientation PREA material</p> <p>Outside hotline testing</p> <p>Interview with residents</p> <p>Interview with staff</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 5.2 states that a resident has exhausted his or her administrative remedies with regard to a claim of sexual abuse either:</p> <ul style="list-style-type: none"> • When the facility makes a final decision on the merits of the report of abuse (regardless of whether the report was made by the resident, made by a third party, or forwarded from an outside official or office) or • When 90 days have passed since the report was made, whichever, occurs first <p>A report of sexual abuse triggers the 90-day exhaustion period, regardless of the length of time that has passed between the abuse and the report. A resident seeking immediate protection from imminent sexual abuse will be deemed to have exhausted his or her administrative remedies 48 hours after notifying any facility staff member of his or her need for protection.</p> <p>The policy states:</p> <ul style="list-style-type: none"> • Residents have the opportunity to express themselves regarding problems they are having with the program without being subject to any adverse action • The grievance process will not interfere in any way with the resident's status in the program, or with other aspects of the program • Resident grievances must be transmitted without alteration, interference, or

delay to the party responsible for receiving and investigating it

- Residents must initiate a grievance in writing to the Resident's Rights Officer via the Resident Grievance Form
- The Resident's Rights Officer will meet with the resident within 72 hours of the receipt of the grievance, and will review all aspects of the problems outlined by the resident
- The facility does not have a time limit that restricts residents from submitting a grievance or allegation of sexual abuse or sexual misconduct
- Residents can submit an emergency grievance by checking "Third Party Report concerning Sexual Misconduct/Harassment" on the grievance form. Grievance boxes are checked every day
- In exigent circumstances, residents submit an emergency grievance form to the staff on duty.
- Upon intake, all residents receive an Intake Information Form with the information regarding various ways of reporting any potential PREA incidents

The grievance procedure is outline in the resident handbook. The handbook states that resident have the right to file a grievance if they believe a fundamental right has been violated. The handbook identifies what a fundamental right is and the location of grievance forms. The process for addressing the grievance and expected response from staff is outlined. The handbook encourages the resident to speak with staff if the grievance involves an urgent matter, such as sexual abuse. If the grievance concerns imminent sexual abuse, the handbook states:

- RCCC protects residents from abuse, neglect, undue seclusion, or undue restraint. RCCC staff should protect residents from physical injury, corporal punishment, sexual assault, extortion, harassment, treats of harm, personal abuse, and other harms
- Appropriate steps will be made to protect the resident including but not limited to moving the resident to another dorm, moving to another pod, or increased contact by security and clinical staff to provide ongoing support
- PREA allegations will be reported to the SART and promptly investigated

The auditor viewed signed acknowledgements of residents receiving a copy of the resident handbook and the grievance policy.

During resident interviews, all residents stated they understood the grievance policy. During the resident interviews, two acknowledge writing a grievance. The residents state that a staff member contacted them within a "day or two" and that they thought the response was appropriate even if it was not in their favor. Neither of the grievances reported sexual abuse.

The auditor was able to review investigation reports. The facility received one allegation reported through the grievance system. The allegation was immediately forward to the SART and administratively investigated.

The facility received one report of a resident being in fear of imminent sexual abuse

	<p>during this audit cycle. The resident was immediately moved to the honor dorm and placed under close observation. The alleged abuser was placed in the facility's segregation cell during the investigation.</p> <p>The Residential Services Director is responsible for responding to grievances. He reports responding to grievances within the same day if possible but no longer than 48 hours. The Residential Services Director reports ensuring during orientation group that residents understand their rights and how to make a complaint should they feel their rights have been violated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Grievance reports</p> <p>Investigation reports</p> <p>Interview with residents</p> <p>Interview with Residential Services Director</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 5.3 requires the facility to provide residents with access to outside victim's advocates for emotional support services related to sexual abuse by giving residents mailing address and telephone numbers, including toll-free numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations. The facility is required to inform residents, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>Residents are provided with handouts and a resident handbook that provides the toll-free hotline number and address for rape crisis and emotional support organizations. The handbook also informs the residents that the facility will allow the resident's confidential contact/communication with these support agencies via private sessions, telephone contact, and letters or other documents. Confidential mail will be opened only by the resident in the presence of staff in order to examine the contents for contraband. Staff will not read the mail without the consent of the resident. Residents are informed when using the phones in the housing unit that any call they make can be monitored. Private calls, such as with an attorney, residents can go to the post desk or to their clinician to make a private phone call.</p>

In addition to the handout and handbook, the information is provided to the residents, in English and Spanish, through posters that are located throughout the facility, and on the resident phones located inside the housing units.

The facility has a MOU with Women Helping Women to provide their telephone number and address to the residents for outside victim advocacy and emotional support.

The residents report that the facility has provided them with the contact information to rape crisis and emotional support services during intake, through posters, and on resident phones. No resident interviewed reported requesting this type of service. When discussing advocacy and emotional support services, the residents either report not needing these services, or report that they would use the facility's counselor if they needed support.

The auditor was able to review risk assessments and investigation reports. On these reports, the auditor was able to verify that residents were offered outside supportive services after reporting a history of victimization or reporting an allegation of sexual abuse or sexual harassment.

After the onsite visit, the auditor contacted the Director of Women Helping Women via email and requested confirmation of services listed on the MOU and that the services are provided free of charge. The Director returned the email and confirmed the 24-hour hotline number and address and that the advocates at the division will provide emotional supportive services to all residents at RCCC. The Director reports that no resident from the facility has reached out to the agency for any services. The Director also reports that should a resident contact the agency for services, the agency would inform the resident about the level of confidentiality they could expect from the agency.

*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

Orientation material

Women Helping Women MOU

Facility tour

Interviews with residents

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 5.4 requires the facility to distribute public information on how to report sexual abuse and harassment on behalf of a resident. The policy states that should the facility receive a third-party report of incidents of sexual abuse, assault, or harassment occurred within the facility, the information will be immediately reported to the PREA Coordinator.</p> <p>The auditor reviewed the facility's website, https://www.hamiltoncountyohio.gov/government/departments/river_city_correctional_center/policies__procedures, and was able to see the posted information on how a third party can report an allegation. The facility has posted in conspicuous places, including where visitors would frequent, notices on how a person can make a third-party report of sexual abuse or sexual harassment on behalf of a resident. The notice states:</p> <ul style="list-style-type: none"> • To make a report of Sexual Abuse and Sexual Harassment on behalf of a resident, you can call 946-6889 <p>The auditor notes that various locations of reporting posters, including the lobby area of the facility.</p> <p>The auditor called the number provided on the website to verify the process. The auditor left a message and received a return phone call from the PREA Coordinator.</p> <p>The facility received two third-party allegation from 2020 through calendar year 2022. The allegation was reported from a resident on behalf of another resident. The allegations were administratively investigated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA posters</p> <p>Facility website</p> <p>Hotline number testing</p> <p>Investigation reports</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA policy 6.1 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse, harassment, retaliation, or any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment or retaliation to their supervisors. This includes third-party and anonymous reports of sexual abuse and sexual harassment. Apart from reporting to designated supervisors or officials, staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in facility policy, to make treatment, investigation, and other security and management decisions.

Employees are trained during onboarding and provided a handbook that outlines their responsibility to immediately report knowledge, suspicion, or information related to sexual abuse and sexual harassment to their supervisor, the supervisor on duty, and/or directly to the PREA Coordinator. The staff sign a Code of Ethics acknowledgement that states:

- Employees shall not withhold information which, in doing so, threatens the security of the facility, its staff, residents, visitors, or the community
- Employees shall not divulge confidential information without proper authorization
- Employees shall report, without reservation, any corrupt or unethical behavior which could affect either a resident or the integrity of the organization. This includes any employee being arrested and/or detained by any law enforcement agency
- Disciplinary action will be taken against any employee who violates this policy, up to and including termination, depending on the seriousness of the offense

The auditor reviewed employee files during the onsite visit. The files contained signed acknowledgements of receiving the following information:

- At will work statement
- Code of ethics
- Personnel manual and updates
- Zero tolerance policy
- Working non-scheduled hours protocol
- Senate Bill 201
- Employee handbook
 - Grievance
 - Unauthorized relationships
 - Duty to report

Medical and mental health staff, unless otherwise precluded by federal, State, or local law, are required to report sexual abuse and sexual harassment as outline in policy, and inform residents of their duty to report and limitations of confidentiality,

	<p>at the initiation of services. The nursing supervisor reports to the auditor that medical staff who conduct the initial risk screening on the day of admission, will provide the resident with informed consent acknowledgements and the limits of confidentiality for all staff, volunteers, and contractors that have contact with residents.</p> <p>During interviews of administration, programming, and security staff, they reported to the auditor that they would report all information related to sexual abuse, sexual harassment, retaliation, and staff neglect to the supervisor on duty. The staff report that they are not limited to reporting to their direct supervisor or the supervisor on duty, but could also report privately, directly to the PREA Coordinator. A few staff members discussed their experience with reporting suspicions or information (rumors) in the past. The staff report that ensuring resident safety is their highest priority.</p> <p>Policy states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the facility will report the allegation to the designated State or local services agency under applicable mandatory reporting laws.</p> <p>The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that the PREA Coordinator report all allegations to the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.</p> <p>No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or a vulnerable adult.</p> <p>The auditor reviewed investigations from 2020 through calendar year 2022. There was an investigation that was reported by staff based on suspicion. All other verbal reports from residents were immediately reported to SART members.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Investigation reports</p> <p>Interview with Nursing Supervisor</p> <p>Interview with staff</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>PREA policy 6.2 states that the agency has procedures in place to protect at risk residents from sexual abuse and prevent retaliation against residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The protection measures include, but are not limited to dorm moves, housing reassignments, close observation of alleged victim or perpetrator, placing resident abusers in segregation cells.</p> <p>The PREA Coordinator reports that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave.</p> <p>Depending on the type and severity of the allegation, the facility also has the option of assigning that staff member to another housing unit or a post that does not involve supervising residents during the investigation. As far as protection methods used for residents, the Coordinator states that the type of protection will depend upon the situation.</p> <p>The auditor was able to review report documentation from incidents within the facility that required protection measures. The facility has placed staff members on leave during investigations, has moved resident victims to alternate dorms, and has placed resident abusers in the segregation cell. The facility uses protection measures to ensure safety in all situations of possible abuse, bullying, or retaliation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>PREA policy 6.3 has a procedure for reporting to other confinement facilities:</p> <ul style="list-style-type: none"> • Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director • The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred • The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation • The agency will document that it has provided such notification

	<ul style="list-style-type: none"> Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation <p>The PREA Coordinator reports to the auditor to that the facility has not received an allegation from a resident that they would need to report to another confinement facility. Should the facility need to report an allegation to another confinement facility, the PREA Coordinator states that the Program Director would document the report and forward it to her. She also reports that the facility has not received an allegation from another confinement facility that would need to be investigated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 6.4 requires the facility to have a written plan to follow upon learning of an incident of sexual abuse. The facility's first responder plan states that staff responding to an incident of sexual abuse should:</p> <ul style="list-style-type: none"> Notify immediate supervisor, the immediate supervisor will notify the PREA Coordinator, Executive Director, and Operations Director Preserve all evidence, victim and alleged abuser should be asked not to shower, brush teeth, change clothing, etc. Close off area/lock room where alleged abuse took place If the victim has injuries that need immediate medical attention, send resident to University Hospital for a forensic medical exam If PREA Coordinator, Executive Director and Operations Director determine that law enforcement need to be contacted, call Distric 5 at 513-569-8500 or Hamilton County Sheriff's at 513-235-9944 Support services should be offered to the resident to accompany to the hospital. Contact Women Helping Women at 513-977-5541 or 513-381-5610 Complete section A of the Sexual Abuse/harassment and Discrimination Form <p>During staff interviews, all staff (security and non-security) rattled off the three major points of the first responder duties:</p>

	<ul style="list-style-type: none"> • Separate the victim and abuse • Preserve and protect the scene • Ensure the alleged abuser does not destroy any physical evidence and request that the victim does not destroy any physical evidence <p>The staff report that they have not had an allegation where all first responder steps have been deployed. The staff state that for all allegations, the victim and abuser are always separated. The auditor reviewed allegations from 2020 through calendar year 2020, and was able to review how facility staff separated the victim and abuser.</p> <p>The PREA Coordinator reports that for any allegation of sexual abuse, sexual harassment, or retaliation, the facility would ensure the safety of all residents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>First responder duties protocol</p> <p>Investigation reports</p> <p>Interviews with staff</p> <p>Interview with PREA Coordinator</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 6.5 outlines the agency coordinated response plan. The plan coordinates actions taken by staff first responders, medical and mental health practitioners, and agency leadership in response to reported incidents of sexual abuse, assault, or harassment. The facility has developed and trained staff on protocols for both sexual harassment and sexual abuse.</p> <p>Sexual harassment:</p> <ul style="list-style-type: none"> • Notify your immediate supervisor and ask them for assistance with the protocol • If the allegation was made during normal business hours (8-4), contact the PREA Coordinator. If the allegations is being made after normal business hours, please have your supervisor use the emergency contact log to reach the PREA Coordinator at home. If the PREA Coordinator does not pick up the phone, leave a message and also attempt to contact the Operations Director

- Ask the alleged victim to write a statement about they have experienced or provide them a grievance form. Instruct the alleged victim to be as detailed as possible. In this statement the alleged victim, if willing, should identify the alleged abuser, any key witness, as well as the dates and times when the alleged events occurred- to the best of their recollection
- If instructed by your supervisor, ensure the alleged abuser and alleged victim are housed separately. If both parties occupy the same dorm, then one of them will need to be moved to a different dorm until further notice. If the alleged abuser is another RCCC staff member, the PREA Coordinator and a RCCC Director will make the determination as to whether or not this staff member needs to be reassigned temporarily
- Complete section A of the PREA investigation packet and attach the alleged victim's statement. You can request a physical copy of the packet from your supervisor or a copy is located in a folder titled *PREA Incident*. Upon completion of section A, the PREA investigation packet should be given to your supervisor
- Your supervisor must subsequently complete section B
- Sections A and B of the PREA investigation packet must be given to the PREA Coordinator. IF this report is completed after hours, it should be folded and dropped into the secure PREA lock box in the rear administration area. The PREA Coordinator will obtain this packet on the morning of the next business day.
- Maintain the confidentiality of all parties involved. Do not discuss anything related to the alleged PREA incident with anyone except your supervisor, the PREA Coordinator, a director, or any other member of the River City SART team. If you are uncertain as to whether or not a particular staff member is on the SART team, ask them directly
- Be aware that in the following days you may be contacted by a member of the SART team concerning the alleged victim's original report and any other circumstances that you may have been witness to

Sexual Abuse:

The first responder staff member for an incident of sexual abuse will follow all steps outline for a first responder to sexual harassment. The additional steps include:

- If the resident has injuries that required immediate medical attention, send the resident to University Hospital for a forensic medical exam
- If the PREA Coordinator, Executive Director, and/or Operations Director determine that law enforcement need to be contacted, call District 5 or the Hamilton County Police
- Support services should be offered to the alleged victim to accompany the resident to University Hospital- contact Women Helping Women

Staff are required to have the facility's First Responder protocols posted in their office. During staff interviews, they report understanding their responsibilities of

	<p>responding to incidents of sexual abuse and sexual harassment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated response plan- sexual harassment</p> <p>Coordinated response plan- sexual abuse</p> <p>Interviews with staff</p>
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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 PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an "at will" employer. Employees are notified of the "at will" status in the employee handbook.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Employee handbook</p>

115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>PREA policy 6.7 states the facility will have procedures in place to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility does this by:</p> <ul style="list-style-type: none"> • Use 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 supportive services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or

	<p>for cooperating with investigations</p> <ul style="list-style-type: none"> • For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and 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 shall act promptly to remedy any such retaliation <p>The PREA Coordinator is responsible for retaliation monitoring. She, with the assistance of the facility psychologist, will meet with the resident periodically in a private setting to ensure the resident or staff member is not receiving any retaliation for reporting an allegation or cooperating with an investigation. The PREA Coordinator states that she will conduct the status checks with security staff will provide close monitoring of the resident while in the unit.</p> <p>Status checks must include, monitoring:</p> <ul style="list-style-type: none"> • Disciplinary reports • Housing or program changes • Negative performance reviews • Staff reassignments <p>The facility provided the auditor with their special surveillance log that is used to monitor residents. The log includes the type of surveillance, date and time of monitoring, results of monitoring, and staff conducting the monitoring.</p> <p>The policy allows for the retaliation monitoring to end if the allegation is determined to be unfounded.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Special Surveillance log</p> <p>Interview with PREA Coordinator</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA policy 7.1 states that RCCC will conduct administrative investigations into allegations of sexual abuse and sexual harassment. It will do so promptly, thoroughly, and objectively for allegations, including third-party and anonymous reports. All reports will be investigated by the Sexual Abuse Response Team (SART),

and to the point that the incident appears to be criminal. Once the incident appears to be criminal, RCCC will turn the investigation over to the Cincinnati Police or the Hamilton County Sheriff's Office. All investigators from RCCC receive specialized training.

The policy requires agency administrative investigators to:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complaints and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report

Should there also be a criminal investigation, the policy requires the facility to:

- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The PREA Coordinator will be responsible for keeping records of these referrals and the outcomes of police investigations
- Document referral and outcome data in the annual report, compiled by the PREA Coordinator

The agency provided the auditor with all investigation reports for the past audit cycle. The reports include:

- Reported by
- Reported to
- Date/time of incident
- First responder name
- Date of report
- Type of allegation
- Notice to call PREA Coordinator
- Victim's name
- Alleged abuser's name
- Abuser's status (resident/staff)
- Law enforcement involved (date/time contacted; name of officer)
- Medical services
- Hospital
- Advocate services/rape crisis (title)
- Mental health services
- Statements
- Cameras
- Witnesses' names
- Witness statements
- Actions taken to protect victim

- Actions taken against the abuser
- Action taken to protect and preserve the crime scene
- Redo risk assessment
- Review of prior incidents
- Current location of alleged abuse and victim
- Documentation of zero tolerance acknowledgement
- Investigation findings
- Disciplinary action
- Police reports
- Notification of investigation outcome to victim
- SART review
- Retaliation monitoring

The auditor reviewed eight of the facility's administrative investigations and those referred for criminal investigation. A summary of those investigations can be found in standard 115.222.

The auditor interviewed several administrative investigators who are also part of the SART. The investigators discussed the investigation initiation process, investigation techniques, investigating third-party and confinement facility referred allegations, credibility assessments, and referral for criminal investigations. The investigators report collecting as much collateral information as possible which can corroborate allegations or assist in credibility assessments. The PREA Coordinator states that while the facility is not required to offer Garity or Miranda (not a public agency) the facility always errs on the side of caution and will contact the local legal authority anytime an investigation suggest criminal behavior. The facility is prohibited by agency policy to use polygraph examinations or other truth telling devices.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution. When asked how the facility assist in criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the police department will collect the physical evidence. DNA collection from any alleged victim will be collected at University of Cincinnati Hospital. She reports that the staff will be of assistance in whatever way the police direct, and that the Executive Director or herself will maintain communication with the police department in order to remain informed on the progress of the investigation.

When questioned about document retention, the PREA Coordinator states that at the conclusion of the investigation, all documents, notes, and any other materials collected relevant to the investigation will be turned over to the PREA Coordinator who will retain the information for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All information is stored on the Agency's intranet in a secure file only assessable to authorized staff.

The auditor was giving documentation of staff administrative investigation training certificates. The training is appropriate to meet standard 115.231.

	<p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training certificates</p> <p>Investigation reports</p> <p>Administrative investigator interviews</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 7.2 states that the administrative investigator will impose a standard of preponderance of evidence or a lower standard of proof when determining whether an allegation of sexual abuse or sexual harassment can be substantiated. Preponderance of evidence is measured at 51%.</p> <p>The auditor interviewed the facility's administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation.</p> <p>The auditor reviewed the allegations from the previous three years to verify the standard of proof used. All 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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 7.3 requires the assigned PREA investigator to inform residents of the outcome of the investigation, and document all notification or attempts to notify via the Resident Notification Form. If there was a criminal investigation, policy requires the facility to request all relevant information from the local police department and any other investigatory agency, and provide the information to the investigator so</p>

	<p>that the resident may be informed of the investigation outcome. The obligation to report investigation outcomes ends when the alleged victim is released from the agency's custody.</p> <p>Policy states that the notification for substantiated and unsubstantiated allegations will include:</p> <ul style="list-style-type: none"> • If the alleged staff member is no longer posted in the resident's facility • If the alleged staff member is no longer employed with the agency • If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility • If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility <p>The facility provided the auditor with the Notification of Incident Results Form that was used to inform the resident victim of the outcome of the investigation. The form included all required elements of this standard. The form provides the disposition of the investigation and, if substantiated, the outcome of the abuser. The auditor was able to view the notifications sent to the residents after completion of the investigation. Notifications were signed and dated by the resident and a member of the SART. Resident receive a copy of their signed and dated notification.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Notification of Incident Result Forms</p> <p>Interview with PREA Coordinator</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 8.1 state that staff is subject to disciplinary sanctions up to and including termination when staff has violated facility sexual abuse policies. The presumptive disciplinary sanction for staff members who have engaged in sexually abusive contact or penetration is termination. This presumption does not limit facility discretion to impose termination for other sexual abuse policy violations. All terminations for violations of facility sexual abuse policies are to be reported to law enforcement agencies and any relevant licensing bodies.</p>

	<p>All staff at RCCC are required to sign acknowledgement of receiving an employee handbook. The handbook outlines the facility's disciplinary procedures. The auditor was given a copy for review. The handbook outlines the classification of offenses and the types of corrective measures. Sexual abuse of a resident is considered a serious offense, and a first offense results in termination.</p> <p>During staff interviews, staff acknowledged they received a copy of the employee handbook and agency zero tolerance policy during staff orientation. They understood that termination would likely result for substantiated allegations of sexual abuse and/or sexual harassment.</p> <p>The auditor was able to discuss the agency's disciplinary policy, procedure, and practice as it related to violation of the agency's zero tolerance policy with the Executive Director. The Executive Director states that its agency practice to place staff on administrative leave during the course of an investigation. Should the investigation determine that the staff member substantially committed an act of sexual abuse or sexual harassment, the agency will terminate employment or contract service.</p> <p>The auditor review investigations from 2020 through calendar year 2022. The facility had one substantiated allegation of sexual misconduct against a staff member. The staff member was terminated, and the allegation was referred to the Hamilton County Sheriff's Department for a criminal investigation. The facility had an unsubstantiated allegation against a staff member. The staff member was terminated based on violations of the facility's boundary policies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Employee handbook</p> <p>Interviews with staff</p> <p>Interview with Executive Director</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 8.2 states that volunteers or contractors who engage in sexual abuse with a resident will be prohibited from contact with any resident and will be reported to law enforcement (unless the behavior was clearly not criminal) and to relevant licensing bodies. The facility will prohibit further contact with residents in such</p>

	<p>circumstances.</p> <p>The auditor reviewed all facility allegations from 2020 through calendar year 2020. There were no allegations against a contractor or volunteer.</p> <p>The PREA Coordinator reports that the facility has not had an allegation against a contractor or volunteer. She states that should a contractor or volunteer be found to have violated the agency zero tolerance policies, the contractor or volunteer will be prohibited from entering the facility or having further contact with residents.</p> <p>Review:</p> <p>Policy and procedures</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 8.3 states residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy states:</p> <ul style="list-style-type: none"> • Sanctions will be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other 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. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motives for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits • The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact • For the purpose of disciplinary action, a report of sexual abuse or harassment 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 the investigation does not establish evidence sufficient to substantiate an allegation

- Consensual sexual activity between residents, while prohibited by agency rules, does not constitute sexual abuse, unless coercion was used

The PREA Coordinator states that residents found to have substantially sexually abused another resident will be terminated from the program and returned to the Ohio Department of Rehabilitation and Correction. All other types of violations would be subject to discipline according to the progressive disciplinary policy laid out in the resident handbook.

The auditor received a copy of the resident handbook. The handbook outlines the facility's disciplinary procedures. Sexual harassment-slur based on gender or sexual orientation is considered a level three violation. Sexual behavior and substantiated PREA allegations are considered a level four violation.

The auditor interviewed twenty residents during the onsite visit. The interviewed residents stated that upon intake they received a resident handbook and the resident rules and responsibilities were reviewed with them during orientation group.

The auditor also reviewed resident files and reviewed signed acknowledgements from residents concerning the facility's zero tolerance policies and receiving a copy of the resident handbook.

The auditor reviewed investigation reports from 2020 through calendar year 2022. The facility had a substantiated sexual harassment allegation. The resident abuser was given a level four sanction and disciplined according to facility policy. The resident was also given additional programming to address the behavior. The facility had a substantiated allegation of a resident attempting to sexually assault another resident. The resident was terminated from the program. The facility had a substantiated allegation of sexual harassment. The resident was terminated from the program.

No resident was disciplined for making a patently false allegation of sexual abuse or sexual harassment; for having a consensual relationship with another resident; or for unwanted sexual contact with a staff member.

Review:

Policy and procedure

Investigation reports

Resident handbook

Interview with residents

Resident files

Interview with PREA Coordinator

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 9.1 requires the facility to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The services are provided to the resident victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services will be provided by community providers and the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider.</p> <p>The first responder on the scene will ensure the resident receives proper medical and crisis intervention services. Staff have received Trauma Informed Care training and can remain with the resident until a victim advocate from Women Helping Women can assist the resident.</p> <p>The Nursing Supervisor reports that emergency medical services and SANE examinations will be provided by University of Cincinnati Medical Center. She reports that the facility can provide services related to testing for pregnancy and STI. Comprehensive pregnancy related services would be provided to the resident from community providers.</p> <p>The facility's mental health counselor would provide a mental health assessment and any necessary treatment. The facility does have a Sex Offender Program; however, the facility has a practice of terminating resident from the program who have a substantiated sexual abuse or sexual harassment allegation.</p> <p>The PREA Coordinator states that all medical and mental health services will be provided for by community providers. She states the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider and is at no cost to the resident.</p> <p>The auditor reviewed all allegations for the past audit cycle. The facility list when a resident is offered, accepts, or declines services. All residents are offered services once an allegation is reported.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA response plan</p> <p>Investigation reports</p> <p>Interview with Nursing Supervisor</p> <p>Interview with PREA Coordinator</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="326 237 959 268">Auditor Overall Determination: Meets Standard</p> <p data-bbox="326 310 581 342">Auditor Discussion</p> <p data-bbox="326 373 1386 520">The facility has a mental health counselor that would provide mental health counseling services for residents who have been sexually abused, in a jail, lockup, or juvenile facility. Medical treatment would be provided by a community provider. The services can include:</p> <ul data-bbox="394 583 1062 730" style="list-style-type: none"> • Evaluation and treatment of sexual abuse victims • Follow-up services • Continued care following release from the facility • Testing for sexually transmitted infections <p data-bbox="326 762 1414 835">The facility is required to provide victims of vaginal penetration (female residents or transgender residents) while incarcerated:</p> <ul data-bbox="394 898 1344 1045" style="list-style-type: none"> • Pregnancy testing • Timely and Comprehensive information about lawful pregnancy related medical services • Timely access to all lawful pregnancy related medical services <p data-bbox="326 1077 1422 1297">Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer a pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered to test for sexual transmitted infections as medically appropriate.</p> <p data-bbox="326 1329 1422 1518">Agency policy requires the facility to perform a mental health evaluation for all known resident-to-resident abusers within 60-days of learning such history and offer treatment when deemed appropriate. The facility has a Sex Offender Program; however, residents that have substantiated allegations of sexual abuse and sexual harassment while at the facility will be terminated from the program.</p> <p data-bbox="326 1549 1427 1927">The facility offers all residents mental health services if at any time during their stay at RCCC the facility becomes aware that a resident has been sexually abused in a jail, lockup, or juvenile facility. Residents that have alleged sexual harassment or sexual abuse while in the facility will be offered mental health, medical, and crisis intervention services at the time of the report. The facility has a contract psychologist that provides counseling sessions with residents. Medical services that are beyond the scope and practice of the facility's medical staff will be taken to the University of Cincinnati Medical Center for medical attention. Victim Advocate and emotional support services are provided to residents in person, over the phone, or through the mail by Women Helping Women.</p>

	<p>Review:</p> <p>Policy and procedure</p> <p>PREA Response Plan</p> <p>Investigation reports</p> <p>Interview with Nursing Supervisor</p> <p>Interview with PREA Coordinator</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 10.1 requires RCCC to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review will occur within 30 days of the conclusion of the investigation and include upper management, line supervisors, and relevant clinical staff. The review must include:</p> <ul style="list-style-type: none"> • Consideration of a policy or practice change • Whether the incident or allegation was motivated by race, ethnicity, gender identity, gang affiliation or any other group dynamics • Assessment of the area where the incident occurred and whether a physical barrier may enable abuse • Assessment of adequacy of staffing levels • Assessment of monitoring technology <p>At the conclusion of the meeting, the PREA Coordinator will prepare a report of its findings, including, but not limited to determinations made pursuant to PREA standard 115.286, and any recommendations for improvement, and submit such report to the executive director. The facility will document the recommendations for improvement, or its reasons for not doing so.</p> <p>The facility provided the auditor with a copy of all administrative investigations from the past audit cycle. Each investigation form has a section to be completed by the SART. The facility completes this section regardless of the type of allegation. The reports are completed within 30-days after the completion of the investigation. The SART report includes:</p> <ul style="list-style-type: none"> • SART members present at the meeting

- Confirmation of PREA education/training
- Number of staff on duty at the time of the incident
- Victim's language status
- Acknowledgement signed if alleged abuser is a contractor/volunteer/intern
- Any substantial expansion/modifications to the facility- was PREA Coordinator consulted prior to modifications
- Any physical vulnerabilities identified
- Response according to facility policies
- Coordinated response plan followed
- SANE
- Emotional support, crisis intervention, referral information
- Referral for criminal investigation
- First responder duties
- Receipt of resident handbook
- Receipt of employee handbook
- Cameras in good working order
- Location of victim
- Location of abuser
- Risk assessment completed
- Previous incidents or documented reports
- How report was submitted
- Victim informed of any mandatory reporting laws
- In-house services offered
- Steps taken to protect the victim
- Retaliation monitoring
- Allegation determination
- Disciplinary action
- Review of policy, procedure, practice, training
- Notification to resident of allegation determination
- Identified vulnerabilities that could have contributed to the abuse
 - physical layout
 - Resident LGBTI or gender non-conforming status
 - Inadequate staffing
 - Inadequate video monitoring
 - Blind spots
 - Other
- Identified problem areas
- Recommendations for improvements
- Completed corrective action

The PREA Coordinator reviewed the process of assessing an investigation with the auditor. She reports that the team consist of:

- Program Director
- Resident Supervisor III
- Contract Doctor

	<ul style="list-style-type: none"> • Contract Psychologist • Clinical Supervisor • Nurse • LPN • Residential Services Director • Security Chief • PREA Coordinator <p>She states that should the team make a recommendation, the facility's Associate Director would be responsible for implementing the recommendations. The PREA Coordinator would document compliance with recommendations or reasons why the recommendation was not implemented.</p> <p>During SART interviews, the team stated that during SART meetings a review will take place to determine if policies, procedures, practices, or training needs to be augmented. The Executive Director would address needs that would require policy and procedure changes, supplementing electronic monitoring, and staffing levels. The facility documented its implementation of the team's recommendations.</p> <p>In addition to the SART after incident review, the facility conducts QAACA meetings to review implementation of SART recommendations. The facility provided the auditor with QAACA meeting minutes. The minutes document the facility's implementation of recommendations or reasons for not implementing.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SART meeting report</p> <p>QAACA meeting minutes</p> <p>Interview with SART members</p> <p>Interview with PREA Coordinator</p> <p>Interview with Executive Director</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA policy 10.2 states that the agency will collect accurate, uniform data for every allegation using a standardized instrument and set of definitions (at minimum, the same data found on the Survey of Sexual Violence conducted by the Department of

	<p>Justice). The agency is using their PREA Data Collection tool as their collection instrument.</p> <p>The auditor reviewed the form used to collect the data and confirmed that the information collected is appropriate enough to complete the Survey of Sexual Victimization. The information on the tool includes:</p> <ul style="list-style-type: none"> • Resident-to-Resident sexual abuse • Resident-to-Resident sexual harassment • Staff-to-Resident sexual abuse • Staff-to-Resident sexual harassment • Administrative investigations • Criminal investigations • Retaliation • Staff training • Resident education • Initial and 30-day risk screening <p>The information on the form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, https://www.hamiltoncountyohio.gov/government/departments/river_city_correctional_center/policies__procedures. The auditor accessed the facility's website and reviewed the 2021 and 2022 annual report. The report contains the data for all sexual abuse and sexual harassment allegations.</p> <p>The PREA Coordinator reports that the facility has not received a request from the Department of Justice to provide this information.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA allegation summary report and assessment 2021 & 2022</p> <p>Agency website</p> <p>BCS PREA outcome measures report</p> <p>Interview with PREA Coordinator</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA policy 10.3 requires the data collected in standard 115.287 to be compiled

into an annual report. The report will compare the current year's data and corrective action with those from previous years and provide an assessment of the progress of the agency in addressing sexual abuse.

The agency's PREA Coordinator uses data to evaluate the effectiveness and efficiency of processes and to identify opportunities for improvement. The facility's leadership is responsible for developing quality indicators to monitor processes and outcomes regarding provision of services, and action plans to address deficiencies and opportunities. The PREA Coordinator is responsible for ensuring the implementation and measurement of these indicators and any subsequent action plans.

The agency's annual PREA report is an assessment of the agency's identified vulnerabilities, corrective action plan, and areas of improvement. The auditor reviewed the report and ensured that the report compared the current year's data with those of the previous years. The information in the report includes:

- River City Correctional Center continually strives to improve its efforts with deterring acts of sexual harassment and abuse perpetrated against its facility residents. River City has imposed disciplinary action—up to and, including termination—for those staff who have violated agency sexual harassment and/or sexual abuse policies. With respect to resident-on-resident acts of sexual harassment and abuse, River City has imposed disciplinary action commensurate with the offense. Moreover, those residents who remained in the River City program after violating facility PREA guidelines were offered additional behavior modification therapy—and enhanced monitoring—to aid them with compliance

The facility conducts monthly meetings that review the number of PREA allegations for the month. This allows the facility to quickly identify trends and make adjustments and/or develop corrective action plans. Some improvements developed include:

- Placing PREA posters and a PREA reporting box in the medical area
- Scheduled annual training for cross-gender and transgender pat searches for security and clinical staff
- Scheduled training on identifying red-flags
- Adding cameras to the dorm rooms
- Training security staff on how to complete PREA classification assessments
- Ensuring residents are not moved into dorms that are out of line with their PREA classification- conducting monthly audits

The information in the report has been reviewed and approved by the facility's Executive Director

	<p>The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA allegations summary report & assessment 2021 & 2022</p> <p>SART meeting minutes</p> <p>QAACA Monthly review</p> <p>Facility website</p> <p>Interview with PREA Coordinator</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PREA policy 10.4 requires the PREA Coordinator to collect data requested in standard 115.287 and that this information will be aggregated and made available to the public through the agency's website. The information posted to the agency's website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p>The auditor reviewed the agency website, https://cdnsn5-hosted.civicle.com/UserFiles/Servers/Server_3788196/File/Government/Departments/River%20City%20Correctional%20Center/Policies%20and%20Procedures/Prison%20Rape%20Elimination%20Act/Annual%20PREA%20Report%202021.pdf, to ensure that the agency has posted its annual report. The annual report is completed based on a calendar year. The information in the report is collected by the PREA Coordinator, who is responsible for aggregating the information and preparing it for the annual report.</p> <p>Allegation Summary CY 2022:</p> <p>Number of reported allegations of resident-resident sexual harassment</p> <ul style="list-style-type: none"> • substantiated 2 • unsubstantiated 0 • unfounded 0 • investigation ongoing 0

Number of reported allegations of resident-resident sexual abuse

- substantiated 0
- unsubstantiated 0
- unfounded 0
- investigation ongoing 0

Reported allegations of resident-resident retaliation

- substantiated 0
- unsubstantiated 0
- unfounded 0
- investigation ongoing 0

Number of reported allegations of staff-resident sexual harassment

- substantiated 0
- Unsubstantiated 0
- unfounded 0
- investigation ongoing 0

Number of reported allegations of staff-resident sexual abuse

- substantiated 0
- unsubstantiated 0
- unfounded 0
- investigation ongoing 0

Reported allegations of staff-resident retaliation

- substantiated 0
- unsubstantiated 0
- unfounded 0
- investigation ongoing 0

The PREA Coordinator reports that all information used to create the report is only accessible to approved administrative staff members and that she retains control of all information. She reports the information will be kept for ten years.

The information collected pursuant to standard 115.287 is made available to the public through the agency's website.

The auditor reviewed the agency's annual report. The report did not have personal identifying information or information that could jeopardize the safety and security of the facility.

Review:

	<p>Policy and procedure</p> <p>Facility website</p> <p>2022 PREA Allegation Summary Report & Assessment</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility has posted on its website the final audit report from 2020. The auditor accessed the site at https://www.hamiltoncountyohio.gov/government/departments/river_city_correctional_center/policies__procedures, to ensure the report was posted.</p> <p>The auditor was given full access to the facility during the onsite visit. The auditor was taken on a tour of the interior and perimeter areas of the facility. The auditor was provided a private room in order to conduct formal interviews of staff and residents. The auditor received documentation prior to and during the onsite visit.</p> <p>The auditor reviewed electronic documentation, resident files, staff files, and camera monitors for additional documentation and confirmation of reported information. The PREA Coordinator sent the auditor photographic evidence of audit notice postings. The auditor observed the posting during the onsite visit. The notices were posted in conspicuous areas throughout the facility. The notices included the auditors mailing and email address. The auditor did not receive any correspondence with a staff or resident prior to, during, or after the onsite visit.</p>

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The agency has published on its agency website, https://www.hamiltoncountyohio.gov/government/departments/river_city_correctional_center/policies__procedures, the final PREA report for River City Correctional Center. The final report from the previous audit (2020) is currently posted. The auditor reviewed the website and verified that the report is accessible on the website. The PREA Coordinator reports that she understands the requirement of having all final reports posted.</p> <p>In the State of Ohio, all final audit reports of facilities that house ODRC offenders are</p>

	also posted on the ODRC website, https://www.drc.ohio.gov/prea .
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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.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	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.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

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

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
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	yes

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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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	yes

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

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

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

	condition of access to programming and other benefits?	
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	yes

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

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
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

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d) Sexual abuse incident reviews		
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e) Sexual abuse incident reviews		
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a) Data collection		
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b) Data collection		
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

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.)	yes

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes