

PREA Facility Audit Report: Final

Name of Facility: MonDay Community Correctional Institution

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/29/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 11/29/2022

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	10/17/2022
End Date of On-Site Audit:	10/19/2022

FACILITY INFORMATION	
Facility name:	MonDay Community Correctional Institution
Facility physical address:	1951 South Gettysburg Avenue, Dayton, Ohio - 45417
Facility mailing address:	

Primary Contact	
Name:	Heather Lindeman
Email Address:	LindemanH@mcoho.org
Telephone Number:	937-496-7305

Facility Director	
Name:	Michael J. Flannery
Email Address:	FlanneryM@mcoho.org
Telephone Number:	937-496-3002

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

Facility Characteristics	
Designed facility capacity:	250
Current population of facility:	205
Average daily population for the past 12 months:	205
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18+
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	115
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	21

AGENCY INFORMATION	
Name of agency:	MonDay Community Correctional Institution
Governing authority or parent agency (if applicable):	MonDay Facility Governing Board
Physical Address:	1951 S Gettysburg Ave, Dayton, Ohio - 45417
Mailing Address:	
Telephone number:	9374967300

Agency Chief Executive Officer Information:	
Name:	Michael Flannery
Email Address:	flannerym@mcoho.org
Telephone Number:	937-796-3002

Agency-Wide PREA Coordinator Information			
Name:	Heather Linderman	Email Address:	LindemanH@mcoho.org

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-17
2. End date of the onsite portion of the audit:	2022-10-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Miami Valley Hospital SANE director Montgomery County Victim Services YWCA Rape Crisis

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	250
15. Average daily population for the past 12 months:	187
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	187
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility provided the auditor with a picture roster of all residents that included the intake date, housing unit/dorm, race, weight, and height. The PREA Coordinator identified residents that fit into the identified targeted categories.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>111</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>21</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility has a class on new employees who started the onboarding process during day one of the audit, who are not being counted in the total number of employees.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided the auditor with a resident roster that included a picture of the resident along with the resident's housing unit and dorm number.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Some residents that were included in the random number are overflow from the targeted resident requirements. All residents, received the random resident interview question protocol.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have segregated housing. The facility does have single holding cells that are used during intakes or when a resident is being unsuccessfully terminated from the facility and is waiting for transport,</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>All residents that were identified for the targeted categories were interviewed using the targeted resident profile as well as the random resident profile.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Staff were selected based upon the shift they worked, gender, rank, and if they spoke any language other than English.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	During the onsite visit, the facility did not have any contractors or volunteers present.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The auditor was given full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with staff and clients. The auditor received documentation of the agency prior to the audit in the Online Auditing System and through email. During the onsite visit, the auditor was able to obtain requested documentation and after the onsite visit, the auditor was able to obtain information through email. All requested documentation was received. This includes reviewing staff and resident files. During the tour portion of the onsite visit, the auditor was able to have informal conversations with both residents and staff.</p>

Documentation Sampling

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

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

Yes

No

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

In addition to the documents that were uploading into the AOS, the auditor reviewed 10 resident files and 10 employee files.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	7	0	7	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	1	0
Staff-on-inmate sexual harassment	0	2	1	1
Total	0	4	2	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

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

Sexual Harassment Investigation Files Selected for Review

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

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had several allegations that were reported as PREA but once investigated, the incidents were not PREA. The facility did not have any allegations that involved criminal behavior.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p> <input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 315 579 342">Auditor Discussion</p> <p data-bbox="280 389 1477 712">MonDay Community Correctional Institution policy 3.9 states that the facility will provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse or harassment for all residents by maintaining clear procedures for reporting, detecting, responding, and investigating sexual abuse or harassment. The policy also prohibits retaliation against persons who report sexual abuse or harassment. The policy includes definitions for sexual abuse, sexual harassment, voyeurism, substantiated, unsubstantiated, unfounded, LGBTI, and gender non-conforming.</p> <p data-bbox="280 752 1465 909">Policy 3.9.1 outlines how the facility will prevent, detect, and respond to allegations of sexual abuse and sexual harassment. This includes having a PREA Coordinator who has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the Federal PREA Standards.</p> <p data-bbox="280 949 1434 1025">The facility provided the auditor with the PREA Coordinator's job description. The job description list the duties as:</p> <ul data-bbox="280 1066 1477 1839" style="list-style-type: none"> <li data-bbox="280 1066 1477 1099">· Coordinates, oversees, and plan the facility's adherence to the PREA standards <li data-bbox="280 1133 1315 1167">· Managing and maintaining the facility's accreditation through PREA <li data-bbox="280 1200 1449 1234">· Maintaining all files and data entry for compliance with accreditation process <li data-bbox="280 1267 1321 1355">· Provides advice, support and assistance by interpreting policies and procedures <li data-bbox="280 1388 1422 1464">· Writes and/or reviews on all new and revised policies to ensure compliance with standards and best practices <li data-bbox="280 1498 1091 1532">· Keeps informed with changes in standards and laws <li data-bbox="280 1574 1023 1608">· Acts as a liaison between the facility and PREA <li data-bbox="280 1648 1442 1724">· Take disciplinary action whenever necessary to ensure the effectiveness and integrity of the program <li data-bbox="280 1758 1414 1834">· Identifies and coordinates the training needs of staff to ensure compliance with all applicable accreditation standards <p data-bbox="280 1877 1477 2078">During the onsite visit, the auditor was able to interview with PREA Coordinator. She is the facility's Compliance and Education Coordinator. She reports to the Clinical Manager, who is directly under the Director. The PREA Coordinator reports that she has sufficient time and authority to ensure the facility is complying with the standards. She is responsible for the day-to-day compliance efforts of the facility.</p>

She ensures staff, contractors, volunteers, and residents receive appropriate training; assist with ensuring proper housing, programming, and educational programs for identified residents; retaliation monitoring; and administrative investigations.

During the onsite visit, the auditor was able to interview the PREA Coordinator's direct supervisor (Clinical Supervisor) and the Director. The Clinical Supervisor reports that while the PREA Coordinator is new to this position, she has a firm grip on the standards and is able to ensure complete compliance. She reports that she works closely with the Coordinator to assist in removing any barriers to compliance and implementing any recommendations the Coordinator makes. The Director reports that the Coordinator has the full authority to enforce policies, procedures, and practices concerning the PREA standards.

The Director reports that he depends on the PREA Coordinator to ensure that the facility has the proper policies, procedures, and protocols in place in order to comply with the standards. He states that he takes the recommendations of the Coordinator and works with management staff and the budget to implement those recommendations.

MonDay has appropriate policies and procedures in place to comply with the PREA Standards and a PREA Coordinator that has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the standards.

Review:

Policy 3.9 and 3.9.1

Interview with PREA Coordinator

Interview with PREA Compliance Specialist

Interview with Director

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A: The PREA Coordinator reports that the facility does not contract with other facilities to house residents.

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1477 456">Agency policy 3.9.1 requires each MonDay to develop and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. The policy requires the plan to be:</p> <ul data-bbox="352 528 1449 768" style="list-style-type: none"> • Staff 24-hours a day, 7 days a week, 365 days a year • Video cameras that are placed strategically throughout the facility for monitoring and recording purposes • Annually (and more frequently if needed) the Management Team assesses, determines, and documents whether adjustments are needed regarding staffing patterns and monitoring techniques <p data-bbox="280 810 1477 1010">The facility provided the auditor with their most recent staffing plan. The staffing plan includes a detailed floor plan for both buildings with camera locations, staffing plan deviation report, annual average daily population, and the prevalence of substantiated and unsubstantiated sexual abuse reports. The facility reports that it has not deviated from the staffing plan.</p> <p data-bbox="280 1052 1477 1292">The facility has two separate camera systems, one for the male building and one for the female building. The male facility has six digital video recorders. Five of the recorders have 1 Terabyte worth of storage, and the sixth has two Terabytes. This allows for the facility to store one-two months of video footage. This system host 88 cameras. Main control has direct views to these cameras, and several supervisors have remote access from their offices.</p> <p data-bbox="280 1335 1477 1823">In addition to the main camera system in the male building, the building also has a "PREA System." This system has two Terabytes worth of storage for approximately two months of video playback. This system houses the cameras in the male dorms, restroom sink areas, stairways, and night watch area. There is also audio recording in the male dorms and night watch area. The facility has another "PREA System" that has four Terabytes of storage for video and audio recordings, which allows for two-three months worth of storage. This system has cameras in the three dayrooms, kitchen, and the male strip search room. Female staff have no access to any camera that is on the PREA System. Only male supervisory staff currently have direct ability to log in to this system from their offices or other controlled environments. The cameras on this system are not monitored and only accessed to pull evidence on an event basis.</p> <p data-bbox="280 1865 1294 1899">The facility has one hundred fifteen (115) cameras in the male building.</p> <p data-bbox="280 1942 1437 2058">The female building has one digital server, which has 36 Terabytes of storage for playback of up to three months for the building's 40 cameras. These cameras capture the perimeter of the building, interior public areas, and the outside gated</p>

area. Audio recording is available for the control room. The staff working the control room is responsible for monitoring these cameras.

The female buildings "PREA System" has two Terabytes of storage for the cameras that are in the dorm areas. This system stores both video and audio footage. This system can only be accessed within the female building by female supervisors within the coordinator office, with no remote viewing available. There are 45 cameras on this system. These cameras are not monitored and are only accessed to pull evidence on an event basis.

There are 85 cameras in the female building.

The PREA Coordinator reports that the facility has not deviated from the staffing plan that was developed based on a population of two hundred fifty male and female residents. For the FY 2022, the average daily population of male and female residents was 212. The reduced number of residents has allowed the facility to shut down one male housing unit in an effort to supervise the residents more efficiently. She reports that should a Resident Leader (RL) call off work, another RL would stay or would be called in to work. If necessary, program or management staff can assist with maintaining appropriate staffing levels. The Resident Leader shift plan is as follows:

- 0600-1800 minimum RL staff = 4 male building and 2 female building
- 1800-0600 minimum RL staff = 4 male building and 2 female building

Resident Leader Supervisors work 1100-1900 in order to assist with both shifts.

Male Resident Leader staff do not work in the female building, unless needed to assist with temporary coverage or respond to an incident.

Resident leaders conduct security checks. RL staff are required to conduct rounds every thirty minutes on an irregular schedule. There are three official counts per shift. All counts are where residents must return to their room and a staff member will come around and document visually seeing the resident. A perimeter check is conducted at least once per shift.

The facility provides transportation of residents to community activities. The facility tries to ensure same gender transportation; however, if that is not feasible or if there is both a male and female resident that need to be transported, the agency requires the staff to transport in a facility vehicle that has a camera inside. The staff member will ensure there is a seat in between a male and female resident if they need to be transported at the same time.

The auditor reviewed the allegations from the past year with the PREA Coordinator and the Clinical Manager. The facility did not have any sexual abuse or sexual harassment allegations during the past twelve months.

During interviews with agency leadership, they discussed their ongoing process of reviewing each building for ways they can prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The Director spoke of increasing the

number of cameras throughout the buildings, adding audio to certain cameras, and collapsing a housing unit due to decreased resident and staff numbers. The Assistant Director, Clinical Manager, and PREA Coordinator discussed with the auditor the possibility of placing cameras in the male housing units bathrooms. They showed the auditor the specific location of where they would like to install the cameras and the precautions that are being taken to ensure that the cameras do not capture residents using the toilets, urinals, or shower. They also report that these cameras would be placed on the "PREA System" dvr's so that no staff member will be allowed to access these cameras, and supervisory staff would only observe during an investigation.

The annual staffing plan is completed annually by the PREA Coordinator and approved by the agency Director.

Review:

Policy and procedure 3.9.1

Staffing plan FY 2022

Floor plan

Camera monitors

Building tour (male and female)

Interview with agency investigators

Interview with PREA Coordinator

Interview with Director

Interview with Clinical Manager

Interview with Assistant Director

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1469 707">Policy 3.9.1 outlines the agency search procedures. The policy prohibits cross-gender pat, strip, and visual body cavity searches except when performed by medical personnel. All nonmedical staff are restricted from viewing the breast, buttocks, or genitalia of residents of the opposite gender when the residents are showering, performing bodily functions, or changing clothing. This includes via video camera. All searches, pat or strip, must be conducted by a staff member who has completed training regarding resident searches, be professional and preserve the dignity of the person being search, and avoid unnecessary force or embarrassment to the resident.</p> <p data-bbox="280 748 1469 1032">All residents entering the secure perimeter of the facility will receive a strip search by a staff member of the same gender. Residents who receive a strip search will be moved to a designated room where a camera will be able to view the staff member but not the resident. During the onsite visit, the auditor toured the strip search room in both the male and female building. The camera in the strip search room was not viewable via the camera monitor in central control. The room is appropriately set up to view staff on camera, but allow privacy for the resident.</p> <p data-bbox="280 1072 1174 1106">Policy 3.1.7 requires strip searches for the following conditions:</p> <ul data-bbox="352 1173 1453 1503" style="list-style-type: none"> • Any resident admitted to MonDay prior to going into the population • Any resident who has attended visitation prior to going back to the floor • Any resident who has been outside the facility, including returning from appointments, the emergency room, doing maintenance work such as lawn care, etc. • For cause, if there is a reason to believe that a resident may have contraband, staff must obtain authorization from the Director or Assistant Director or designee prior to conducting the strip search <p data-bbox="280 1543 1453 1659">The policy states that only staff of the same gender as the resident can participate in a strip search. A strip search must be conducted in the designated private location that does not allow for non-participants to observe the search.</p> <p data-bbox="280 1700 1422 1816">The auditor watched pat searches of males and females while at the onsite visit. The searches were conducted in accordance with protocols discussed with the auditor by the Operations Coordinator.</p> <p data-bbox="280 1856 1477 2051">All operations staff receive training on conducting transgender and intersex residents in a professional and respectful manner, consistent with security needs. The policy does not allow for transgender/intersex residents to be searched for the sole purpose of determining a resident’s genital status. Searches are to be conducted in a professional and respectful manner and in the least intrusive manner</p>

possible. The facility has housed one transgender resident during this audit cycle. The resident was housed in the female building and staff report no issues with conducting pat or strip searches on the resident.

As part of supportive documentation, the auditor reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training is conducted by the Assistant Operations Coordinator and includes instructions on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents, and how to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has a restroom in each of the housing units for residents to be able to shower and use the toilets. Policy 3.9.1 requires all staff to announce their presence when entering an area where residents shower, perform bodily functions, and change clothing. All non-medical staff are prohibited from viewing a resident's breast, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine security checks. The facility requires all residents to change in the bathroom due to cameras in the dorms in order to ensure the most private space for changing clothing. .

The bathroom in the male dorms are divided into a toilet/sink area on one side and a shower area on the other. During programming hours, the shower area is closed off via a scissor gate and residents must request a pass from the Resident Leader to use the bathroom. There is a solid door at the bathroom entrance that is usually propped open. No one can see the toilet or shower area from outside the bathroom. The bathroom on the second floor housing unit has six toilets with curtains at each entrance and four urinals with partitions between each. To the right of the entrance is the shower area. There are seven individual shower stalls with a curtain at the entrance. The male bathroom on the first floor housing unit is set up exactly the same as the second floor.

The third male housing unit is not currently housing residents. It is currently being used as a COVID isolation unit, as needed. This unit has dayroom and offices on the first floor and dorms and bathroom on the second floor. There is a toilet room on the first floor that residents use during programming hours. There are three bathrooms in the dorm area. All bathrooms have large openings at the entrance. There are three individual showers and two or three toilets. All are covered by a curtain. During the last audit it was noted that the curtains that surround the shower stalls in the bathrooms were not PREA friendly. The facility has since purchased curtains that allow for appropriate viewing levels at the head and feet.

The bathrooms in the female housing units are attached to dorm units. There is one bathroom for two dorms. Each dorm houses between two/three residents. On one side of the entrance to the bathroom/dorm area is a single use shower with a curtain and on the other side is the toilet and sink also covered by a curtain. During programming hours, there a specific bathroom available for resident use. The dorm

rooms that are attached to this bathroom are closed with a scissor gate.

The facility also has holding cells with toilet areas. The windows are either high enough or tinted to allow for privacy when using the toilet in the cells. The tinted window is a corrective action the facility made based on a previous recommendation. The holding cells are primarily used to hold residents during intake.

Monday policy 3.9.1 requires staff of the opposite gender to announce their presence when entering a resident housing unit. Staff will again announce their presence when entering a dorm area of the opposite gender. The auditor was able to see this in practice during the tour portion of the onsite visit.

During the onsite visit, the auditor was able to interview twenty (20) residents. The auditor inquired about searches as well as cross-gender announcements. All the residents interviewed have received at least one strip search during their stay at the facility. Male residents interviewed stated that they have never been pat or strip searched by a female staff member. Some of the residents who have received a search after working in the kitchen report that if only a female staff is available, they will use a security wand and not physically touch them while conducting the search. They report that pat and strip searches have been professional and respectful. The residents report that when female staff come onto the floor, that they always announce their presences. They state that the dorm room doors are locked during programming hours, but when the dorms are open, female staff announce their presence before entering. The residents state that they are not allowed to change in their room because of the cameras. There were several male residents who wanted to address concerns about the facility's announcement that there would soon be cameras in the bathroom. The auditor discussed the facility's plan for the cameras in the bathroom and the assurance of being able to use the toilet, urinal, and showers privately.

Female residents that were interviewed state that it is very rare to have a male staff member on the floor. They state that when male staff are in the building, they tend to stay in the housing area. Should a male staff member or a member of maintenance need to be in the dorm or bathroom area, the area is cleared of all residents before the male can have access. No female resident reported being searched by male staff member. The residents report understanding the facility's dress policy and the requirement to change in the bathroom.

The auditor conducted Resident Leader (RL) interviews from both shifts and from each building. All staff interviewed indicated that they received annual training on how to conduct proper pat searches, strip searches, and transgender searches. The staff report that they are prohibited from conducting cross-gender searches and body cavity searches. When questioned about searching transgender residents.

The staff report that they have had several transgender residents throughout the years and are totally comfortable conducting respectful and professional searches.

The auditor interviewed the Operations Coordinator and the Assistant Operations Manager during the onsite visit. Both supervise Team and Resident Leaders. They

state that they train and conduct quality control observations of searches. They report search training techniques include appropriate communication when conducting searches and using the back of the hand in erogenous zones. Staff review a pat search video produced by the Ohio Department of Rehabilitation and Corrections. The auditor was provided signed acknowledgments from staff of receiving search training.

The facility's policy, procedures, practice, training, and physical layout ensure that all residents are provided an appropriate, professional, and respectful pat or enhanced pat search, as well as providing them areas where they can privately shower, perform bodily functions, and change clothing.

Review:

Policy 3.9.1

Facility tour

Interview of residents

Interview of staff

Interview of PREA Coordinator

Interview of PREA Clinical Manager

Interview of Assistant Director

Interview of Operations Coordinator

Interview of Assistant Operations Coordinator

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 315 579 342">Auditor Discussion</p> <p data-bbox="280 389 1473 712">Policy 3.9.1 ensure that residents with disabilities (such as those who are deaf or hard of hearing; blind or have low vision; or have intellectual, psychiatric, or speech disabilities) have equal opportunity to participate in or benefit from all aspect of the agency’s efforts to prevent, detect, and respond to sexual abuse or sexual harassment. The policy also requires the facility to ensure that residents who have limited English proficiency, are deaf, or have other disabilities are able to report sexual abuse and harassment to staff directly through nonresident interpreters or interpretive technology.</p> <p data-bbox="280 752 1473 992">The facility screens residents prior to placement, and does not accept residents that do not have the cognitive capability or the literacy skills needed to process the information presented in Cognitive Behavioral Therapy (CBT) curriculum; have mental health problems or issues which would prevent what is considered appropriate interaction; and medical problems which would prevent integration into the program.</p> <p data-bbox="280 1032 1473 1440">The PREA Coordinator reports that during intake, staff will review resident rules and regulations, including information about the facility’s zero tolerance policy. If the resident identifies or has known limited reading and/or comprehension skills, the staff will read the information aloud. If the resident is LEP, deaf, or disabled, the facility would make arrangements for an appropriate interpreter. The Coordinator reports that the agency works with VOCA link for access to interpreters. The facility has closed captioned, Spanish, and videos create for a third-grade reading/ comprehension level as educational tools to ensure all residents know and understand how to prevent and report incidents of sexual harassment and sexual abuse.</p> <p data-bbox="280 1480 1473 1641">The policy does not allow for the use of resident interpreters unless circumstances are such as where an extended delay in interpretation could compromise a resident’s safety, the performance of first-responder duties, or the investigation of the resident’s allegation of sexual abuse or sexual harassment.</p> <p data-bbox="280 1682 1473 2089">The auditor was able to interview the Operational Development Specialist and the Assistant Operations Coordinator, the staff members that performs resident intakes. The instructors state that they will give them facility specific information regarding PREA and how to report allegations and answer any questions. They report that they will read all paperwork to ensure all residents are able to understand the material and the expectations of the program during their stay. If the resident cannot read, has limited reading ability, or has comprehension issues, the facilitators will read the entire intake packet and explain each section. The instructors discussed the process for assisting residents who have been identified as needing an interpreter or auxiliary aids. They state that prior to placement, the</p>

facility would receive notice that a resident will need the assistance of an interpreter or auxiliary aids in order to participate in the program. The necessary assistance from VOCA will already be arranged. Residents that are deaf or hard of hearing and blind or have low vision that do not already have auxiliary aids will be provided them free of charge. The instructors also state that for residents with reading or cognitive issues, the facility has a video that explains the agency's PREA policies, practices, and protocols at a third-grade level.

The facility reports that they have not had a resident in need of interpreter services or auxiliary aids since the last PREA audit. They report having one resident that was not limited English proficient, but was English as a second language. The resident was capable of reading, writing, speaking, and understanding the English language and did not request any translation or interpretation services. The facility also reports that they had one resident that was hard of hearing; however, no auxiliary assistance was needed.

The auditor interviewed any resident that identified as having a reading or cognitive disability. No resident in this targeted category were in need of any additional services in order to benefit from the agency's effort to prevent, detect, or respond to sexual abuse or sexual harassment. The residents reported staff assisting when necessary, but not having any issues with completing the program. All residents interviewed were capable of describing the facility's zero tolerance policy, reporting options, and services that are provided free of charge to any resident that request such services.

Review:

Policy 3.9.1

Resident intake materials

Interview with target residents

Interview with PREA Coordinator

Interview with Operational Development Specialist

Interview with Assistant Operations Coordinator

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 707">MonDay policy 3.9.1 prohibits hiring or promoting anyone who may have contact with the residents and prohibits 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; has been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats 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 the above section.</p> <p data-bbox="280 748 1394 864">This policy also states that the facility must consider 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.</p> <p data-bbox="280 904 1378 976">Policy 3.9.1 requires the agency, before hiring new employees who may have contact with residents, to:</p> <ul data-bbox="280 1016 1458 1205" style="list-style-type: none"> <li data-bbox="280 1016 1002 1050">· Perform a criminal background records check <li data-bbox="280 1090 1458 1205">· Make its best effort 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. <p data-bbox="280 1245 1466 1317">Contractors and volunteers are also subject to a criminal background check prior to having contact with residents.</p> <p data-bbox="280 1357 1481 1429">The policy requires employees to receive a criminal background records check every five years of current employees and contractors.</p> <p data-bbox="280 1469 1469 1715">The auditor interviewed the Human Resources Manager during the onsite visit. The manager states that every five years the Human Resource Department will run background checks on the entire facility regardless of when a person was hired in order to guarantee all staff received the required updated check (unless the employee/contractor was hired in that year). She states that she is responsible for conducting background checks for contractors and volunteers as well.</p> <p data-bbox="280 1756 1474 1957">Policy 3.9.1 states that MonDay shall ask applicants and employees who may have contact with residents directly about previous sexual misconduct as described in this policy during interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. The facility imposes upon employees a continuing affirmative duty to disclose such misconduct.</p> <p data-bbox="280 1998 1474 2069">The Human Resource Coordinator reports that during applicant interviews, each potential employee will be questioned on any allegations (civil or criminal) of sexual</p>

abuse and sexual harassment. The question is also documented on the applicant interview form. Employees who are applying for a promotion or different position, will have an interview and will also be questioned on any civil or criminal sexual abuse or sexual harassment allegations. The manager reports that an employee's disciplinary record (write-ups or disciplinary actions) will be reviewed as part of the promotion process. The manager reports that any material omissions or provision of materially false information is grounds for termination. Currently, employees must annually sign an affirmation of the facility's zero tolerance policy.

The manager states that the facility will contact all previous employers for all successful applicants. The facility will seek information from all previous institutional employers on any substantiated sexual abuse or sexual harassment allegations or if the applicant resigned in the middle of an investigation of an allegation of sexual abuse or sexual harassment. The manager documents whether a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.

The agency documents any request from outside confinement facilities requesting PREA reference checks on potential employees.

The auditor conducted a review of ten randomly chosen employee's files and confirmed the background checks (initial and five-year update), documentation of the continual affirmation to disclose any sexual misconduct, referral checks, and disciplinary records. All files reviewed had the appropriate documentation to show compliance with this standard. The agency also provided documentation of background checks for contract employees.

The auditor conducted an interview with the Human Resource Coordinator, who took the auditor through the hiring and promotion process. The Manager states that during the hiring process, applicants are questioned about criminal or administrative sexual misconduct allegations during the interview. Once hired, all new employees are provided the agency's zero tolerance policy and continued affirmation policy to disclose misconduct is done annually. Employees document their acknowledgment of this annually. The Manager reports that the facility will post positions internally for five days before the position is offered to outside individuals. Interested employees must complete an application, be interviewed, and undergo another criminal background records check. The department will review the employee's file, including disciplinary actions. Employees with disciplinary action that includes sexual misconduct are not eligible for promotion.

The agency makes every effort to ensure the facility does not hire nor promote anyone that has engaged in sexual misconduct.

Review:

Policy 3.9.1

Employee files

	Continued affirmation
	Prior institutional referral
	Applicant interview questions
	Background checks
	Promotion documentation
	Disciplinary records
	Interview with Human Resources Manager

115.218	Upgrades to facilities and technology
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1394 421">The Director reports that the facility has not acquired any new facility, nor is it planning any substantial expansion or modification to the current facility.</p> <p data-bbox="280 456 1469 613">The Director reports that the facility has replaced the video storage system and has increased the amount of time video and audio recordings can be archived. The Director reports the updated equipment has increased the facility's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p data-bbox="280 649 1449 730">The Director will continue to monitor and address technology monitoring issues as needed.</p> <p data-bbox="280 766 392 801">Review:</p> <p data-bbox="280 837 480 873">New Cameras</p> <p data-bbox="280 909 608 945">Interview with Director</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1453 622">The PREA Coordinator states that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary, criminally investigated by the agency with legal authority to conduct such investigation. The agency has provided the auditor with certificates for the administrative investigator training for all agency investigators. The facility has tried to enter into an agreement with the Montgomery County Sheriff's Department, but has not received a response.</p> <p data-bbox="280 663 1474 945">Agency policy 3.9.2 requires the facility to investigate allegations of sexual abuse based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." A complete copy of the publication is maintained by the PREA Coordinator. MonDay follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol includes:</p> <ul data-bbox="280 985 1465 1559" style="list-style-type: none"> <li data-bbox="280 985 1123 1021">· Protections for victims from threats of imminent harm <li data-bbox="280 1061 1465 1173">· Provisions of medical care for victims (for acute injuries and health concerns related to the abuse such as risk of HIV/AIDS, sexually transmitted infections, and pregnancy) <li data-bbox="280 1214 1406 1249">· Collection of forensic evidence from victims, which may aid investigations <li data-bbox="280 1290 1398 1447">· Preliminary documentation and investigation (which may lead to criminal charges against suspects, prosecution, and conviction, as well as administrative findings of sexual abuse, a formal disciplinary process, and/or disciplinary sanctions) <li data-bbox="280 1487 1406 1559">· Support, crisis counseling, information, and referrals for victims as well as advocacy to ensure victims receive appropriate assistance <p data-bbox="280 1599 1417 1711">The facility has six appropriately trained administrative investigators. The PREA Coordinator or the Assistant Director, both trained investigators, will conduct administrative investigations when allegations are made against staff members.</p> <p data-bbox="280 1751 1469 1953">The facility does not provide forensic medical exams. Any resident in need of a forensic medical exam will be transported to Miami Valley Hospital. The hospital will use a certified Sexual Assault Nurse Examiners (SANE) of Butler County. The hospital partners with the jurisdictional law enforcement and victim/witness agencies.</p> <p data-bbox="280 1993 1469 2065">Miami Valley's Emergency Trauma Center clinical nurse provide the auditor with the hospital's policy on Sexual Assault Forensic and Medical Examination. The protocol</p>

covers but is not limited to:

- Consent for forensic examination
- Sexual assault/abuse evidence collection procedures
- Documentation of injuries
- Photographic documentation of injuries
- Screen for potential drug facilitated sexual assault
- Maintaining chain of custody
- Evaluation and recommended treatment for HIV, pregnancy and sexually transmitted infection
- Working with law enforcement on medical issues pertinent to investigation of the crime

The clinical nurse reports that all services are provided to the victim free of charge.

The PREA Coordinator the facility has access to five Crisis Counselors that have been trained to serve as an emotional support person. The auditor was provided training certificates for all Crisis Counselors.

The facility has contacted the YWCA of Dayton, Ohio in order to enter into a Memorandum of Understanding. The YWCA has agreed to provide the facility with rape crisis and emotional support services. The services will include:

- Use of agency's hotline number and address
- Emotional support and counseling
- Victim advocacy
- Crisis intervention
- Support groups
- Information & referral
- Full-service wrap around clinical services

All services will be offered free of charge to the residents.

The facility also has an MOU with the Montgomery County Prosecutor's Office's victim/witness services division, who also provides advocate services. The facility uses this agency as a way for residents to report sexual harassment sexual abuse, and to use as a source for emotional support.

Review:

Policy 3.9.2

MOU attempts

SANE protocol/policy

YWCA of Dayton, Ohio website

Interview with PREA Coordinator

Telephone interview with Emergency Trauma Center clinical nurse

Victim support training certificate

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1469 539">Policy 3.9.2 requires MonDay to ensure allegations of sexual abuse or sexual harassment are referred to the Ohio Highway Patrol (female building) or the Dayton Police Department (male building), who have the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The investigation policy is posed on the agency’s website.</p> <p data-bbox="280 580 1469 824">The auditor reviewed the agency’s website (https://www.mcoho.org/government/county_agencies/monday/prea.php) to ensure that the investigative policy for PREA allegations was posted. The website advises that all allegations of sexual abuse will be referred to the local legal authority for a criminal investigation. The website also gives notice that all allegations (criminal or not) will have an administrative investigation conducted by a trained investigator.</p> <p data-bbox="280 864 1390 1019">The PREA Coordinator reports that sexual abuse allegations will receive an administrative investigation at the conclusion of a criminal investigation. The criminal investigatory agency will make referral to the local prosecutor for any allegation deemed appropriate according to their agency policy.</p> <p data-bbox="280 1059 1273 1133">During the onsite visit, the auditor reviewed the investigation with the administrative investigators (PREA Coordinator and Clinical Manager).</p> <p data-bbox="280 1173 1469 1417">Investigation #1:A resident made a verbal and written report that a staff member made a sexually harassing comment to him concerning the resident's sexuality. The allegation was administratively investigated, and during the investigation, the staff member was assigned to work main control so that there was no contact with the alleged victim. During the investigation, the resident admitted that the allegation was false.</p> <p data-bbox="280 1458 1469 1657">Investigation #2: The facility received an allegation that staff took his clothing and he was forced to walk around in his boxers. The facility conducted an administrative investigation and discovered that the resident did not have his clothing removed and on his own accord walked around in his boxers. The allegation was determined not to be PREA and handled through the agency's resident disciplinary policies.</p> <p data-bbox="280 1697 1449 1852">Investigation #3: The facility had a resident report harassment because a staff member refused to use requested pronouns. The allegation was investigated, and the staff member was retrained on appropriate communication with LGBTI residents.</p> <p data-bbox="280 1892 1469 2092">Investigation #4: Resident contacted the outside PREA hotline and reported that she was being retaliated against because she was not phasing up through the program. The agency conducted an administrative investigation and discovered that the resident was not involved in any PREA allegation as a witness, victim, or abuser. The allegation was still reviewed, and the resident did not meet the qualifications</p>

for advancement.

Investigation #5: Resident reported that another resident was making sexual comments about her breast. The facility conducted an administrative investigation and could not find any corroborating evidence. The allegation was determined to be unsubstantiated.

Investigation #6: Resident reported someone looked at him while going to the bathroom. The allegation was administratively investigated. The video evidence did not show anyone else going into the bathroom. The investigation was determined to be unfounded.

Investigation #7: Resident made a verbal report that another resident was performing a sexual act in the shower while looking at him. The investigation determined that the alleged abuser was engaged in the act before the resident entered the bathroom and was not looking at the resident. Resident was cautioned and counseled concerning the sexual behavior; however, the allegation was determined to be unfounded.

Investigation #8: Resident made a verbal report that another resident made her uncomfortable by touching her as well as other residents. Resident provided the date and time when the alleged incident took place. The investigation determined that no touching could be corroborated by video and the other residents mentioned in the allegation said the incident never happened. The allegation was determined to be unfounded.

Investigation #9: Resident reported feeling uncomfortable around a specific resident monitor. During the investigation, the resident admitted that the staff member has not done anything or said anything sexual. The allegation was determined to be unfounded.

Investigation # 10: Resident reported that a staff member made an inappropriate sexual "joke" towards him. The allegation was investigated and determined to be unsubstantiated. The staff member was moved to another floor and received training on appropriate communication between staff and residents.

Investigation #11: Resident reported that a staff member made an inappropriate sexual comment towards another resident. During the investigation, the staff member admitted to making the comment; however, stated he was just joking with the resident. This staff member has already received training on appropriate communication in conjunction with another allegation of inappropriate sexual communication. The allegation was determined to be substantiated, and the staff member was terminated.

Review:

Policy 3.9.2

Agency website

	Investigation reports
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	Interview with administrative investigators
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115.231	Employee training
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1449 416">Agency policy 3.9.3 requires the facility to ensure all employees that have contact with residents are trained (pre-service and in-service) on:</p> <ul data-bbox="280 454 1465 1384" style="list-style-type: none"> <li data-bbox="280 454 1426 488">· The facility’s zero tolerance policy for sexual abuse and sexual harassment <li data-bbox="280 526 1465 645">· How to fulfill their responsibilities under MonDay’s sexual abuse and sexual harassment prohibition, prevention, detection, reporting, and response policies and procedures <li data-bbox="280 683 1337 716">· Residents’ right to be free from sexual abuse and sexual harassment <li data-bbox="280 754 1449 831">· The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment <li data-bbox="280 869 1350 902">· The dynamics of sexual abuse and sexual harassment in confinement <li data-bbox="280 940 1362 974">· The common reactions of sexual abuse and sexual harassment victims <li data-bbox="280 1012 1417 1046">· How to detect and respond to signs of threatened and actual sexual abuse <li data-bbox="280 1084 1142 1117">· How to avoid inappropriate relationships with residents <li data-bbox="280 1155 1437 1274">· How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents <li data-bbox="280 1312 1422 1384">· How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities <p data-bbox="280 1422 1453 1456">These training topics are taught to new employees during the onboarding process.</p> <p data-bbox="280 1464 1469 1877">All staff are required to attend this training before the employee can work directly with residents. The training is developed for both male and female genders, and all staff are trained on both protocols. During the onsite visit, The facility was conducting in-person PREA training for new employee onboarding. The Operational Development Specialist, who conducts the training, reviewed policy, types and how to report, suspicious activity, responsibility if someone reports (first responder duties), definitions, retaliation, disciplinary action for violations, consent, licensure revocation, informed consent/confidentiality, conducts a PREA who to find activity, and provides examples/scenarios of situations. Afterwards, staff sign acknowledgement of training.</p> <p data-bbox="280 1915 1449 2033">The facility uses Relias online training to ensure employees that have contact with the residents receive the required training. The facility provided the auditor with the training curriculum from the online training. The subjects covered include:</p>

- Purpose of PREA
- The PREA National Standards to Prevent, Detect, and Respond to Prison Rape
- Dynamics of Sexual Abuse Unique to Correctional Facilities
- Characteristics of Vulnerable populations
- Why Staff get Involved with People in Jail/Prison
- Master Manipulator
- Physical Signs of Potential Sexual Abuse
- Non-physical Signs of Potential Sexual Abuse
- Common Reactions of Victims in Confinement
- Your Powers of Observation
- Assess Your Knowledge
- Vital to Safety
- Special Populations: LGBTI
- Disclosure
- Be Respectful
- Verbal Communication
- Personal Biases
- Maintain Professional Boundaries
- Pitfalls to Avoid
- How to Protect Yourself from Liability

In addition to the required training dictated by the standard, the facility also provides training on the following related topics:

- Policy and procedure
- Confidentiality (limits and mandated reporting)
- Resident abuse
- Resident grievance
- Code of ethics
- Trauma Informed Care for Non-clinical Staff

The agency requires employees to take this online training every year. Employees also have the ability to take additional PREA trainings offered through the Relias online training system. The facility provided the auditor with course completion records which documents training completed by employees.

Employees are provided refresher training through the Relias Learning Management System. The monthly training topics include:

- PREA basics
- Effects of abuse
- Boundaries and professional communication
- Reporting knowledge, suspicion, and information
- First responder duties
- Encouraging reporting

During staff interviews, staff stated they receive training on PREA standards and practices. They state that annually they have mandatory PREA training through Relias and also receive facility specific information regarding reporting, first responder duties, and documenting incidents. The staff felt the training was sufficient that they could effectively

The staff also discussed a PREA Staff Guide Book that is located at all post desk. The auditor reviewed the contents of the book. It includes:

- Sexual Abuse/harassment reporting form
- Coordinated respond plan with contact names and phone numbers
- PREA policies and procedures
- Retaliation Monitoring form
- PREA definitions
- Investigation report form
- Retaliation monitoring form
- SART review form
- Facility safety plan
- Risk assessment/reassessment form

The Organizational Development Specialist discussed the agency's training practices. She states that the agency cross trains all staff concerning PREA gender-specific topics because staff can work with male and/or female residents. She states that she tracks PREA training through the Relias system and that any additional trainings that relate to PREA are manually entered into the system based on the curriculum and sign-in sheet provided. She states that she will contact

supervisors with reminders for staff who have not completed the mandatory PREA training.

Review:

Policy 3.9.3

PREA training curriculum

Course completion records

Interview with Organizational Development Specialist

Interview with staff

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 3.9.3 states that MonDay ensures that all volunteers, interns, and contractors who have contact with residents have been trained on their responsibilities under MonDay’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided will be based on the services they provide and level of contact they have with residents.</p> <p>The PREA Coordinator reports that all volunteers, contractors, and interns are provided onboarding and annual PREA training. Interaction with resident is prohibited until training or annual refresher is completed. The facility provided the auditor with sign-in sheets for this training.</p> <p>There were no contractors on duty during the onsite visit.</p> <p>Review:</p> <p>Policy 3.9.3</p> <p>Contractor/volunteer training video</p> <p>PREA acknowledgement form</p> <p>Interview with PREA Compliance Specialist</p>

115.233	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 501">MonDay policy 3.9.3 states that during the intake process, residents are given information explaining MonDay’s zero tolerance policy regarding sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.</p> <p data-bbox="280 542 1477 779">Resident education will be made available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. In addition to providing such education, MonDay ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats, such as brochures.</p> <p data-bbox="280 819 1477 1146">The auditor received a copy of the intake packet that all residents receive. The packet includes the resident handbook that provides information on the program rules which includes possible sanctions for violating the facility’s zero tolerance policy; reporting options including anonymous reports; third-party reporting options; investigation policies; free treatment options (medical, mental health, advocate services); and risk screening information. Residents will sign an acknowledgement of receiving this information, and the acknowledgement will be placed in the resident’s file.</p> <p data-bbox="280 1187 1477 1258">The auditor reviewed documentation that the residents received this information at intake.</p> <p data-bbox="280 1299 1477 1751">During the onsite visit, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers and address to reporting agencies. The auditor used the payphone in the dayroom to call the outside reporting agency. The phone number listed connected the auditor with a PREA hotline recorded message that requested certain information in order to investigate the allegation. The recording reminded the caller that they could report anonymously and that all allegations would be investigated. The facility also has an email system that residents can use to email report incidents of sexual abuse and sexual harassment. The system has a “PREA button” that gives the resident information on how to use the system to report an allegation.</p> <p data-bbox="280 1792 1477 1998">The Intake Resident Leader is responsible for providing residents with PREA education during intake, and the resident receives additional information during resident orientation. The RL provides facility specific information for reporting allegations; accessing medical, mental health, and rape crisis organizations; and locations of PREA information posted throughout the facility.</p> <p data-bbox="280 2033 1477 2069">The Operational Development Specialist is responsible for male resident orientation</p>

and the Assistant Operations Coordinator is responsible for female resident orientation. The auditor was able to interview both during the onsite visit. Both report that they will review:

- MonDay PREA policy
- PREA definitions
- How to keep safe
- Who and how to report
- What PREA looks like - examples
- Bullying and harassment
- Rape crisis, advocate services, medical and mental health
- Informed consent and confidentiality
- Misuse of PREA reporting

If the resident cannot read, has limited reading ability, or has comprehension issues, the facilitator will read the entire intake packet and explain each section. The facilitators state that prior to placement, the facility would receive notice that a resident will need the assistance of an interpreter or auxiliary aids in order to participate in the program. The necessary assistance from VOCA will already be arranged. Residents that are deaf or hard of hearing and blind or have low vision that do not already have auxiliary aids will be provided them free of charge. The instructors also state that for residents with reading or cognitive issues, the facility has a video that explains the agency's PREA policies, practices, and protocols at a third-grade level.

The auditor interviewed twenty residents (targeted and random) during the onsite visit. The residents were questioned on the information they received concerning PREA at intake and orientation group. The residents reported receiving information on reporting, free medical services, confidentiality, sanctions, and searches. The residents were able to discuss the location of PREA informational posters and the information on the posters. All the residents felt the facility did an exceptional job at ensuring they understood their right to be free from sexual harassment and sexual abuse. No resident reporting feeling unsafe.

Review:

Policy 3.9.3

Resident intake packet

Resident handbook

PREA posters

PREA reporting phone numbers

Resident files

Interview with residents

	Interview with Operational Development Specialist
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	Interview with Assistant Operations Coordinator
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115.234	Specialized training: Investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1445 456">Agency policy 3.9.3 requires all administrative investigators to receive specialized training. The agency has six investigators as well as the PREA Coordinator who received in-person training from the Moss Group. The training provided includes:</p> <ul data-bbox="280 499 1455 786" style="list-style-type: none"> · techniques for interviewing sexual abuse victims · proper use of Miranda and Garity warnings · evidence collection in a confinement setting · required evidence to substantiate a case for administrative action or criminal referral <p data-bbox="280 898 1461 1055">The agency retains completion of training certificates as proof of training. The facility has six trained investigators. The auditor was able to review the curriculum and training material provided by the Moss Group and the Ohio Community Corrections. The training modules include:</p> <ul data-bbox="352 1126 943 1491" style="list-style-type: none"> • PREA investigation standards • First responder and evidence collection • Understanding trauma • Legal issues and agency liability • Reports and credibility • Interview techniques • Understanding sexual harassment • Report writing • Investigative outcomes <p data-bbox="280 1534 1474 1821">During the onsite visit, the auditor was able to speak with five of the six administrative investigators. The administrative investigators were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. The investigators report that should an investigation indicate criminal behavior, they will immediately stop the investigation and contact the local legal authority.</p> <p data-bbox="280 1854 1410 2011">The administrative investigators understand the rules under the Garity laws; however, the investigators would not question an employee if a crime has been committed. All administrative investigations would resume after a criminal investigation or with permission from the local legal authority.</p> <p data-bbox="280 2054 392 2087">Review:</p>

	Policy 3.9.3
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	Training curriculum and material
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	Training certificates
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	Administrative investigator interviews
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy 3.9.3 requires all full and part-time medical and mental health care practitioners who work regularly at the facility to have been trained in:</p> <ul style="list-style-type: none"> · How to detect and assess signs of sexual abuse and sexual harassment · How to preserve physical evidence of sexual abuse · How to respond effectively and professionally to victims of sexual abuse and sexual harassment · How and to whom to report allegations or suspicions of sexual abuse and sexual harassment <p>MonDay medical and mental health staff also receive the training mandated under standard 115.231.</p> <p>The facility does have onsite medical practitioners; however, these practitioners would not complete a forensic medical exam. Should a resident be a victim of sexual abuse or sexual harassment, all residents would be seen by a SANE at Miami Valley Hospital. During the onsite visit, the auditor was able to interview the Nursing Supervisor. She reports that the medical staff at the facility must annually complete the PREA training through Relias, as well as required employee training. She reports that residents would be transported to Miami Valley Hospital for any type of forensic exam, and follow-up care would be addressed at Five Rivers Health Care. She reports to the auditor that she has had a resident report an allegation in the past, and she referred that report to her immediate supervisor.</p> <p>The Clinical Manager at the facility states she conducts diagnostic assessments, and she or a member of the clinical staff can meet with residents to conduct one-on-one sessions. She states that all clinical staff that perform any type of mental health service has received the specialized training provided by the PREA Resource Center website. All clinicians have also completed annual PREA employee training through the Relias online training system.</p> <p>The auditor received course completion records for all training requirements for medical and mental health employees.</p> <p>Review:</p> <p>Policy 3.9.3</p> <p>Interview with Clinical Manager</p> <p>Interview with Nursing Supervisor</p> <p>Course completion records</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1430 456">Policy 3.9.4 states that all residents will be assessed for risk of victimization or abusiveness within 72-hours of arrival at the facility. One of the facility clinicians will administer the screening instrument and considers the following:</p> <ol data-bbox="280 499 1477 1189" style="list-style-type: none"> 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 a prior conviction for sex offenses against an adult or child 5. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, gender non-conforming, or intersex 6. Whether resident has previously experienced sexual victimization 7. The residents own perception of vulnerability 8. Prior acts of sexual abuse, prior convictions for violent offenses 9. Whether the resident has previously been incarcerated <p data-bbox="280 1227 1477 1344">The policy does not allow for residents to be disciplined for refusing to answer or not disclosing complete information to questions 1, 4, 6, or 7. The staff member is required to mark those responses as “refused to answer.”</p> <p data-bbox="280 1382 1445 1541">The auditor was given a copy of the risk assessment instrument. The assessment gives definitions of terms used in the assessment, required assessment questions, and classification status. The form indicates that if a resident is identified as a possible victim or predator, a facility safety plan must be completed.</p> <p data-bbox="280 1579 1418 1738">The auditor conducted an interview with the several clinicians and the Clinical Manager during the onsite visit. The clinicians reviewed their process for conducting risk assessments. Each clinician states that before they conduct the assessment, they will review any available documentation about the resident.</p> <p data-bbox="280 1753 1477 2074">During the assessment, the clinician will review what PREA is, go over words and terms that the clinician will be using during the assessment, assure the resident that the information is confidential, and explain that they do not have to answer personal questions. The clinicians state they will question the resident if any discrepancies arise between reported information and information found in collateral documents. Should the resident be identified as a possible victim or perpetrator, the clinician will consult with the Clinical Manager and the PREA Coordinator for concerns with housing, programs, work, and education</p>

accommodations. The clinician will also develop a safety plan.

The clinicians also complete the 30-day review. Policy 3.9.4 says within 30-days of the resident's arrival at MonDay, the clinician will review the need to reassess the resident's risk of victimization or abusiveness. The resident can also receive a reassessment 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 auditor reviewed the review form, which is attached to the initial assessment form. Should there be a need identified during the review, a reassessment will be conducted. The clinicians state that they explain to the residents that the reassessment is just to ensure that the resident does not have any concerns about their safety and to confirm the information reported at intake is correct. The form is completed on the agency's resident database system, where they can limit who has access to the information on the assessment.

The auditor spoke to the PREA Coordinator and Clinical Manager concerning conducting reassessments. The auditor reviewed the August 2, 2019, FAQ for standard 115.41 on how to conduct a reassessment:

While a facility may (and should) have a system in place for capturing additional or new information from a variety of sources (e.g., mental health assessment, disciplinary history, or allegations of relevant threats or victimization), the 30-day affirmative reassessment requires, at a minimum, that screening staff consult available sources (including the inmate) to determine whether any previously unknown triggering event or information has become available and to document such review. In short, as opposed to the "passive" requirements under standards 115.41(g), standard 115.41(f) requires screening staff to affirmatively "look and inquire."

The facility now understands that an active reassessment must be conduct, including re-asking questions that could change from the initial assessment. All residents will now receive the same assessment as the initial after 15 days from intake, but before 30 days.

The auditor interviewed the Clinical Manager and the Assistant Clinical Manager, both who perform quality assurance checks on the initial and reassessments. The Clinical Manager states that she is ensuring that the information on the form matches or is consistent with documented information. The Clinical Manager or Assistant Clinical Manager will sign verification of review on the assessment/review form.

The auditor interviewed twenty residents during the onsite visit. The residents agreed they receive an assessment and an explanation of the assessment was given to them. All residents report that the clinician read the questions to them and that they understood the purpose of the assessment. No resident reporting feeling uncomfortable with the questions or refusing to answer.

Review:

Policy 3.9.4

Risk assessments (initial and reassessments)

Resident files

Interview with Clinicians

Interview with Clinical Manager

Interview with Assistant Clinical Manager

Interview with residents

115.242	Use of screening information
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1474 584">Policy 3.9.4 states that the information from the risk screening will be used to ensure areas as housing, bed, work, education, and program assignments are made 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 will make individualized determinations about how to ensure the safety of each resident depending on the circumstances, need, risk, and other variables.</p> <p data-bbox="280 622 1474 866">The Clinical Manager states that any resident that is identified as at risk for victimization or abusiveness will receive a Facility Safety Plan. This plan documents the facility's efforts to keep separate residents that are vulnerable from those who are abusive. The Clinical Manager and Assistant Clinical Manager will assist with developing a facility safety plan and communicating that plan with the necessary staff members.</p> <p data-bbox="280 904 1474 1059">The PREA Coordinator states that there are no specific rooms identified for residents that are classified as potential victims or abusers; however, they will place these residents in beds where cameras have a clear view or in small rooms with other residents that do not have a potential abuser classification.</p> <p data-bbox="280 1097 1474 1216">The Clinical Manager states the residents can have underlying issues related to their classification addressed if it related to issues identified on the resident risk/needs assessment.</p> <p data-bbox="280 1254 1474 1453">Staff is trained on how to recognize factors that may increase a resident's likelihood of being sexually victimized, possible warning signs that might indicate a resident has been sexually victimized, and increase staff surveillance, which includes conducting frequent and random area checks and maintaining an open line of communication with residents.</p> <p data-bbox="280 1491 1474 1736">Policy 3.9.4 states that in deciding whether to assign a transgender or intersex resident to the male or female unit, and in making other programming assignments, MonDay considers each on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The facility is also required to consider a transgender or intersex resident's own view with respect to his or her own safety.</p> <p data-bbox="280 1751 1474 1951">The policy does not allow the facility to house a lesbian, gay, bisexual, transgender, or intersex resident in dedicated facilities, units, or wings solely on the basis of such identification or status, unless the placement has been established with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents.</p> <p data-bbox="280 1989 1474 2063">The PREA Coordinator reports that once the transgender assessment is completed, the facility will forward the results of the safety plan to staff responsible for ensuring</p>

the safety of the resident. She reports that the resident's preferences will not be the sole determining factor for placement and handling but will be given serious consideration, along with the safety, security, and staffing of the facility.

The facility is not currently housing a transgender resident. The PREA Coordinator reports that the facility will meet with the resident to discuss any questions or concerns the resident may have, and will address those concerns when drafting a safety plan.

The Clinical Manager reports that the facility will consider the following when addressing safety, security, and manageability of housing a transgender/intersex resident:

- Past incarcerations
- Mental health status
- Safety evaluation
- Resident concerns

The facility does not have a dedicated unit for residents that identify as LGBTI. Residents that identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff can have clear line of site views from the video camera. During the onsite visit, the auditor interviewed residents that identified as being LGBTI, the residents report feeling safe and being housed based on their ORAS score and not on their gender identity or sexual orientation.

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

Review:

Policy 3.9.4

Facility safety plan

Interview with Clinical Manager

Interview with PREA Coordinator

Interview with clinicians

Interview with residents

Web search

115.251	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1453 584">Policy 3.9.5 requires the facility to inform residents at intake, during orientation, in the Resident Handbook, and via posters that there are multiple ways for them to report sexual abuse, sexual harassment, retaliation by other resident or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents. The reporting methods available include verbally, in writing, anonymously, and third party.</p> <p data-bbox="280 624 1481 949">Residents are informed that they can report abuse or harassment to an outside agency by using the resident phones and dialing *9732#, which is toll-free. The outside agency is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to MonDay officials, allowing the resident to remain anonymous. The residents can use the phone in the dayroom to make anonymous calls. The residents also have access to digital mail in the dayroom. When accessing the kiosk, residents are able to click a PREA button and information on how to report will pop up.</p> <p data-bbox="280 990 1477 1397">During the onsite visit, the auditor was able to use the resident phones to contact the outside reporting agency using the telephone number listed, as well as use the digital mail kiosk. Using both, the auditor was able to follow the process a resident would use to report an allegation. The auditor made a call from the resident phones to the outside reporting agency. The auditor received a return phone call from the ODRC, Bureau of Community Sanctions Assistant Chief, who reports that they are the agency responsible for addressing calls sent in through the outside agency hotline. The Assistant Chief reports that all calls will be reported to the responding agency's PREA Coordinator. The agency has a reporting database that agencies will document initiating and completing investigations.</p> <p data-bbox="280 1438 1422 1592">During the tour, the auditor noticed several postings in conspicuous places that listed reporting information for local, state, and national organizations. The information includes the name, phone number, and address for all organizations listed.</p> <p data-bbox="280 1632 1469 2085">During the onsite visit, the auditor interviewed a total of twenty residents. The residents were asked questions in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received this information. Residents discussed the information they received during intake, orientation group, and house meetings. Residents understood their ability to report to any staff member and could make mention of a staff member they felt comfortable reporting allegations. All residents stated they received a handbook during intake and that reporting options and phone numbers were listed in the handbook. The auditor questioned the residents on the resident phone and mail</p>

system. The residents report that there are several kiosks in the dayroom where they can make phone or video calls, and can read their mail. The residents report that on the kiosk is a "PREA Button" where they could make a report if they did not feel comfortable reporting to staff or verbally over the phone. When discussing mail, the residents report that incoming mail is sent to a company who scans the mail and then the residents can access this mail through the kiosk. When discussing mail that would be sent to a victim advocate or emotional support agency, the residents were unsure of the process because no one has ever tried to send or receive mail from an advocate or emotional support person. The residents do report that legal mail is sent directly to the facility and given to them. The PREA Coordinator states that this is the process that would be used should the resident wish to correspond by mail with an advocate or emotional support person. The process is outlined in the resident handbook. The PREA Coordinator reports that residents can purchase stamped envelopes through the commissary, and indigent residents are provided with weekly postage.

The auditor reviewed a copy of the resident handbook. The handbook informs residents that they have the right to be free from sexual misconduct, including retaliation for reporting allegations, and that all allegations of sexual abuse and sexual harassment will be administratively and/or criminally investigated. The handbook lists the following ways to report allegations:

- Verbally to any staff member
- In writing to any staff member
- PREA Contact, Tracy Atkinson - 937-496-7300, ext 3156
- Outside agency hotline *9732#

Residents using the facility phones do not have to input a pin number that could identify them when making calls from the resident phones. The handbook also states that residents can remain anonymous during reports.

In addition to providing reporting options, the handbook lists information residents can pass on to friends and family members who can make third-party reports. This information includes a phone number and an email address.

The auditor interviewed both targeted and random staff members and inquired about reporting options and obligations. All staff reported that all information they received concerning an incident or report of sexual abuse or sexual harassment they are to immediately report to their supervisor and document on a PREA Sexual Abuse/Harassment Report Form prior to the end of their shift. The staff report that they have been informed to make private reports directly to the PREA Coordinator or Director. The PREA Book located in every housing unit has the names and telephone numbers (work and home) listed.

Review:

Policy 3.9.5

PREA Sexual Abuse and Sexual Harassment Report Form

Resident handbook

Agency website

Digital mail

Reporting hotline numbers

Outside reporting agency

Interview with Administrative investigators

Interview with staff

Interview with residents

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1449 539">Policy 3.9.5 states that MonDay does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility does not require a resident to use any informal grievance process, such as submitting a Complaint Form, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="280 580 1477 864">MonDay, per policy, will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90-days of the initial filing of the grievance. The computation of the 90-days does not include time consumed by residents in preparing any administrative appeal. The facility can claim a 70-day extension of time to respond if the normal time period is insufficient to make an appropriate decision. The facility will notify the resident in writing of any such extension and provide a date by which a decision will be made.</p> <p data-bbox="280 904 1485 1189">The policy allows for third parties to assist residents in filing a request for administrative remedies relating to allegations of sexual abuse, and allows third parties to file on a resident's behalf. Should a third party submit such a filing, the facility will require the resident to agree to have the request filed on his/her behalf as a condition. The resident will then be required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines, the resident's decision will be documented.</p> <p data-bbox="280 1229 1477 1341">Should a resident file an emergency grievance alleging the resident is subject to a substantial risk of imminent sexual abuse, the staff member receiving the grievance will:</p> <ul data-bbox="280 1382 1449 1901" style="list-style-type: none"> <li data-bbox="280 1382 1086 1417">· Immediately notify his/her supervisor and manager <li data-bbox="280 1458 1362 1525">· Supervisor or manager will immediately contact the Director and PREA Coordinator <li data-bbox="280 1565 948 1601">· Immediate corrective action will be taken <li data-bbox="280 1641 991 1677">· Initial response will be given within 48-hours <li data-bbox="280 1718 1070 1753">· Final decision will be made within 5 calendar days <li data-bbox="280 1789 1449 1901">· The initial and final decision will be documented. The reasoning for the determination will be noted, as well as any action taken in response to the emergency grievance <p data-bbox="280 1942 1453 2054">The PREA Coordinator reports that the facility has not had a report of sexual abuse or sexual harassment processed through the grievance system, nor have they had an emergency grievance alleging imminent sexual abuse. She reports that the</p>

facilities first priority is keeping resident's safe. She would immediately separate an alleged victim from an alleged abuser as soon as an allegation is made. The type of separation would depend upon the severity of the allegation and whether the allegation alleged a staff or resident abuser.

During the onsite visit, the auditor interviewed twenty residents. The residents report being told how to report a grievance during orientation group. The residents also report that an explanation of the grievance process is in the resident handbook.

The auditor reviewed the resident handbook. The handbook outlines the grievance procedures and states that PREA grievances do not have a time limit to be filed, assistance from a staff member is available, and that the completed grievance form should be placed in a locked grievance box. The investigator will make every effort to complete the investigation within 21 business days; however, if extenuating circumstances indicate a need for an extension, it will be documented and the resident will be notified. All residents who file a grievance will be provided a copy of the resolved form. Residents have available one level of appeal.

Most of the residents stated that they have never filed a grievance during their stay. There were two residents interviewed that stated that they have filed a grievance, but it did not allege sexual abuse or harassment. The residents state that they received a response within a day or two from their initial filing and were satisfied with the process.

Review:

Policy 3.9.5

Interview with PREA Coordinator

Interview with residents

115.253	Resident access to outside confidential support services
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1458 584">MonDay policy 3.9.5 requires each facility to provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential manner as possible.</p> <p data-bbox="280 622 1481 824">The facility informs residents that if they use the resident phone system, it is subject to monitoring and that reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The residents are informed that, by request, they may use a facility phone that is not monitored in the most confidential way as possible.</p> <p data-bbox="280 862 1469 1019">The facility has a Memorandum of Understanding (MOU) with the Victim Witness Division of the Montgomery County Prosecutor’s Office to provide the residents with confidential emotional support services related to sexual abuse. The MOU lists the Division’s telephone number and address that residents can use.</p> <p data-bbox="280 1057 1458 1429">After the onsite visit, the auditor contacted the Director of the Montgomery County Victim/Witness Division via email and requested confirmation of services listed on the MOU and that the services are provided free of charge. The Director returned the email and confirmed the 24-hour hotline number and address and that the advocates at the division will provide emotional supportive services to all residents at MonDay. The Director reports that no resident from the facility has reached out to the agency for any services. The Director also reports that should a resident contact the agency for services, the agency would inform the resident about the level of confidentiality they could expect from the agency.</p> <p data-bbox="280 1467 1469 1749">Policy 3.9.5 requires the facility to inform residents prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The residents are informed that they have the right to privacy while making a report of sexual abuse to outside agencies; however, due to state and federal mandatory reporting laws, the agency may be required to report the allegation.</p> <p data-bbox="280 1787 1465 1989">During the onsite visit, the auditor was able to view postings in resident areas that list the name, address, and telephone number of the Montgomery County Victim/ Witness Division. The auditor also reviewed this information inside resident handbooks. The handbook states that a victim support person or an advocate from a rape crisis center can be made available to a resident at no charge.</p> <p data-bbox="280 2027 1477 2060">During resident interviews, the residents stated that the phone system is a recorded</p>

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

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

Review:

Policy 3.9.5

PREA Postings

Montgomery County Victim/Witness Division MOU

Resident Handbook

Email with Division Director

Staff interviews

Resident interviews

115.254	Third party reporting
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1430 539">Agency policy 3.9.5 requires the posting of the various methods third-parties can make reports of sexual abuse and sexual harassment The auditor reviewed the agency website (https://www.mcoho.org/government/county_agencies/monday/prea.php) and was able to see the posted information on how to report an allegation. The information posted includes:</p> <ul data-bbox="280 577 1182 685" style="list-style-type: none"> <li data-bbox="280 577 1182 611">· MonDay PREA Coordinator phone number (937)-496-3008 <li data-bbox="280 647 807 680">· Email to info@mondaycbcf.com <p data-bbox="280 723 1374 797">The auditor tested the reporting method posted and received a reply from an administrative investigator on the same day of the auditor’s initial email.</p> <p data-bbox="280 835 1458 949">The residents are also informed how to make a third party report or inform their family on how to make a third party report on their behalf. This information can be found:</p> <ul data-bbox="280 987 927 1312" style="list-style-type: none"> <li data-bbox="280 987 855 1021">· Provided to each resident at intake <li data-bbox="280 1059 719 1093">· In the resident handbook <li data-bbox="280 1131 700 1164">· On the MonDay website <li data-bbox="280 1202 927 1236">· On posters in public areas of the facility <li data-bbox="280 1274 820 1308">· In the visitor orientation training <p data-bbox="280 1350 1481 1509">The auditor also called the outside agency hotline number. A representative from the outside agency (Ohio Department of Rehabilitation and Corrections Bureau of Community Sanctions) returned the auditor’s phone call and confirmed that they are a reporting agency and would report all allegations to the PREA Coordinator.</p> <p data-bbox="280 1547 1458 1706">The facility has posted in conspicuous places, including areas where visitors would frequent, notices on how a person can make a third-party report of sexual abuse or sexual harassment on behalf of a resident. The notices include toll-free hotline numbers and the email address that is listed on the agency website.</p> <p data-bbox="280 1744 1458 1989">Interviewed residents report that during orientation group they are informed about third party reporting. The residents report that third parties can include their friends, family, or any other outside entity. The residents are also trained on how they can be a third party reporter on behalf of other residents. The residents state that information for third party reporting can also be found in the resident handbook.</p> <p data-bbox="280 2027 1458 2060">The auditor reviewed all investigations for the past twelve months. The facility had</p>

several third-party reports from residents on behalf of other residents. All third party reports were forwarded to administrative investigators.

Review:

Policy 3.9.5

Agency website

Investigation reports

PREA notices

PREA hotline number

Interviews with residents

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1227 374">Policy 3.9.6 states that all staff are required to immediately report:</p> <ul data-bbox="280 414 1449 672" style="list-style-type: none"> <li data-bbox="280 414 1393 488">· Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment (whether it occurred on-site or off-site) <li data-bbox="280 528 1278 562">· Retaliation against residents or staff who report such an incident <li data-bbox="280 602 1449 672">· Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation <p data-bbox="280 712 1477 828">Policy requires staff to not reveal 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.</p> <p data-bbox="280 869 1469 1068">Staff are trained on their duty to report all allegations, including third-party and anonymous allegations, to a supervisor, manager, Assistant Director or Director immediately. Staff are required to sign an acknowledgement of their understanding of how to fulfill their responsibilities of preventing, detecting, responding, and reporting incidents of sexual abuse, sexual harassment, and retaliation.</p> <p data-bbox="280 1108 1481 1265">A review of the PREA Book located in all housing units, staff are provided instructions to staff on how to report resident sexual abuse or harassment. The book provides phone numbers for the PREA Coordinator, PREA Compliance Specialist, investigators and required reporting form.</p> <p data-bbox="280 1305 1362 1379">Each staff file contains a signed acknowledgement of receiving the following information:</p> <ul data-bbox="280 1420 919 1809" style="list-style-type: none"> <li data-bbox="280 1420 655 1453">· Client confidentiality <li data-bbox="280 1494 564 1527">· Code of ethics <li data-bbox="280 1568 644 1601">· Employee discipline <li data-bbox="280 1641 919 1675">· Client's rights and grievance procedure <li data-bbox="280 1715 716 1749">· Ethics and accountability <li data-bbox="280 1789 810 1823">· PREA annual acknowledgement <p data-bbox="280 1863 1481 2092">The auditor interviewed programming, security, and administrative staff during the onsite visit, as well as the Nursing Supervisor and the Clinical Manager. The staff were interviewed on agency reporting protocols and expected practice. All staff were capable of listing the reporting options available to residents, staff, and outside sources. The staff were aware that residents were allowed to verbally report and report anonymously. The staff state that during onboarding and annual training,</p>

they receive information on their responsibility to report. There were several staff members, including the Nursing Supervisor, who stated that they have, at some time during their tenure, reported an allegation that was reported to them by a resident. The staff state that they feel comfortable enough to address coworkers if they witness "red flag" behavior, and would report directly to their supervisor or to the PREA Coordinator should the behavior continue, or they have direct knowledge, receive a report, or suspicions of sexual abuse, sexual harassment, or retaliation.

The auditor spoke to several members of the clinical staff and the Nursing Supervisor, who report their responsibility to inform residents of their duty to report and the limitations of confidentiality at the initiation of services.

Policy 3.9.6 states that if the alleged victim is under the age of eighteen (Monday does not house residents that are under the age of eighteen) or considered a vulnerable adult under a State or local vulnerable persons statute, Monday will report the allegation to the appropriate State or local services' agency under applicable mandatory reporting laws.

The PREA Coordinator states that the facility has not had an allegation that involves a resident under the age of eighteen or a vulnerable adult.

Review:

Policy 3.9.6

Employee files

PREA book

Interview with staff

Interview with PREA Coordinator

Interview with Clinical Manager

Interview with Nursing Supervisor

115.262	Agency protection duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 501">Agency policy 3.9.6 states that as soon as the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, the Director or designee will take immediate action to protect the resident. An Imminent Risk of Sexual Victimization Form will be completed and forwarded to the PREA Coordinator.</p> <p data-bbox="280 542 1473 824">The male building has three housing units and the female building has two housing units. The agency is able to separate resident alleged victims from alleged resident abusers. The PREA Coordinator and Director report that it is policy to place a staff member on administrative leave during an investigation into sexual abuse. Staff members can be moved to work in a different housing unit or building for allegations of sexual harassment, depending upon the severity. The facility will always err on the side of resident safety.</p> <p data-bbox="280 864 1481 1061">The auditor reviewed the allegations reported during the past twelve months. Investigation reports document how the facility separated the alleged victim and abuser during investigations. The protection measures included placing staff at a post desk or floor that would limit the ability of the staff member to interact with the resident during the investigation.</p> <p data-bbox="280 1102 1469 1299">The Clinical Manager states that whenever residents are having issues with another residents, they will be put on a TAP (Time Away from Peers) order. This order alerts staff that the two residents are not to be around each other and to increase the monitoring of their actions. This also helps in protecting resident victims from resident retaliation. Tap Orders can only be removed by a supervisor.</p> <p data-bbox="280 1339 1437 1451">The auditor interviewed several residents that were currently on TAP Orders. The residents stated that while the TAP was put in place due to the residents having a relationship and not safety concerns, they understood the reason for the concern.</p> <p data-bbox="280 1491 1477 1688">The auditor interviewed another resident who stated that while he was not being sexually harassed or abused, he did report an incident involving a staff member and was satisfied with the speed the facility addressed his concern. He states that the facility is safe and has no concerns about staff responding appropriately to incidents when residents feel unsafe from other residents or staff.</p> <p data-bbox="280 1729 1422 1805">No resident has reported to the facility that they were in fear of imminent sexual abuse.</p> <p data-bbox="280 1845 392 1881">Review:</p> <p data-bbox="280 1921 445 1957">Policy 3.9.6</p> <p data-bbox="280 1998 576 2033">Investigation reports</p>

	<p>Interview with administrative investigators</p>
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	<p>Interview with Director</p>
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	<p>Interview with residents</p>
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	<p>Interview with Clinical Manager</p>
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	<p>Interview with staff member</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 3.9.6 states that upon receiving an allegation that a resident was sexually abused while confined at another confinement facility, the Director or designee shall notify the head of that facility or appropriate central office of the agency where the abuse occurred. The policy mandates that the notification shall be provided as soon as possible, but no later than 72-hours after receiving the allegation.</p> <p>Policy 3.9.6 also mandates allegations received from other facilities and agencies must be reported to the Director or PREA Coordinator as soon as possible. The Director will ensure that the allegation is investigated in accordance with the PREA standards.</p> <p>During the onsite visit, the auditor interviewed agency investigators. The investigators reviewed all allegations from the past twelve months with the auditor. There were no investigations that were conducted based on an allegation reported from another confinement facility.</p> <p>During an interview with the PREA Coordinator, she reports that the facility has reported three allegations to other confinement facilities. The auditor was able to view the emails sent to the various other confinement facilities regarding the allegations. The emails were sent within the required time limit.</p> <p>Review:</p> <p>Policy 3.9.6</p> <p>Interview with PREA Coordinator</p>

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1394 416">MonDay policy 3.9.6 outlines first responder duties for any allegation of sexual abuse. The policy instructs first responders to:</p> <ul data-bbox="280 454 1473 1077" style="list-style-type: none"> <li data-bbox="280 454 903 488">· Separate the alleged victim and abuser <li data-bbox="280 526 1433 645">· If there is a crime scene, preserve and protect it by clearing all residents and unnecessary staff from the area until law enforcement can assume responsibility of the crime scene <li data-bbox="280 683 1458 882">· If the abuse occurred within a time period that still allows for the collection of physical evidence (usually 96 hours), request the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. <li data-bbox="280 920 1473 1077">· If the abuse occurred within a time period that still allows for the collection of physical evidence, do not allow the alleged abuser to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating <p data-bbox="280 1120 1406 1238">If the first staff responder is not an Operations staff member, the responder will request that the alleged victim not take any actions that could destroy physical evidence and then notify Operations staff.</p> <p data-bbox="280 1276 1422 1310">In reviewing the First Responder Checklist, the first responder is also required to:</p> <ul data-bbox="280 1348 1433 1720" style="list-style-type: none"> <li data-bbox="280 1348 1433 1424">· Contact medical services - Miami Valley Hospital and ask for a SANE to be on duty <li data-bbox="280 1462 1321 1538">· Notify Supervisor and Assistant Director (Assistant Director will notify investigator) <li data-bbox="280 1576 687 1610">· Notify PREA Coordinator <li data-bbox="280 1648 1433 1720">· Notify Clinical Manager or Assistant Clinical Manager to contact an emotional support person or victim advocate <p data-bbox="280 1758 1461 2085">The “PREA Book” has the First Responder Checklist form along with a PREA Contact information and telephone numbers. The numbers include those for the PREA Coordinator, PREA Compliance Specialist, MonDay Emotional Support staff, administrative investigators, Miami Valley Hospital Emergency Room, and victim support. All staff are trained on first responder duties (security and non-security staff). The First Responder Checklist divides the responsibilities for security first responders and non-security first responders. The training is given during onboarding training, and again during annual training. The auditor was given a</p>

copy of the training curriculum and sign-in sheets.

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

Review

Policy 3.9.6

Interview with staff

Investigation reports

First Responder Checklist

PREA contact information and telephone numbers

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 3.9.6 describes MonDay’s Coordinated Response plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and management.</p> <p>The coordinated response plan is contained in the PREA Book that is in each housing unit. During onboarding and monthly staff meetings, staff learn the coordinated response plan and the location of the posted plan.</p> <p>The Coordinated Response Plan:</p> <ul style="list-style-type: none"> · Enact first-responder duties · Contact supervisor, if supervisor is not available, contact Assistant Director or designee · Secure the crime scene. Take photographs as needed · Complete a PREA Sexual Abuse/Harassment Report Form <p>Supervisor responsibilities after receiving a report of sexual abuse are to:</p> <ul style="list-style-type: none"> · Immediately notify manager and Assistant Director or designee · Call local law enforcement, if appropriate · Ensure that the alleged perpetration and victim are separated (separation should not be a form of punishment) · If the alleged perpetration is an employee, volunteer, or contractor, the supervisor should determine the appropriate method of separation and then direct the individual to remain in the designated area and to not use the phone. · Ensure the individual is supervised until the arrival of local law enforcement · If medical staff are on duty, notify them of the allegation (MonDay medical staff will not collect forensic evidence or perform a forensic exam, but may be needed for immediate medical treatment) · Call the Miami Valley Emergency Room, notifying them of the need for a sexual abuse forensic exam, and ask them to contact a Sexual Assault Nurse Examiner to meet the resident at the hospital · Explain to the victim the necessity of a physical exam to assess medical needs, provide any necessary treatment, and to ensure preservation of evidence · As the victim if he/she would like the Victim Witness Division contacted to

provide support services

- Notify the Clinical Manager/Assistant Clinical Manager
- Clinical Manager/Assistant Clinical Manager will contact victim support person to provide in-house services and complete a Victim Support Person Activity Report
- Transport the victim to Miami Valley Emergency Room
- Complete a Sexual Abuse/Harassment Report Form as soon as is practical and forward it to the PREA Coordinator

The auditor was viewed the posted plan during the onsite visit.

Review:

Policy 3.9.6

PREA Book

Coordinated Response Plan

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

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1453 499">Policy 3.9.6 states the facility is 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 Director will assign the Assistant Director or Clinical Manager to monitor retaliation.</p> <p data-bbox="280 539 1374 573">The facility has multiple ways of protecting against retaliation, which include:</p> <ul data-bbox="280 613 1481 943" style="list-style-type: none"> · Reassigning the resident's pod and bed location · Termination of victim or abuser · Removal of alleged staff or resident abusers from contact with victim · Providing emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. <p data-bbox="280 983 1481 1267">The auditor was able to interview the Assistant Director during the onsite visit. He states that he or the PREA Coordinator would be responsible for ensuring that residents and staff members are not retaliated against. He states that the for 90-days the facility will monitor the resident, which includes reviewing incident reports, rule violations, housing or program changes, negative performance reviews, and staff reassignments. Should the resident or staff member be facing retaliation, the facility will act promptly to remedy any such retaliation.</p> <p data-bbox="280 1308 1461 1467">The auditor was able to review the agency's Retaliation Monitoring Form. The form monitors changes that may suggest possible retaliation by residents or staff. Should there be indicators, the staff member will document the incidents. The Clinical department will conduct periodic status checks with resident victims.</p> <p data-bbox="280 1507 1481 1789">The Clinical Manager reports that there have been no instances of retaliation during the past twelve months that were related to sexual abuse or sexual harassment. She; however, does report that the facility had one instance of a staff member calling a resident a "snitch" after the resident reported the staff member. The staff member was removed from working on that resident's floor. The Clinical Manager reports that the staff member involved in this situation is no longer employed by the agency.</p> <p data-bbox="280 1830 1366 1944">The PREA Coordinator states that residents and staff members on retaliation monitoring will have increased staff observation, and access to emotional supportive services.</p> <p data-bbox="280 1984 1469 2058">Agency policy 3.9.6 states that the agency's obligation to monitor shall terminate if the allegation is determined to be unfounded. The Assistant Director reports that if</p>

necessary, the facility will continue to monitor past the 90-day obligation.

Review:

Policy 3.9.6

Retaliation Monitoring form

Interview with Assistant Director

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1453 456">Policy 3.9.7 requires the facility to conduct investigations into allegations of sexual harassment and sexual abuse. The facility will investigate allegations of sexual abuse if there is not initially enough evident to call in local law enforcement.</p> <p data-bbox="280 465 1465 707">Investigations will be prompt, thorough, and objective for all allegations, including third-party and anonymous reports. Only staff who have had special training in sexual abuse investigations will be allowed to conduct investigations on allegations of sexual abuse or sexual harassment. If the alleged abuser is a staff member, the administrative investigation will be from a different department than the staff being investigated.</p> <p data-bbox="280 748 1474 904">The policy requires the facility to document the investigation in a written report that is retained by the PREA Coordinator for as long as the alleged abuser is a MonDay resident, or is employed by MonDay, plus five years. Policy requires the administrative investigator to:</p> <ul data-bbox="280 945 1474 1285" style="list-style-type: none"> <li data-bbox="280 945 1369 1061">· Gather and preserve direct and circumstantial evidence to include DVR recordings; interview alleged victim, alleged abuser, and witnesses; and review prior complaints and reports involving the suspected perpetrator <li data-bbox="280 1102 1433 1173">· Not base credibility of an alleged victim suspect, or witness on the person’s status as a resident or staff <li data-bbox="280 1214 1474 1285">· Not require anyone to submit to a polygraph examination or other truth-telling devise <p data-bbox="280 1326 1461 1442">Policy states that when the quality of evidence appears to support the allegation of sexual abuse or cannot be substantiated, but is not determined to be unfounded, the facility must contact local law enforcement to conduct a criminal investigation.</p> <p data-bbox="280 1451 1406 1523">Administrative investigators cannot conduct compelled interviews to not be an obstacle for any criminal prosecution.</p> <p data-bbox="280 1563 1449 1765">The PREA Coordinator reports that all allegations that appear to be criminal will be referred to Dayton Police Department (male building) or Ohio Highway Patrol (female building). Once a referral has been made, the PREA Coordinator or the Director will request the agency responsible keep the facility informed about the progress of the investigation.</p> <p data-bbox="280 1805 1433 1921">The auditor reviewed the training curriculum and certificates of completion for all administrative investigators. The training was conducted by the Moss Group and Ohio Community Corrections, and included:</p> <ul data-bbox="352 1989 943 2069" style="list-style-type: none"> <li data-bbox="352 1989 804 2022">• PREA investigation standards <li data-bbox="352 2031 943 2069">• First responder and evidence collection

- Understanding trauma
- Legal issues and agency liability
- Reports and credibility
- Interview techniques
- Understanding sexual harassment
- Report writing
- Investigative outcomes

The administrative investigator's report per policy will include a description of the physical and testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. The auditor was able to review an investigative report. The report includes:

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

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

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

administrative investigation would only begin at the conclusion of the criminal investigation or with the permission of the legal authority. The facility is prohibited by agency policy to use polygraph examinations or other truth telling devices.

The investigators report that the absence of the alleged abuser or victim is not a basis for terminating an investigation.

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

The PREA Coordinator states that at the conclusion of the investigation, all documents, notes, and any other materials collected relevant to the investigation will be turned over to the PREA Coordinator who will retain the information for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor was able to see the locked filing cabinet in the PREA Coordinator's office where this information is being stored.

Review:

Policy 3.9.7

Investigation reports

Interview with PREA Coordinator

Interview with Clinical Manager

Interview with administrative investigators

Administrative investigator training certificates

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1473 456">Agency policy 3.9.7 states that the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="280 497 1485 694">The auditor interviewed the facility’s administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation. The facility Director must review and sign off on all investigation reports. The Director has the final say in allegation determination.</p> <p data-bbox="280 734 1398 810">The auditor reviewed the allegations from the past twelve months to verify the standard of proof used. The allegations were determined with that standard.</p> <p data-bbox="280 851 392 887">Review:</p> <p data-bbox="280 927 443 963">Policy 3.9.7</p> <p data-bbox="280 1003 576 1039">Investigation reports</p> <p data-bbox="280 1079 970 1115">Interview with PREA administrative investigators</p> <p data-bbox="280 1155 608 1191">Interview with Director</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 3.9.7 states that when the investigation is complete, MonDay will inform a resident who has alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If MonDay did not conduct the investigation, the PREA Coordinator will request the relevant information from the investigative agency in order to inform the resident.</p> <p>The facility will also notify the resident whenever:</p> <ul style="list-style-type: none"> · The employee is no longer working at the resident’s assigned facility · The employee is no longer employed by the agency · The agency learns the employee has been convicted on a charge related to sexual abuse within the agency · The agency learns the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility · The agency learns that the alleged resident abuser has been convicted on a charge related to sexual abuse in the facility <p>All such notifications or attempted notifications are documented. The obligation to make such report under this standard shall terminate if the resident is release from the agency prior to an investigation determination.</p> <p>The facility provided the auditor with the Resident Notification Form that was used to inform the residents of the outcome of the investigation. The form included all required elements of this standard. The form provides the disposition of the investigation and, if substantiated, the outcome of the abuser. The auditor was able to view the notifications sent to the residents after the completion of the investigation. Notifications were signed and dated by the residents in all the investigations. Residents receive a copy of their signed and dated notification.</p> <p>Review:</p> <p>Policy 3.9.7</p> <p>Interview with administrative investigators</p> <p>Investigation notifications</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1474 416">Policy 3.9.8 states that staff are subject to disciplinary sanctions up to and including termination for violating MonDay’s sexual abuse or sexual harassment policies.</p> <p data-bbox="280 425 1474 792">Staff found to have engaged in sexual abuse will be terminated from employment at MonDay. Disciplinary sanctions for violations of MonDay policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed on other staff with similar histories. MonDay will report all terminations for violations of MonDay’s sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="280 833 1474 1115">The agency outlines its progressive disciplinary plan in its employee handbook. A review of the handbook states that any staff member found to have engaged in sexual abuse will be terminated. Termination or resignation by a staff member who otherwise would have been terminated for violations of the Client Sexual Abuse and Sexual Harassment Prevention, will be reported to law enforcement agencies and any relevant licensing bodies. The handbook also states that employees who have knowledge of resident victimization and do not report it will be terminated.</p> <p data-bbox="280 1155 1474 1482">The auditor interviewed the Director, PREA Coordinator, and Human Resource Director during the onsite visit. The administrators report that it is agency practice to place a staff member on administrative leave or, depending on the severity of the allegation, place the staff member on a different unit or building during the course of an investigation. The Director states the agency enforces their strict zero tolerance policies by terminating employees found to be in violation of the policy. He states that it is important that the facility maintains a culture of zero tolerance, and the resident believe that the facility will respond appropriately to any allegation.</p> <p data-bbox="280 1523 1474 1675">All reviewed employee files contained acknowledgements of receiving the employee handbook and the agency’s zero tolerance policy. Employees who have been disciplined by the agency had a Notice of Reprimand. The documentation listed the disciplinary charge, disciplinary action, and performance improvement plan.</p> <p data-bbox="280 1715 1474 1998">The auditor reviewed all allegations from the past twelve months. Allegations that involved a staff member, documented moving staff to post away from the alleged victim during the investigation. The agency had one allegation where the determination was unsubstantiated; however, the staff member received training on appropriate communication with residents. This same staff member received another allegation concerning inappropriate sexual “jokes” with residents. The staff member was terminated.</p> <p data-bbox="280 2038 1426 2074">The auditor interviewed staff from security, programming, and management. All</p>

staff interviewed state that they have received a handbook during onboarding and that a staff member from HR reviewed it with them. They state that during onboarding and during staff meetings, they are reminded of the agency's stance on staff sexual misconduct. The staff members report that termination from employment is the expected outcome should they violate the agency's zero tolerance policy.

Review:

Policy 3.9.8

Zero tolerance acknowledgement

Employee Handbook

Investigation reports

Interview with Human Resource Director

Interview with Director

Interview with PREA Coordinator

Interview with staff

115.277	Corrective action for contractors and volunteers
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1484 622">Policy 3.9.8 restricts MonDay from engaging the services of any contractor, volunteer, or intern who commits sexual abuse, and will report such behavior to law enforcement agencies, unless the activity is clearly not criminal, and to any relevant licensing bodies. The facility is required to take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor, volunteer, or intern.</p> <p data-bbox="280 663 1465 739">During the onsite visit, the auditor reviewed all allegations reported within the past twelve months. There have been no allegations against a contractor or volunteer.</p> <p data-bbox="280 779 1469 855">The PREA Coordinator stated during her interview that the facility has not had any incident concerning the interactions between a contractor/volunteer and a resident.</p> <p data-bbox="280 931 392 967">Review:</p> <p data-bbox="280 1003 445 1039">Policy 3.9.8</p> <p data-bbox="280 1075 576 1111">Investigation reports</p> <p data-bbox="280 1146 740 1182">Interview with PREA Coordinator</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1465 539">Monday policy 3.9.8 prohibits all sexual activity between residents. Residents will be subject to a formal disciplinary process following an allegation that the resident engaged in resident-on-resident sexual abuse. If the administrative and/or criminal investigation finds the resident guilty of resident-on-resident sexual abuse, the resident will be unsuccessfully terminated from the program.</p> <p data-bbox="280 580 1455 696">In the resident handbook, residents are informed on behavior that could warrant a sanction. The handbook list expected behavior and a code for daily living. These expectations include:</p> <ul data-bbox="280 734 1358 913" style="list-style-type: none"> · Respectful language and interaction · Respectful cultural, racial, gender, and or sexual orientation differences · Respectful physical boundaries <p data-bbox="280 952 1422 1108">The handbook provides the residents with a sanctioning grid that represents the sanctions that will be applied to resident that fail to follow program expectations and the code for daily living. Possible violations that are related to the agency's zero tolerance policy include:</p> <ul data-bbox="280 1146 1102 1395" style="list-style-type: none"> · Communicating with residents of the opposite gender · Making rude comments or gestures · Sexual harassment · Sexual activity <p data-bbox="280 1433 1449 1509">The auditor was able to verify resident acknowledgement of receiving the resident handbook and agency zero tolerance policy.</p> <p data-bbox="280 1547 1477 1789">For the purpose of disciplinary action, policy 3.9.8 does not allow a resident to be disciplined for making a sexual abuse allegation in good faith based on a reasonable belief that the alleged conduct occurred even if an investigation does not establish evidence sufficient to substantiate the allegation. The policy also states that residents may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="280 1827 1473 2027">The Operational Development Specialist states that during orientation group, the residents get a clear understanding of what is a good faith report of sexual abuse or sexual harassment versus a bad faith or false/misleading report. The residents also informed that PREA violations can include staff abusers and there is no such thing as consent when it involves relationships with staff, contractors, and volunteers.</p>

The PREA Coordinator reports that the facility has not disciplined a resident in the past for filing a patently false PREA allegation.

The PREA Coordinator reports that termination is the sanction for all resident found to have sexually abused another resident. All other substantiated allegations of sexual harassment will be disciplined according to the agency's progressive discipline policy. The residents that have been involved in substantiated sexual harassment allegations of been disciplined according to agency policy. The facility has not had a substantiated sexual abuse allegation against a resident.

Residents interviewed stated that they received a handbook at intake and were informed of the potential sanctions related to sexual abuse and sexual harassment, including termination for substantiated sexual abuse allegations.

Review:

Policy 3.9.8

Resident handbook

Interview with PREA Coordinator

Interview with residents

Investigation report

Resident files

115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1469 499">Policy 3.9.9 mandates resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement.</p> <p data-bbox="280 539 1477 654">The agency’s medical and mental health staff will maintain documentation, either in the resident’s medical chart or clinical progress note, of any emergency medical treatment or crisis intervention that they provide which denotes:</p> <ul data-bbox="280 694 1449 994" style="list-style-type: none"> <li data-bbox="280 694 1406 768">· The timeliness of emergency medical treatment and/or crisis intervention services that were provided <li data-bbox="280 808 1449 882">· The appropriate response by non-medical staff in the event medical staff are not present at the time the incident is reported <li data-bbox="280 922 1449 994">· The provision of appropriate and timely information and services concerning contraception and sexual transmitted infection prophylaxis <p data-bbox="280 1034 1469 1274">The PREA Coordinator reports that residents who experience sexual victimization would be offered services by Miami Valley Hospital Emergency Room. The protocol by the hospital to treat victims of sexual assault include diagnostic testing based on patient need and will be identified by the Emergency Trauma Center attending physician and the SANE. The hospital currently follows the CDC Sexually Transmitted Diseases Treatment Guidelines. The guidelines include:</p> <ul data-bbox="280 1314 1046 1637" style="list-style-type: none"> <li data-bbox="280 1314 1046 1348">· Medications to treat sexually infectious diseases <li data-bbox="280 1388 828 1422">· Options of pregnancy prevention <li data-bbox="280 1462 751 1496">· Referrals for social services <li data-bbox="280 1536 866 1570">· Follow up physician’s appointments <li data-bbox="280 1610 932 1644">· Referrals for mental health assessments <p data-bbox="280 1684 1461 1758">The SANE will also contact the agency responsible for rape crisis services. If the resident request, the facility can provide a trained emotional support staff member.</p> <p data-bbox="280 1798 1406 1872">The PREA Coordinator states that staff are trained on the agency’s Coordinated Response Plan, which includes contacting medical and victim support services.</p> <p data-bbox="280 1912 1430 1986">The Director of the Montgomery County Victim Witness Divisions reports that the following services will be offered to residents who request services include:</p> <ul data-bbox="280 2027 616 2060" style="list-style-type: none"> <li data-bbox="280 2027 616 2060">· 24-hour crisis line

- 24-hour response to area hospital emergency rooms
- Support and information to any victim
- Explanation of criminal justice process
- Advocacy and assistance during court proceedings

Policy 3.9.9 State that all services shall be 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 has not had an allegation during this audit cycle that required medical or mental health services.

Review:

Policy 3.9.9

Coordinated Response Plan

Miami Valley Hospital Emergency Department SANE Protocol/Policy

Email from Director of Montgomery County Victim Witness Division

Interview with PREA Coordinator

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility offers community medical and mental health counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility. Policy 3.9.9 states that 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 release from MonDay.</p> <p>MonDay Provides victims with medical and mental health services consistent with the community level of care. If the medical and mental health staff at MonDay are not able to provide the care needed, the facility will make arrangements for the resident to obtain the services off-site. The Nursing Supervisor reports to the auditor that the facility has the ability to conduct pregnancy testing and conduct medical assessments; however, testing for Sexually Transmitted Infections and prenatal care will be conducted in the community.</p> <p>The Clinical Manager states that residents who are in need of mental health services can meet with a psychiatrist and meet with a clinician for one-on-one sessions. She states that should the resident have needs that cannot be addressed at the facility. The facility would make an appointment with a community provider and transport the resident.</p> <p>The facility has received a report of a resident being sexual abused while in a jail, lockup, or juvenile facility prior to intake at this facility during this audit cycle. The residents who reported this abuse were offered services, but declined.</p> <p>The policy also states that should a pregnancy result from sexually abusive penetration while incarcerated, timely and comprehensive information about and timely access to all lawful pregnancy related medical services will be offered. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser(s) or cooperates with any investigation arising out of the incident.</p> <p>The Clinical Manager states that the facility has not had a victim of sexual abuse that has needed medical or mental health services during this audit cycle.</p> <p>Policy states that MonDay will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.</p> <p>The Clinical Manager states that the agency has not been notified of any known resident-to-resident abuser. This information would be collected at intake in documentation provided to the facility from the resident's parent agency or a resident could self-report during risk assessments. Should the facility become aware</p>

that a resident has previously abused another resident, the Clinical Manager would meet with the resident to assess how to address any underlying issues.

Review:

Policy 3.9.9

Coordinated Response Plan

Interview with Clinical Manager

Interview with Nursing Supervisor

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 667">MonDay policy 3.9.10 will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The sexual abuse incident review will occur within 30-days of the conclusion of the investigation, unless there are extenuation circumstances. Any delay will be documented, and the review scheduled as soon as possible. The team shall include managers, within put from supervisors, coordinators, investigators, and medical staff.</p> <p data-bbox="280 707 1406 779">According to agency policy and as well as the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation:</p> <ul data-bbox="280 819 1458 1393" style="list-style-type: none"> <li data-bbox="280 819 1437 896">· Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse <li data-bbox="280 936 1458 1093">· 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 <li data-bbox="280 1133 1385 1205">· Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse <li data-bbox="280 1245 1390 1272">· Assess the adequacy to staffing levels in that area during different shifts <li data-bbox="280 1312 1442 1393">· Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff <p data-bbox="280 1433 1406 1585">The team will prepare a report of its findings, including, but not limited to, determinations made pursuant to the above items of this section, and any recommendations for improvement, and submit such report to the Director and PREA Coordinator.</p> <p data-bbox="280 1626 1477 1998">The auditor interviewed the Assistant Director, Operations Coordinator, Assistant Operations Manager, Clinical Manager, Director, and PREA Coordinator, who all are either on the SART or are responsible for implementing recommendations from the SART. The members of the team that were interviewed state that they complete a Sexual Assault Response Team Checklist for every sexual abuse allegation that has been determined to be substantiated or unsubstantiated. The review will take place within 30-days of the completions of the investigation. The team may also meet to discuss any allegation that involves staff regardless of the investigation outcome or if the allegation was sexual harassment.</p> <p data-bbox="280 2038 1337 2065">The auditor was able to review the SART Checklist. The checklist includes:</p>

- A summary of the incident
- Victim care
- Receipt of medical, mental health, rape crisis, emotional support services
- Review of policies and procedures (confidentiality and duty to report)
- Prior report(s) against the perpetrator
- If prior report(s), agency response to incident(s)
- First responder
- Additional employee training recommended
- Timely response
- Notification of law enforcement
- If, notified, review police report
- Whereabouts of the victim
- Whereabouts of the abuser
- Physical vulnerabilities identified
- Media attention
- Risk screening
- Abuse motivated by race, ethnicity, gender identity, LGBTI/perceived, gang related, or other factor
- Inadequate staffing levels during shift
- Deploy or augment monitoring technology

The team members state that once the review check list is complete, they will make recommendations on changes to policy and procedure; improvements to facility security; and any internal service not currently provided, which may improve resident safety from sexual victimization.

The recommendations are presented to the Director during a management meeting and discuss any recommendations. The Director reports that cultivating a zero tolerance culture is most important when deciding which recommendations to implement. He states that recommendations that are implemented will be reviewed monthly during the management meeting to ensure the recommendations are working as intended. If there is a recommendation that is not implement, the team will document the reasons for not doing so.

The PREA Coordinator states that she is responsible for ensuring recommendations

are implemented. She will review the progress of implementation during management meetings.

There were no substantiated or unsubstantiated allegations during the past twelve months. See standards 115.222 for a review of the allegations from the past twelve months.

Review:

Policy 3.9.10

Sexual Assault Response Team Checklist

Interview with PREA Coordinator

Interview with Director

Interview with Assistant Director

Interview with Clinical Manager

Interview with Operations Manager

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 3.9.10 requires the PREA Coordinator to collect accurate, uniform data for every allegation of sexual harassment and abuse using the MonDay Allegation Tracking Sheet, which is based on the information required by the Bureau of Justice Form SSV-2, Survey of Sexual Violence. The PREA Allegation Tracking Sheet includes allegations of sexual harassment, sexual abuse, and definitions.</p> <p>The information on the form is aggregated and tracked on the agency's Allegation Tracking Sheet. The tracking tool list:</p> <ul style="list-style-type: none"> • Date of incident • Type of allegation • Description of act • Outcome • Notes • Definitions <p>The facility has a separate tracking form for resident-to-resident sexual harassment, resident-to-resident sexual abuse, and staff sexual misconduct.</p> <p>The auditor reviewed the Allegation Tracking Sheet and verified that the agency is collecting the required information to complete the Bureau of Justice's Survey of Sexual Violence form.</p> <p>The Coordinator reports that the Department of Justice has not made a request for this information.</p> <p>Review:</p> <p>Policy 3.9.10</p> <p>Allegation Tracking Sheet</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p>

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1461 499">MonDay policy 3.9.10 states that the agency will use the information collected in standard 115.287 to assess and improve the effectiveness of the agency’s resident sexual abuse prevention, detection, and response policies, practices, and training which includes:</p> <ul data-bbox="280 539 1390 757" style="list-style-type: none"> · Identifying problem areas · Taking corrective action on an ongoing basis · Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole <p data-bbox="280 797 1461 1037">The report will include a comparison of the current year’s data and corrective actions with those from prior years, and will provide an assessment of MonDay’s progress in addressing sexual abuse. The auditor access the agency’s website and reviewed the annual report. The report includes statistical data from the current and previous year and the efforts the agency has taken in order to reduce the incidents of sexual abuse and sexual harassment.</p> <p data-bbox="280 1077 1461 1193">The agency continues to work toward providing a safe and secure environment for staff and residents. The facility has implemented recommendations from previous audits and continues to:</p> <ul data-bbox="352 1263 1382 1547" style="list-style-type: none"> • review agency policy and procedure annually • train additional administrative investigators • train additional emotional support staff available to residents • training through the agency online Learning Management System and through the PREA Resource Center • specialized training for medical and mental health professionals • annual training review for contractors and volunteers <p data-bbox="280 1588 1461 1872">The PREA Coordinator reports that the facility is constantly identifying ways to improve the facility's ability to maintain its zero tolerance policy. The agency is currently looking into strategically placing cameras in the restrooms. These cameras would not view into the shower or toilet stalls, nor will there be a live feed on any camera monitors. Only approved staff with log on permissions to the "PREA Cameras" will be able to access these cameras for the purposes of conducting an investigation.</p> <p data-bbox="280 1912 1437 2029">The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p data-bbox="280 2069 1406 2103">The information in the report has been reviewed and approved by the agency’s</p>

	Director. The report is posted on the agency's website.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 3.9.10 requires the agency to collect data requested in standard 115.287 and that this information will be aggregated, and made available to the public through the agency’s website. The information posted to the agency’s website is required to have all personal identifying information removed. The facility is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years after the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The auditor accessed the agency’s website to ensure that the agency has posted its annual report. The annual reports are completed based on a fiscal year. The information in the report is collected by the agency’s PREA Coordinator. The agency PREA Coordinator aggregates the information and prepares the information for the annual report. The PREA Coordinator uses the information provided and develops the annual report, which is reviewed and signed by the agency Director.</p> <p>The PREA Coordinator reports that all information is only accessible to approved staff members and that she retains control of all information. The information is kept for ten-years from the time of collection. The auditor was able to see the locking file system used to securely store the documentation during the onsite visit.</p> <p>The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p>Review:</p> <p>Policy 3.9.10</p> <p>Agency website</p> <p>PREA annual reports</p> <p>Interview with PREA Coordinator</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency post the final PREA report of the PREA audit on the agency website. The auditor reviewed the agency website to ensure that the previous audit final report has been posted. MonDay has only one facility, and the facility is audited in the first year of each audit cycle. This audit is for year one of the new three-year audit cycle.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, Assistant Director, Clinical Manager, Assistant Operations Coordinator escorted the auditor around the male and female buildings, and opened every door for the auditor. The facility provided the auditor a private room in order to conduct staff and resident interviews. The auditor received documentation on the facility prior to the onsite visit. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views, digital mail, and the resident phone system.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility. These places included areas resident, staff, and visitors would frequent. The notices included the auditors mailing and email addresses. The PREA Coordinator sent the auditor photographic proof of the notices being posted approximately six weeks prior to the onsite visit. The auditor did not receive any correspondence with a staff or resident prior to or after the onsite visit. During the onsite visit, no resident or staff member requested to speak to the auditor; however, the auditor did have several informal conversations with residents during the tour portion of the onsite visit.</p> <p>Unrelated to the audit, the auditor received an anonymous PREA allegation for this agency. The reported information was not PREA, but the auditor contacted the PREA Coordinator to report the information. The information provided to the agency from the anonymous reporter had also been reported to the agency and investigated.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.mcoho.org/Monday%20audit%20report%202019-2.pdf, the final audit report from the facility's 2019 PREA audit. Agency policy requires the facility be audited every three years by a Department of Justice Certified Auditor, and the results of that audit posted on the agency's website. The PREA Coordinator understands the agency's obligation to make available to the public the results of the audit. The Coordinator will ensure that the final report from this audit is posted.</p> <p>In the state of Ohio, all final audit reports are also posted on the Ohio Department of Rehabilitation and Corrections website, https://www.drc.ohio.gov/prea.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

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

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	no
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

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

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

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

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

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

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

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

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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

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

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

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

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

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

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

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

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

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

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

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

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

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