

PREA Audit: PREA AUDITOR'S FINAL SUMMARY REPORT

Community Confinement Facilities

Name of facility: Lucas County Correctional Treatment Facility
Physical address: 1100 Jefferson Ave, Toledo, Ohio 43604-5835
Date report submitted: March 17, 2015

Auditor Information

Name: Michelle Bonner
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Date of facility visit: July 23-24, 2014

Facility Information

Facility mailing address: (if same
different from above)

Telephone number: 419-213-6200

The facility is: County

Facility Type Other community correctional facility.

Name of Facility Head: Bud Hite
Title: Director
Email address: bhite@co.lucas.oh.us
Telephone number: 419-213-6200

Name of Facility PREA Coordinator: Randy Menchaca
Title: PREA Coordinator
Email address: rmenchaca@co.lucas.oh.us
Telephone number: 419-213-6200

Agency Information	
Name of Agency:	
Governing authority or parent agency: (if different from above)	Ohio Department of Rehabilitation and Correction (ODRC)
Telephone number:	
Agency Chief Executive Officer	
Name:	Gary C. Mohr
Title:	Director
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Agency-Wide PREA Coordinator	
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At

AUDIT FINDINGS

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

Michelle Bonner, an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of community confinement facilities to assess their compliance with the DOJ-adopted standards of the Prison Rape Elimination Act of 2003 (PREA), conducted an onsite audit of Lucas County Correctional Treatment Facility (hereinafter, "Lucas CTF"), 1100 Jefferson Ave, Toledo, Ohio, 43604-5835, on July 23-24, 2014. Lucas CTF serves Lucas County, which contains Toledo, Ohio. During the audit, 144 residents were present at this facility; 27 of these residents were female; and the facility employed 62 staff members who worked with the residential program.

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

provide local Courts of Common Pleas a sanctioning alternative to prison. Each program is highly structured with assessment, treatment, and follow-up services for offenders. CBCFs provide intensive substance abuse treatment/education, educational services, job training, mental health and transitional services to the community.”¹ The CBCF’s employ cognitive behavioral techniques (CBT) in their programming.² According to the Lucas County website, Lucas CTF focuses “primarily on cognitive behaviors and chemical dependency issues that lead individuals to become incarcerated. Other issues such as educational, vocational, anger management, women specific issues, and grief and loss are addressed while residents participate in CTF programming.”³

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

Auditor Bonner arrived at LUCAS CTF at 8:40am on Wednesday, July 23, 2014. There she was greeted by PREA Coordinator and Shift Supervisor Randy Menchaca. In the administration area’s conference room Auditor Bonner also met Director of Operations Kathy Mathis. The brief opening meeting started with introductions, a description and history of the facility, and a description of the onsite audit process. Then Auditor, PREA Coordinator, and Director of Operations conducted a complete and thorough tour of the entire facility. The tour consisted of examining all dorms, rooms, offices, closets, restrooms, programming area, intake area, segregation cells, operations center, kitchen and dining areas, recreation area, utility rooms, maintenance and administration areas.

During the course of the two days, in addition to speaking with staff and residents during the tour, Auditor Bonner conducted one-on-one interviews with the following 13 staff for specialized staff and general staff inquiries:

- Facility Director
- PREA Coordinator/Shift Supervisor
- Assessment Analyst
- Operations Manager
- 2 Case Managers
- 3 Corrections Officers
- Human Resource Manager
- 2 Shift Supervisors
- Volunteer

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

² *Id.*, p. 8.

³ <https://www.co.lucas.oh.us/index.aspx?nid=1326>

Auditor Bonner also met individually with 10 residents, 4 of whom were women. Residents were chosen by whether they reported PREA incidents, dorm, age, and length of stay at the facility. During the two-day audit, Auditor Bonner conducted document review which included review of employee files (including new hires, terminations, spot check of five year background checks and promotions), security logs, PREA assessments/reassessments, PREA investigation documents, staff and volunteer training acknowledgements, employee training records, resident acknowledgements, PREA forms and data logs. Auditor was onsite for 12 hours on July 23 and about 10 hours on July 24. Near the end of the second day, Auditor held a closeout session with management staff, during which she shared some of her immediate observations.

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

Lucas CTF is in an historic building in downtown Toledo, Ohio. A former YMCA building from 1925, the large, seven story brick building also houses Lucas County Court Services. The building still has many of its original woodwork in the administration area of the facility. The former pool area is being converted to CTF's female unit, where there will be more space for women's housing and programming. With this modification will be improved cameras in this and other areas. Demolition has started and the space is slated to be completed within the next two years.

Overall, the conversion of the space from an historic landmark to a functional community based corrections facility has been remarkable. The court services portion of the building is closed off to residents; and the CTF has its own entrance. In the lobby area is the Control Room to the left, with PREA signage and notice to volunteers that they are not allowed to enter until they receive PREA training. The corrections officer in the Control Room monitors persons entering the building, the visitation/group room area, and the computer monitors for other cameras throughout the facility. Visitation room also has camera coverage and a mirror to assist with monitoring. The doors to this area and residents' area are sliding steel doors controlled by Control Room, as you would find in a jail or prison.

Staff offices, medical clinic, and intake areas are on the first floor, as well as administration. There are cameras and mirrors along the halls of these areas; and staff offices have doors with windows. There is a camera in the intake area. The segregation cells do not have cameras; and the toilets are strategically placed to provide privacy. There is a control room in this space, but windows are blocked by a refrigerator and other things. There is a pay phone with PREA information in this area.

There is a camera in property storage area, which also contains a spiral staircase to the gym. The gym is wide open with no obstructions, and it has two cameras in opposite corners. Off the gym itself are staff gym and storage areas, both which remain locked at all times.

The sixth floor contains programming and the women's unit. The programming space has camera coverage in the hall space, library, and large classroom (learning lab) that does not have a camera. There is an entrance to the east stairwell that is only used for emergencies. The women's unit only consists of half of the floor, and is cramped when there are more than a couple dozen

women present.

Men's units are located on fourth and fifth floors, with two units on each of these floors. Men move from 4East to 5East then to 5West as they progress through the program. Unit 4West is reserved for orientation of low risk residents. The units have camera coverage and mirrors in open space in the middle of each unit, case management offices have large windows, and the dorm areas are large rooms with bunk beds in open space for clear monitoring. The dorms have large windows and no doors. There are PREA signs and PREA phone signs throughout the residential areas; and the facility has ensured that calls related to PREA can be made free of charge from the phones in the units. Laundry machines are in the open space in each unit. The restrooms are in each dorm space; the showers could benefit from shower curtains with clear tops for better monitoring.

Monitoring stations are located on each floor between each unit. Monitors are always on their feet, monitoring both sides of each floor and then logging their monitoring efforts back in the monitoring space. Staffing attempts to ensure that there is at least one monitor on each floor.

There are large storage areas, particularly on the second floor where the gym is located and the entire seventh floor. However facility staff ensure that these spaces are locked and off limits to residents at all times. The facility encompasses parts of ground and second floor (right above ground floor), and floors 4 through 6.

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

Lucas CTF is a unique facility in that it is located in a historic building in Toledo, OH, the old YMCA building erected in the early 20th century. They have done an impressive job of retrofitting the building to accommodate a community corrections facility, with open dorms, windows in offices, cameras, and mirrors. All of these modifications contribute to the added safety of its residents. The facility is converting the old swimming pool area into what will be a new women's unit, with additional beds, dining, and programming space. At present, the women's unit consists of only half a floor and is very cramped, especially when over 27 women are present.

As with many large, old buildings, there are rooms and space that have not been converted to use by residents, such as large storage areas and staff gym on second floor and the seventh floor. However, the staff work to ensure that these areas are locked and regularly checked for presence of anyone in these areas.

Although the facility's pre-audit questionnaire indicated that it would not conduct administrative investigations onsite, it has effectively done so, recognizing that the Toledo Police Department may not be available for all investigations. The facility has two specialized PREA investigators on staff (PREA Coordinator and Director of Operations) that are able to conduct such investigations in-house and mete appropriate sanctions if necessary.

Lucas CTF has the benefit of many staff who have worked there for several years; they know the facility and its residents well. The PREA Coordinator has taken on training of staff as first responders with gusto, including recruiting assistance of police in training and videotaping role-play scenarios. The challenge for Lucas CTF is training all staff on how to best protect residents at risk of victimization without resorting to segregated housing as a permanent solution. The facility has had two residents who have reportedly chosen to sleep in segregation cells (with TV and regular bedding) but participate with other residents in daily programming.

The PREA Coordinator also acts as an accreditations manager for other correctional standards and audits. However, he is technically a shift supervisor; and he essentially does both jobs. Auditor recommends that the PREA Coordinator position be elevated to report directly to the facility director and that he be designated an accreditations manager. In this way, PREA standards will be more effectively enforced for years to come.

Number of standards

exceeded:

Number of standards met: 38

Number of standards not met:

Number of standards N/A: 1

FOLLOWING INFORMATION TO BE POPULATED AUTOMATICALLY FROM AUDITOR COMPLIANCE TOOL:

PREVENTION PLANNING	
Overall Determination:	§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
	Exceeds Standard (substantially exceeds requirement of standard)
✓	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

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

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

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

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

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

(b) The facility employs or designates an upper-level, facility-wide PREA coordinator.

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

The position of the PREA coordinator in the facility's organizational structure: one of six shift supervisors that report to Director of Operations.

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

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

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

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

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

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

- (a) The facility develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.
- (b) Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

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

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

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

- (a) The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.
- (b) The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.
- (c) Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Facility policy requires that all cross-gender pat-down searches of female residents be documented.
- (d) Facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.
- (e) Facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months.
- (f) Security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

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

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

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

- (a) The facility has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- (b) The facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- (c) Facility policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

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

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

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

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

- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

(c) Facility policy requires that before it hires any new employees who may have contact with residents, it (1) conducts criminal background record checks, and (2) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(d) Facility policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

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

(f) The facility shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

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

(h) Unless prohibited by law, the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Overall Determination: §115.218 - Upgrades to facilities and technology.

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

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

- (a) The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since last audit, whichever is later.
- (b) The facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. It will make updates when the new women's unit is constructed, however.

RESPONSIVE PLANNING

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

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

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

- (a) The facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Toledo Police have responsibility for conducting criminal investigations. When conducting a sexual abuse investigation, the facility investigators follow a uniform evidence protocol.
- (b) The protocol is developmentally appropriate for youth where appropriate. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
- (c) The facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical

examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The facility has an MOU signed by Toledo Hospital, avowing to providing a SANE nurse.

(d) The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. These efforts are documented. The facility did obtain an MOU with Toledo Hospital, which has victims advocates.

If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified facility staff member. PREA Coordinator and Director of Operations have PREA Victim's Advocate certification; and a licensed counselor is on staff.

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

(f) The facility has requested that the Toledo Police Department follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

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

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

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

(a) The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the past 12 months, five allegations of sexual abuse and sexual harassment were received, all five resulting in an administrative investigation, with no allegations referred for criminal investigation. All administrative and/or criminal investigations were completed.

(b) The facility has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the facility if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Facility policy regarding the referral of allegations of sexual abuse or

sexual harassment for criminal investigation is published on the facility website or made publicly available via other means: in its annual report that is published on the website.

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

(c) Such publication shall describe the responsibilities of both the facility and the investigating entity.

TRAINING AND EDUCATION	
Overall Determination:	§115.231 - Employee training.
	Exceeds Standard (substantially exceeds requirement of standard)
✓	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility trains all employees who may have contact with residents on the following matters.

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' rights to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

(b) Training is tailored to the gender of the residents at the facility.

Employees who are reassigned from facilities housing the opposite gender are given additional training.

(c) All staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements; and Between trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is every two years.

(d) The facility documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

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

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

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

(a) All volunteers and contractors who have contact with residents will have been trained on their responsibilities under the facility's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. A sign is in the front lobby stating that volunteers will not be allowed entry until they complete their PREA training.

(b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. At a minimum all are required to sign acknowledgement of the policy. CTF also uses a training video for all volunteers/contractors coming into the space.

All volunteers and contractors who have contact with residents have been notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) The facility maintains documentation confirming that volunteers/contractors understand the training they have received. There is also a sheet in Control Room indicating which volunteers have already received training.

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

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

Auditor Comments (including corrective actions needed if does not meet standard): AUDITOR INSTRUCTED FACILITY TO PROVIDE INFORMATION RE PREA AND THE FACILITY'S ZERO-TOLERANCE POLICY AT THE TIME OF INTAKE IN ADDITION TO DURING ORIENTATION LATER. 10.01.14 LETTER FROM DIRECTOR STATED THAT PREA HANDBOOK WOULD BE DISSEMINATED UPON INTAKE.

- (a) Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.
- (b) The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.
- (c) Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.
- (d) The facility maintains documentation of resident participation in PREA education sessions.
- (e) The facility ensures that key information about the facility's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

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

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

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

- (a) Facility policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
- (b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- (c) The facility maintains documentation showing that investigators have completed the required training. PREA Coordinator and Director of Operations have received specialized investigator training.

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

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

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

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

Auditor Comments (including corrective actions needed if does not meet standard): FACILITY INSERTED QUESTION REGARDING INSTITUTIONAL VIOLENCE IN SCREENING INSTRUMENT. AUDITOR INSTRUCTED FACILITY TO CREATE PROTOCOLS TO LIMIT ACCESS TO RISK SCREENING INFORMATION TO NEED-TO-KNOW BASIS. POLICY ONLY SAYS THAT SCREENING INSTRUMENT "NOT DISSEMINATED TO UNAUTHORIZED PERSONNEL."

- (a) The facility has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.
- (b) The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
- (c) Risk assessment is conducted using an objective screening instrument.
- (d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
 - (1) Whether the resident has a mental, physical, or developmental disability;
 - (2) The age of the resident;
 - (3) The physical build of the resident;
 - (4) Whether the resident has previously been incarcerated;
 - (5) Whether the resident's criminal history is exclusively nonviolent;
 - (6) Whether the resident has prior convictions for sex offenses against an adult or child;
 - (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - (8) Whether the resident has previously experienced sexual victimization; and
 - (9) The resident's own perception of vulnerability.
- (e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive.
- (f) The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to

exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

(g) The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

- Whether or not the resident has a mental, physical, or developmental disability;
- Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether or not the resident has previously experienced sexual victimization; and
- The resident's own perception of vulnerability.

(i) The facility implements 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. Presently, the following have access to screening assessment information: assessment analyst, shift supervisors, administrative clerks (to make up permanent files), case managers.

Overall Determination: §115.242 - Use of screening information.

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

Auditor Comments (including corrective actions needed if does not meet standard): AT THE TIME OF THE AUDIT, PROCEDURE OF TALKING ABOUT AT RISK RESIDENTS, FROM SCREENING INFORMATION, DID NOT LIMIT INFO TO NEED-TO-KNOW BASIS. AUDITOR INSTRUCTED THE FACILITY TO INFORM OTHER STAFF OF HOUSING AND PROGRAMMING DECISIONS WITHOUT DISCLOSING RISK-SCREENING INFORMATION. FACILITY HAS HAD TWO GAY RESIDENTS HOUSED IN SEGREGATION. AUDITOR INSTRUCTED FACILITY TO BE MINDFUL OF ITEM (f), BELOW, FINDING ALTERNATIVE SAFETY MEASURES FOR GAY RESIDENTS OTHER THAN SEGREGATION.

- (a) The facility uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.
- (b) The facility makes individualized determinations about how to ensure the safety of each resident.
- (c) The facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.
- (d) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
- (e) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- (f) The facility shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

REPORTING	
Overall Determination:	§115.251 - Resident reporting
	<p>Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p>Auditor Comments (including corrective actions needed if does not meet standard):</p>

- (a) The facility has established procedures allowing for multiple internal ways for residents to report privately to facility officials about:
 - Sexual abuse or sexual harassment;
 - Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
 - Staff neglect or violation of responsibilities that may have contributed to such incidents.
- (b) The facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. Residents can call ODRC hotline from phones in the facility.
- (c) The facility has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Staff are required to document verbal reports promptly.

(d) The facility has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

They can report via phone (internal phone number) or in person to the PREA Coordinator. Staff are informed of these procedures in training and via posters.

Overall Determination: §115.252 - Exhaustion of administrative remedies

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

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

(a) The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse.

(b) Facility policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

Facility policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

(c) Facility policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Facility policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

(d) Facility policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In cases where the facility requests an extension of the 90-day period to respond to a grievance, it requests no longer than a 70-day extension period to resolve.

(e) Facility policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.

Facility policy and procedure requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual

abuse, the facility documents the resident's decision to decline.

(f) The facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final facility decision be issued within five days.

(g) The facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the facility demonstrates that the resident filed the grievance in bad faith.

Overall Determination:	§115.253 - Resident access to outside confidential support services
	Exceeds Standard (substantially exceeds requirement of standard)
✓	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and
- Enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

(b) The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

(c) The facility maintains a memorandum of understanding (MOU) with community service provider YWCA Hope Center that is able to provide residents with emotional support services related to sexual abuse.

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

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

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

The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Third parties can call PREA Coordinator at a number provided on posters in the lobby and visitation areas.

The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents through the posters.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

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

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

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

(a) The facility requires all staff to report immediately and according to facility policy:

- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the facility.
- Any retaliation against residents or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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

treatment, investigation, and other security and management decisions.

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

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

(e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

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

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

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

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

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

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

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

- (a) The facility has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.
- (b) Facility policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) The facility documents that it has provided such notification within 72 hours of receiving the allegation.
- (d) The facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

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

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

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

- (a) The facility has a first responder policy for allegations of sexual abuse.
 If YES, the facility policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:
- (1) Separate the alleged victim and abuser;
 - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
 - (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
 - (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- (b) Facility policy requires that if the first staff responder is not a security staff member, that responder shall be required to:
- Request that the alleged victim not take any actions that could destroy physical evidence; and/or

- Notify security staff.

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

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

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

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

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

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

Overall Determination: §115.267 - Agency protection against retaliation.

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

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

(a) The facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The facility designates staff member(s) or charges department(s) with monitoring for possible retaliation: Randy Menchaca, PREA Coordinator/Shift Supervisor.

(b) The facility shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) The facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for at least 90 days. The facility acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

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

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

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

INVESTIGATIONS

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

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

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

- (a) When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The facility has a policy related to criminal and administrative facility investigations.
- (b) Where sexual abuse is alleged, the facility shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.
- (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- (d) When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No facility shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- (f) Administrative investigations:
 - (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- (h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- (i) The facility shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five years.

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

(k) N/A

(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Overall Determination:

§115.272 - Evidentiary standards for administrative investigations.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard): AT THE TIEM OF THE AUDIT, STAFF WAS MISTAKEN IN THINKING THAT THE STANDARD WAS PROOF BEYOND A REASONABLE DOUBT. SINCE THE AUDIT, THE FACILITY HAS REVIEWED ITS POLICIES REGARDING ADMINISTRATIVE INVESTIGATIONS AND HAS ASSERTED IN WRITING THAT IT WILL EMPLOY THE STANDARD OF PREPONDERANCE OF THE EVIDENCE STANDARD.

The facility will impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility asserts that PREA investigators on staff have been retrained on this standard of proof since the onsite audit.

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

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

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

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

DISCIPLINE

Overall Determination: §115.276 - Disciplinary sanctions for staff.

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

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

- (a) Staff is subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.
- (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- (c) Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- (d) All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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

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

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

- (a) Facility policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Facility policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.
(b) The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of facility sexual abuse or sexual harassment policies by a contractor or volunteer.

Overall Determination: **§115.278 - Disciplinary sanctions for residents.**

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

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

- (a) Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse following a criminal finding of guilt for resident-on-resident sexual abuse.
- (b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
- (c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- (d) The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.
If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.
- (e) The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
- (f) The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g) The facility prohibits all sexual activity between residents.

If the facility prohibits all sexual activity between residents and disciplines residents for such activity, the facility deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

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

- (a) Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.
The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.
Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)
- (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.
- (c) Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)

(d) Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

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

- (a) The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
- (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
- (d) Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.
- (e) If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.
- (f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- (g) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- (h) The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

DATA COLLECTION AND REVIEW

Overall Determination: §115.286 - Sexual abuse incident reviews.

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

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

- (a) The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
- (b) The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
- (c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.
 - (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - (4) Assess the adequacy of staffing levels in that area during different shifts;
 - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- (e) The facility implements the recommendations for improvement or documents its reasons for not doing so.

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

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

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

- (a) The facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- (b) The facility aggregates the incident-based sexual abuse data at least annually.
- (c) The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (d) The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) N/A
- (f) The facility provided the Department of Justice with data from the previous calendar year upon request.

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

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

 Auditor Comments (including corrective actions needed if does not meet standard): THE FACILITY PUBLISHED ITS FIRST REPORT, FROM JULY 2013 TO JUNE 2104. GOING FORWARD, FACILITY REPORTS WILL CONTAIN COMPARISON OF CURRENT YEAR’S DATA WITH THAT OF PRIOR YEARS, ALONG WITH AN ASSESSMENT OF ITS PROGRESS IN ADDRESSING SEXUAL ABUSE.

- (a) The facility reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:
- Identifying problem areas;
 - Taking corrective action on an ongoing basis; and
 - Preparing an annual report of its findings from its data review and any corrective actions for each area, as well as the facility as a whole.
- (b) So far, the facility has published one year's report, from June 2013 to June 2014. Going forward, the annual report will include a comparison of the current year's data and corrective actions with those from prior years. The annual report will provide an assessment of the facility's progress in addressing sexual abuse.
- (c) The facility makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the facility head.
- (d) When the facility redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

<p>Overall Determination: §115.289 - Data storage, publication, and destruction.</p> <p style="padding-left: 40px;"> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action) </p> <p style="text-align: center;">Auditor Comments (including corrective actions needed if does not meet standard):</p>

- (a) The facility ensures that incident-based and aggregate data are securely retained.
- (b) N/A
- (c) Before making aggregated sexual abuse data publicly available, the facility removes all personal identifiers..
- (d) The facility maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION: The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the facility under review.

AUDITOR SIGNATURE	/s/ Michelle Bonner
DATE	March 17, 2015