



PREA Audit: PREA AUDITOR'S SUMMARY REPORT

Community Confinement Facilities

Name of facility: STAR Community Justice Center
Physical address: 4578 Gallia Pike, Franklin Furnace Ohio 45629
Date report submitted: August 29, 2014

Auditor Information

Name: Michelle Bonner
Address: 1629 K St NW, Suite 300, Washington, DC 20006
Email: michelle@michellebonner.com
Telephone number: 202-489-7184
Date of facility visit: July 7-8, 2014

Facility Information

Facility mailing address: (if different from above) same

Telephone number: 740-354-9026

The facility is: State

Facility Type Other Community Correctional Facility

Name of Facility Head: Charles Philabaun
Title: Facility Director
Email address: cphilabaun@starcjc.com
Telephone number: 740-354-9026
Name of PREA Compliance Manager (if applicable): Steven McKnight

Title: Operations Director
Email address: smcknight@starcj.com
Telephone number: 740-354-9026 ext 160

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
Email address: Gary.Mohr@odrc.state.oh.us
Telephone number: 614-752-1164

Agency-Wide PREA Coordinator

Name: Andrew Albright
Title: Chief, Bureau of Agency Policy and Operational Compliance
Email address: Andrew.Albright@odrc.state.oh.us
Telephone number: 614-752-1708

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 STAR Community Justice Center (hereinafter, "STAR"), 4578 Gallia Pike Franklin Furnace, OH 45629, on July 7-8, 2014. STAR serves nine southern counties in the state of Ohio. During the audit, 150 residents were present at the facility, 39 of whom were women; and the facility employed 42 staff members.

STAR 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 STAR is one such program; its name, "STAR", stands for "Structure, Therapy, Advocacy, and Restoration."

STAR is the first of nine CBCF's for which Auditor Bonner conducted audits in July 2014, through a memorandum of understanding 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.

On Monday, July 7, 2014, at about 8:40am, Auditor Bonner arrived at STAR in Franklin Furnace, OH, where she first met with Steven McKnight, Operations Director and PREA Coordinator. After their ½ hour meeting, Mr. McKnight and Auditor Bonner toured the entire facility, which included all dorms and both floors of the male wing, programming area, administration area, kitchen/dining areas, maintenance, intake, female wing and Central Control. Auditor inspected all offices, closets, restrooms, classrooms, halls, recreation yards, exits, and sally ports. Auditor noted cameras, mirrors, potential blind spots, PREA signage and PREA telephone numbers postings throughout. After a thorough three hour tour of the entire facility, Mr. McKnight and Auditor lunched in facility cafeteria while women residents were also at lunch. Then the audit continued in Central Control, where the Auditor viewed on

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

² *Id.*, p. 8.

monitors the areas visited during the tour.

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

- Facility Director,
- Deputy Director,
- Operations Director/PREA Coordinator,
- ORAS (Ohio Risk Assessment System)/PREA Risk Assessment Screener,
- Volunteer from US Forestry Service,
- Aftercare Specialist,
- Housing Coordinator,
- Nurse,
- Intake Director,
- Behavioral Management Specialist,
- Operations Specialist,
- HR Specialist, and
- Case Manager.

Auditor Bonner also met individually with twelve residents, four of whom were female residents. Three of these residents were chosen based on sexual identity (male and female) and disability. Others were chosen at random, from the various dorms. During the two-day audit, Auditor Bonner conducted document review which included review of employee files (including 15 new hires, 6 terminations, spot check of five year background checks and promotions), security logs, PREA assessments/reassessments/designation documents, client files (including disciplinary documents), staff/volunteer training logs, resident orientation verifications, PREA specialized training certificates, PREA forms and data logs. Auditor was onsite for over 12 hours on July 7 and 10 hours on July 8. At the end of the second day, Auditor held a closeout session with the Facility Director and PREA Coordinator, during which she shared some of her immediate observations.

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

STAR is a split level facility located in Franklin Furnace, OH, in Scioto County, a rural area in southern part of the state. (Photos are at <http://starcjc.com/photos.php>.) STAR opened in November 2001; its brick and tan façade, as well as the grounds, are still in very good condition. The building has a capacity for 160 residents, and 150 residents were present at the time of the audit. The majority

of the facility is one level; the male wing has two levels.

On the tour, we walked through the facility as if it were a circle, from the male programming area, to male residents' space, through kitchen/cafeteria, then garage (maintenance), to women's wing, and then through intake. The front lobby of the facility is locked and one must be allowed in by Central Control. Visitors and vendors enter and exit here primarily; the space is monitored by camera; and residents are only allowed to clean here, supervised by staff. PREA signage was prominently displayed in this area.

Through a door with camera overhead, there is a staff gym; residents are only allowed in to collect trash. In the male programming hall, there are cameras throughout. Programming offices and classrooms have doors with windows; and classrooms have cameras as well. One classroom has a glass wall. Storage closets are locked; and all doors along halls are monitored by cameras.

The male wing has two levels, with a large day room in the center monitored by multiple cameras. The day room is divided by tape along the floor for programming and management purposes, dividing the four housing units. There is an exercise yard monitored by three cameras. Laundry rooms on each floor have glass window and window in door. A grievance box is located downstairs near entrance door to the space. PREA signage containing telephone numbers for PREA Coordinator and outside agencies are near pay phones upstairs and downstairs. There is at least one monitor on the floor at all times, with rounds every thirty minutes.

Each of the four housing units has a restroom with no door, three toilet stalls with no doors, four shower stalls and one handicapped stall, all with shower curtains with see-through vinyl at head level. The dorms are four open rooms, each with 24 beds (bunks and cots), arranged in a circle, with bunks and lockers in the middle of the room as well as along the walls. There are two other beds in a smaller room for "trustees" who earn honor of separate space. With medical exceptions, residents are not allowed in dorms during the day. Dorms are locked during the day if nobody is in them. Dorms remain open overnight. There is camera coverage on door of each dorm; and each dorm door has a window.

Upstairs there is a classroom with camera and window and open space for another class in the open area above the floor of the large day room area. Pay phones and PREA signage are in the upstairs open area as well. Client storage is in the upstairs classroom, behind a locked door. Classrooms are locked at 4:30pm daily.

Facility laundry has a camera, and its door remains open when occupied. Cages storage is locked yet visible. Only three residents are on facility laundry crew and are authorized to be in this room.

Segregation cells are monitored by cameras; and there is a glass in each door. Toilet is out of view of the camera and the window. Male and female staff monitor segregation cells. IF YOU CAN, CONVERT TO SAME-SEX MONITORING OF SEGREGATION CELLS.

Intake area is monitored by cameras, but medical examination, intake shower/strip search and urinalysis areas are not, for privacy. PREA signage is prominently displayed.

The female wing has its own programming, staff, and dayroom areas. The halls of the staff area are covered by cameras; the

staff area is locked; and doors have windows. Two classrooms and library have glass windows, doors with windows, and cameras. There are also three cameras covering the laundry and storage area. The female recreation area is also covered by cameras. There are now two female dorms: the second, smaller space is a converted classroom. Like the male dorms, the beds are arranged in a circle, with beds circling a table in the smaller space.

The garden and shed outside are covered by recreation and parking lot cameras. The garage where maintenance is located has a mirror and some camera coverage. Residents are not allowed in the office space of the maintenance area.

The kitchen is covered by six cameras, including one in the food service line. The cafeteria doubles as a visitation area, and also has six cameras. The GED classroom and family outreach rooms are also covered with cameras. These areas are shared amongst male and female residents, but they never use these spaces at the same time.

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.]

STAR is considered a very safe facility by residents and staff. It has a committed PREA Coordinator in Steven McKnight, the Operations Manager with over twenty years military experience prior to coming to STAR eleven years ago. STAR has been implementing PREA for about a year before its first audit; and Mr. McKnight and the facility are committed to implementing PREA correctly and effectively. During the audit, the facility made corrections to ameliorate blind spots, increase PREA signage, add telephone numbers, shorten shower curtains, change and create forms – all in immediate response to auditor observations and comments.

Throughout this process STAR has continued to be mindful and make adjustments as needed for continued proper implementation of PREA standards. During closeout, Auditor, PREA Coordinator, and Facility Director had a thoughtful discussion about sexual harassment: what is it, how to detect it, and how to respond to it. As a cognitive behavioral treatment facility, STAR has disciplinary sanctions that are not just punitive, but involve helping residents make better choices. Auditor stressed that PREA does not require that facilities abandon their existing disciplinary model for noncriminal PREA violations. STAR committed to responding to inappropriate sexual comments and gestures, before they become repeated instances of sexual harassment, to affect positive cognitive and behavioral change.

Steven McKnight is the Specialized PREA Investigator onsite; and he and two others have completed the PREA Victim's Advocate training. He has a kit for first responders in his office, which includes caution tape and a checklist of first responder responsibilities. He has obtained letters of commitment from Scioto County Sheriff's Office (SCSO) and Southern Ohio Medical Center (SOMC) for outside investigation, SAFE/SANE examination and victim's advocate services. Mr. McKnight has laid the groundwork to have available forensic and supportive services should there ever be a sexual abuse incident at STAR.

STAR has 96 cameras, a staffing plan, and continuous rounds to aid in prevention and detection of sexual abuse and

harassment. With 42 staff and 150 residents, it also has a good staff-to- resident ratio. The layout of the dorms makes it difficult to monitor unless one walks the entire circle; and monitors have been instructed to do so on all dorm rounds. The facility endeavors to keep male and female residents separate at all times, and it does so successfully. STAR does have the benefits of being in a rural area, with a manageably sized population for the number of staff, and the ability to choose not to take residents based on type of offense (no sex offenders, no highly violent offenders).

STAR implements the PREA standards, and has been doing so for some time. Its annual implementation and annual report have been models for other CBCF's in Ohio and around the country.

No. standards exceeded:	4
No. standards met:	33
No. standards not met:	0
No. standards N/A:	2

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 agency 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 agency'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 agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

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

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

The position of the PREA coordinator in the agency's organizational structure.

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

Exceeds Standard (substantially exceeds requirement of standard)
N/A 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): THIS STANDARD IS NOT APPLICABLE. STAR DOES NOT CONTRACT WITH OTHER ENTITIES FOR THE CONFINEMENT OF RESIDENTS. OHIO DEPARTMENT OF REHABILITATION AND CORRECTIONS (ODRC) CONTRACTS WITH THIS QUASI-COUNTY FACILITY FOR THE CONFINEMENT OF RESIDENTS. ODRC REQUIRES THAT ALL OF ITS CONTRACT FACILITIES COMPLY WITH PREA.

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):

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. The facility has 60 staff and 96 cameras to provide for the safety of 150 residents. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common reason for deviating from the staffing plan in the last 12 months has been staff schedule. However, the facility still maintains adequate coverage with its available staff, and always has male and female staff present at the facility.

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

- 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 DOES NOT conduct cross--gender strip or cross--gender visual body cavity searches of residents. The facility DOES NOT permit cross--gender pat--down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017 if their rated capacity does not exceed 50 residents). The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Facility policy requires that all cross--gender pat--down searches of female residents due to exigent circumstances be documented. Facility has added column to pat-down log to document such exigent circumstances. 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). Male and female residents are kept separate at this facility; and female staff work with female residents almost exclusively. 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. NO such searches occurred in the past 12 months. In fact, to date, this facility has had no known transgender or intersex residents

in its history.

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):

The facility has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Intake staff reads information regarding PREA to residents so that those who have difficulty reading still receive the information. Although it has not yet experienced such cases, the facility has established policy-requiring staff to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 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. POLICY 1433.

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):

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 above.

Facility policy is substantially in compliance with the requirement regarding 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. Facility policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) 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.

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

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.

The facility asks all applicants and employees who may have contact with residents directly about previous misconduct bulleted above in 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 also imposes upon employees a continuing affirmative duty to disclose any such misconduct, included in its annual employee performance review. Facility policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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):

The facility has NOT acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. However, it anticipates an expansion into the neighboring facility (a former juvenile jail) by July 2015. This will increase its capacity to 300 residents and would have a \$2.2 million camera system.

The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The facility now has 96 cameras throughout the facility for highly effective video monitoring.

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):

The facility is responsible for conducting administrative sexual abuse investigations only (including resident--on--resident sexual abuse or staff sexual misconduct). The agency that has responsibility for conducting criminal investigations is the Scioto County Sheriff's Office, from which the facility has a letter of commitment. When conducting a sexual abuse investigation, the county investigators follow a uniform evidence protocol. 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.

The facility will offer to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations would be offered without financial cost to the victim. Where possible, examinations would be conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SANEs or SAFEs are not available, a qualified medical practitioner would perform forensic medical examinations. The facility has a letter of commitment (i.e., MOU) from the Southern Ohio Medical Center, committing to providing SANE staff to serve its residents if needed.

The facility has attempted to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. However, the closest rape crisis center to Scioto County has lost its funding and is not presently operating. Since a rape crisis center is not available to provide victim advocate services, the facility will provide qualified staff member (Social Worker) from Southern Ohio Medical Center or one of three qualified facility staff members who have received the PREA Victim's Advocacy Training. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community--based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

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):

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, no allegations of sexual abuse were received; one allegation of sexual harassment was received, resulting in an administrative investigation. This investigation was completed, the allegation was substantiated, and the resident was sanctioned pursuant to facility's disciplinary procedures.

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, Scioto County Sheriff's Office, 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

agency website.

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

A separate entity is responsible for conducting criminal investigations, and such publication describes 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):

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 agency 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.

Training is tailored to the gender of the residents at the facility.

All staff employed by the facility, who may have contact with residents, were trained or retrained in PREA requirements. Between

trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment: all changes are sent out to be read by staff, with signed acknowledgement of having read them.

Employees who may have contact with residents receive refresher training on PREA requirements annually. 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):

All volunteers and contractors who have contact with residents have been informed of their responsibilities under the facility's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. 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. 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.

The facility maintains documentation confirming that volunteers/contractors understand the training they have received.

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):

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 agency policies and procedures for responding to such incidents.

The facility provides residents who are transferred from a different community confinement facility with same information as new residents.

Resident PREA education is available in accessible formats for all residents including those who are: deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. Policy SOP-036.

Resident PREA education is available in accessible formats for those who have limited English proficiency. The facility has access to interpretation services provided by the court system in Ohio.

The facility maintains documentation of resident participation in PREA education sessions.

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):

Steve McKnight, Operations Manager and PREA Coordinator for the facility, has completed Specialized PREA Investigator Training, March 5, 2014. The facility maintains the certificate showing that he completed the required training for Special PREA Investigator. Should any administrative investigations for sexual harassment or sexual abuse that is not investigated by the police be required, this Specialized PREA Investigator is trained and able to conduct such investigations at the facility.

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):

The facility does not have a policy related to the training of medical and mental health practitioners who work regularly in its facility. The facility has one nurse on staff, a contract psychologist and a contract doctor who comes in once a week. This staff does NOT conduct forensic examinations.

Medical and mental health care practitioners have received the training mandated for employees under § 115.231.

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):

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. 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: upon arrival at the facility. Risk assessment is conducted using an objective screening instrument and considers, 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.

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.

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. All residents are initially assessed at intake and are reassessed by their individual case managers within 30 days.

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.

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.

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.

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):

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.

The facility makes individualized determinations about how to ensure the safety of each resident.

When making housing and programming assignments for transgender or intersex residents, the facility will make such assignments in the facility on a case--by--case basis. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status; and there is no such placement 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**

- 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 established procedures allowing for multiple internal ways for residents to report privately to agency 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.

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 agency: Ohio Department of Rehabilitation and Corrections (ODRC) PREA Hotline.

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. POLICY 1433.

Staff are required to document verbal reports immediately.

The facility has established procedures for staff to privately report sexual abuse and sexual harassment of residents through chain of command or by contacting Operations Director Steve McKnight directly.

Staff are informed of these procedures in their PREA staff trainings.

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):

The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse. POLICY 6B-03. 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. 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. 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. To date, the facility asserts that it has not received grievances alleging sexual abuse; therefore, no 70-day extension period to respond to such grievances has ever been necessary. However, the facility would always notify the resident in writing when the facility files for an extension, including notice of the date by which a decision will be made. PREA RESIDENT HANDBOOK. 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 agency document the resident's decision to decline. 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 24 hours. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 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 agency demonstrates that the resident filed the grievance in bad faith. POLICY 1433.

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):

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, including Shawnee Mental Health, Jackson County crisis hotline, and Portsmouth crisis hotline; and
- Enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored, in the Resident Handbook and the PREA Resident Handbook.

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.

The facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. In the letter of agreement with the Southern Ohio Medical Center, SOMC agrees to provide victim’s advocate support to sexual abuse victims at the hospital.

The facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. Unfortunately, Ohio Department of Health funding was cut for rape crisis centers in the southern Ohio area where the facility is located; and there are presently no local rape crisis centers.

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 are encouraged to call the Operations Director/PREA Coordinator of the facility directly to report resident sexual abuse or sexual harassment on posters in the facility and in the PREA Resident Handbook.

The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents on its website: <http://starjtc.com/ResidentPREAHandout.pdf>.

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):

The facility requires all staff to report immediately and according to facility policy 1433:

- 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.

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.

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to PREA standards and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

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.

The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigator, Steve McKnight, Operations Director.

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). In the past 12 months, facility has not determined that a resident was subject to substantial risk of imminent sexual abuse. POLICY 1433 and 1434.

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):

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. POLICY 1433.

In the past 12 months, the facility received four allegations that a resident was abused while confined at another facility.

Per policy, the facility PREA Coordinator provided such notification as soon as possible, but no later than 72 hours after receiving the allegation and documented that the facility provided such notification within 72 hours of receiving the allegation.

The facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. There were no such allegations reported in the last 12 months.

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):

The facility has a first responder policy for allegations of sexual abuse. POLICY 1433.

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.

Facility policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

- (1) Request that alleged victim not take any actions that could destroy physical evidence, and,
- (2) Notify security staff.

In the past 12 months, there were no allegations that a resident was sexually abused.

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, as well as community partners, including the Scioto County Sheriff's Office (SCSO) and Southern Ohio Medical Center (SOMC). POLICY 1434.

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

Exceeds Standard (substantially exceeds requirement of standard)
N/A 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 NOT entered into or renewed any collective bargaining agreement or other such 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):

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. POLICY 6A-05 AND 1433. The facility designates staff member(s) or charges department(s) with monitoring for possible retaliation. The facility director monitors potential retaliation against staff; case managers meet weekly with residents to monitor retaliation. PREA Coordinator meets with the resident at 90-day mark to see if there are any issues or any need for continued monitoring. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 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. 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.

The facility acts promptly to remedy any such retaliation.

The facility's obligation to monitor terminates 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):

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 agency/facility has a policy related to criminal and administrative agency investigations. POLICY 1433.

Where sexual abuse is alleged, the agency shall use an investigator who has received special training in sexual abuse investigations pursuant to § 115.234, Steve McKnight, Operations Director.

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.

When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with law enforcement as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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.

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.

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.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The agency shall retain all written reports regarding sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

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

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):

The agency imposes 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. POLICY 1433.

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):

The facility has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency 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 agency. POLICY 1433.

If an outside entity conducts such investigations, the facility will request the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility would subsequently inform the resident (unless the law enforcement agency 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 agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There have been no substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the facility in the past 12 months.

Following a resident's allegation that he or she has been sexually abused by another resident in the facility, the facility would subsequently inform 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.

There have been no substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a resident against another resident in the facility in the past 12 months.

The facility has a policy that all notifications to residents described under this standard are documented.

The 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):

Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. POLICY 6A-05.

Termination shall be the presumptive disciplinary sanction for staff that have engaged in sexual abuse.

In the past 12 months, no staff from the facility have violated facility sexual abuse or sexual harassment policies.

Disciplinary sanctions for violations of agency 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.

In the past 12 months, no staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

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, are to 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):

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. 0375 STAR PREA VENDOR NOTICE.
In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.
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):

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 or following a criminal finding of guilt for resident-on-resident sexual abuse.
In the past 12 months, no administrative findings of resident-on-resident sexual abuse that have occurred at the facility; and no

criminal findings of guilt for resident--on--resident sexual abuse that have occurred at the facility.

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. 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.

If a resident is found to have committed sexual abuse, he will be removed from the facility. The facility does not accept sex offenders.

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

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.

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: **§115.282 -- Access to emergency medical and mental health 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):

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. POLICY SOP-M015; SOMC COMMITMENT LETTER

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.

Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and/or all lawful pregnancy--related medical services, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

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):

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. POLICY SOP-M015.

The evaluation and treatment of such victims shall include, as appropriate, follow--up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 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.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 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.

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):

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.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents is zero.

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

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.

The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made (1) through (5), below, 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. 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):

The facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The facility aggregates the incident--based sexual abuse data at least annually. 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. The facility maintains, reviews, and collects data as needed from all available incident--based documents, including reports, investigation files, and sexual abuse incident reviews.

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 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 the facility.

Going forward from this first year, the annual report will include a comparison of the current year's data and corrective actions with those from prior years and would provide an assessment of the facility's progress in addressing sexual abuse.

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 director and Facility Governing Board.

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. The facility indicates the nature of material redacted.

Overall Determination:	§115.289 - Data storage, publication, and destruction.
	<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>

The facility ensures that incident--based and aggregate data are securely retained. POLICY 1433.
 Before making aggregated sexual abuse data publicly available, the facility removes all personal identifiers.
 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 agency under review.	
AUDITOR SIGNATURE	/s/ Michelle Bonner
DATE	August 29, 2014