

PREA Facility Audit Report: Final

Name of Facility: Northeast Ohio Community Alternative Program (NEOCAP)

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/02/2025

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: Elaine Brideschge	Date of Signature: 09/02/2025

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	08/06/2025
End Date of On-Site Audit:	08/07/2025

FACILITY INFORMATION	
Facility name:	Northeast Ohio Community Alternative Program (NEOCAP)
Facility physical address:	411 Pine Avenue Southeast, Warren, Ohio - 44483
Facility mailing address:	

Primary Contact

Name:	Eric Anderson
Email Address:	e.anderson@neocap.org
Telephone Number:	330-675-7466

Facility Director	
Name:	Jake Jones
Email Address:	j.jones@neocap.org
Telephone Number:	330-675-7463

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

Facility Health Service Administrator On-Site	
Name:	Brenda Waters
Email Address:	b.waters@neocap.org
Telephone Number:	330-675-7039

Facility Characteristics	
Designed facility capacity:	225
Current population of facility:	188
Average daily population for the past 12 months:	169
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-70
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	69
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

AGENCY INFORMATION	
Name of agency:	NEOCAP Comprehensive Community-Based Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	411 Pine Avenue Southeast, Warren, Ohio - 44483
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Eric Anderson	Email Address:	e.anderson@neocap.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.213 - Supervision and monitoring • 115.233 - Resident education
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-06
2. End date of the onsite portion of the audit:	2025-08-07

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	228
15. Average daily population for the past 12 months:	169
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	190
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	16

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>56</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>69</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>7</p>

<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>17</p>
<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Based on conversations with staff and a review of detailed rosters provided by the facility.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</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>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>

<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on conversations with staff and a review of detailed rosters, it was determined that at the time of audit this population of residents were not being held at the facility.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. 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>Gender</p>

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

Yes

No

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

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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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.

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	00	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	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.

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	Based on conversations with investigative staff, the agency has only had two sexual harassment allegations made within the last 12 months.

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

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> Staff Sexual Abuse/Sexual Harassment Policy Resident Sexual Abuse/Sexual Harassment Policy Organizational Charts Pre audit Questionnaire (PAQ) Interview with PREA Coordinator <p>Findings:</p> <p>(a) NEOCAP has a zero-tolerance policy against sexual abuse and sexual harassment outlining the agency’s approach to preventing, detecting, and</p>

	<p>responding to such conduct. Residents and staff shall be free from sexual abuse, sexual harassment and free from retaliation for reporting such incidents. All residents and staff are required to report any acts of sexual abuse or sexual harassment. Every effort will be made to eradicate all forms of sexual abuse and sexual harassment responding to such conduct.</p> <p>(b) NEOCAP employs an upper-level, agency wide PREA Coordinator, notated in the organizational chart, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.212 Contracting with Other Entities for the Confinement of Residents</p> <p>Evidenced Analyzed:</p> <p>1. Pre-Audit Questionnaire (PAQ)</p> <p>Findings:</p> <p>(a) (b) (c) The facility has not entered into any contracts to house residents.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.213 Supervision and Monitoring</p> <p>Evidenced Analyzed:</p> <p>1. Supervision and Monitoring Policy</p> <p>2. Staff Schedules</p> <p>3. Camera Location Maps/Analysis</p>

	<p>4. Staffing Plan Approval Memo</p> <p>5. Interviews with the Deputy Director and PREA Coordinator</p> <p>6. Site Review: Supervision Practices</p> <p>7. Pre audit Questionnaire (PAQ)</p> <p>Findings:</p> <p>(a) The Program Manager/supervisory designee must ensure adequate levels of staffing during all shifts to help protect residents against sexual abuse. The management team will review no less than annually, the staffing requirements, to make staffing adjustments as needed. During the site review the auditor compared the written staffing plan against the observations made and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, the facility is staffed according to the plan, as it is written. Deviations from the plan have been documented. The following factors will be taken into consideration:</p> <ol style="list-style-type: none"> 1. The physical layout of the facility. 2. The composition of the resident population. 3. Any incidents of sexual abuse or harassment and any other relevant factors. <p>(b) Any deviations from the staffing plan are documented and justified in accordance with policy.</p> <p>(c) As evidenced by the camera location maps video cameras are placed in strategic locations as determined by management staff to minimize blind spots and provide additional supervision. Exceeding this standard, the facility:</p> <ol style="list-style-type: none"> 1. Provides direct supervision of residents at all times. 2. Strategically placed cameras and large observation windows in areas previously identified as potential blind spot areas. 3. Safety checks are performed every 30 minutes.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215 Limits to Cross-Gender Viewing and Searches</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Cross Gender Viewing & Searches Policy

2. Staff PREA Training Records Including Signed Training Acknowledgments

3. Interviews with random staff, random residents and female residents. There were no transgender/intersex residents at time of audit.

4. Site Review: Cross-Gender Searches; Cross-Gender Viewing

5. Pre audit Questionnaire (PAQ)

Findings:

a) The facility policy states staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. According to the PAQ and interviews, in the past 12 months, the facility had not performed any cross-gender strip or cross-gender visual body cavity searches of residents. During the site review and informal conversations with staff and residents, no cross-gender searches were observed or acknowledged.

(b) As required, the facility does not allow cross-gender pat-down searches of female residents except in exigent circumstances. The facility ensures female residents have full access to programming and outside opportunities without restriction. According to the PAQ and interviews, in the past 12 months, no pat-down searches of female residents were performed by male staff. During the site review, the auditor did not observe any cross-gender pat-down searches.

(c) Per the PAQ, NEOCAP does not conduct cross-gender strip searches or cross-gender visual body cavity searches.

(d) Policies and procedures are in place to ensure that residents can shower, change clothes, and use the restroom without opposite-gender staff viewing their private areas, except in exigent situations or when incidental to routine checks. Staff of the opposite gender are required to announce their presence when entering areas where residents may be undressed. During the site review, the auditor observed single occupancy, private rooms where residents can shower, change clothes and use the toilet. The auditor also observed opposite gender announcements being made.

(e) The facility does not search or examine transgender or intersex residents solely to determine genital status. When necessary, genital status is confirmed through resident disclosure, review of medical records, or a private examination by a qualified medical professional. According to the PAQ, no such searches have been made in the past 12 months.

(f) As evidenced by PREA training records the facility trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. According to the PAQ, the facility provides a staff training video from the ODRC which displays female staff patting down a male inmate and how to professionally pat down a transgender individual.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216 Residents with Disabilities and Residents Who Are Limited English Proficient</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Residents with Disabilities/Limited English Proficient Policy 2. MOU with Community Solutions Associations (CSA) 3. Spanish Handbook 4. Interviews with the Executive Director and random staff. There were no residents with a disability or who was limited English proficient at time of audit. 5. Site review: Interpretation Services 6. Pre audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) NEOCAP and CSA have established an affiliation in an effort to provide NEOCAP sensory impaired and limited English proficient residents with the essential auxiliary aids and services. The facility has taken appropriate steps to ensure that residents with disabilities—including those who are deaf, hard of hearing, blind, have low vision, intellectual disabilities, psychiatric conditions, or speech impairments—are able to fully participate in and benefit from all aspects of the facility’s sexual abuse prevention, detection, and response efforts. If a language, literacy or other problem exists that limits the resident's ability to understand the information presented, it will be read to him by his/her case manager. During the site review, the auditor was able to test the facility’s process for securing interpretation services on demand.</p> <p>(b) The facility has taken reasonable steps to ensure that residents with limited English proficiency have meaningful access to all PREA-related efforts. This includes providing qualified interpreters who communicate effectively, accurately, and impartially. CSA/211 will assist NEOCAP with obtaining certified hearing/language interpreters through its network with Youngstown Hearing and Speech.</p> <p>b. CSA will assist NEOCAP with providing communication services with limited English proficient residents through its network with OCHA.</p> <p>(c) The facility does not rely on other residents to interpret or assist except in rare, emergency circumstances where a delay in obtaining a qualified interpreter would jeopardize the resident’s safety, delay first-response duties, or interfere with an active investigation.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.217 Hiring and Promotion Decisions</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Hiring and Promotion Policy 2. Background Documentation 3. Interviews with HR staff 4. Pre audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) A criminal record check is conducted on all new employees in accordance with state and federal statutes. NEOCAP reserves the right to have a criminal record check conducted on all contracted persons. NEOCAP prohibits hiring or promoting anyone who may have a documented instance of engaging in sexual abuse or has been convicted of engaging or attempting to engage in sexual abuse.</p> <p>(b) Incidents of sexual harassment are also considered when evaluating individuals for hiring, promotion, or contract work involving resident contact.</p> <p>(c) Prior to employment, the Business Director will ensure that all employees of the facility shall be subjected to a background investigation that includes a person's criminal history. Should the Executive Director or designee deem it necessary, the Business Director shall conduct a criminal record check on contracted persons.</p> <p>(d) Criminal background checks are also conducted before contracting with individuals who may have contact with residents.</p> <p>(e) The Business Director or designee will request a LEADS Background Check on all current employees on the employees' birthday each year.</p> <p>(f) All applicants and employees are asked in writing or during interviews about any past sexual misconduct. Staff also have an ongoing duty to report any such misconduct.</p> <p>(g) Employees who fail to provide their contact with the criminal justice system, or provide false information, shall be grounds for discipline that may range from supervision up to termination.</p> <p>(h) When allowed by law, the facility shares information about verified allegations of sexual abuse or harassment involving former employees with requesting institutions.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218 Upgrades to Facilities and Technologies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Pre- Audit Questionnaire 2. Interviews with Executive Director and Deputy Director <p>Findings:</p> <p>(a) According to the information in the PAQ and interviews, the facility has not made any updates to the facility.</p> <p>(b) According to the information in the PAQ and interviews, the facility has not made any upgrades to the camera system.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.221 Evidence Protocol and Forensic Medical Examinations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Evidence Policy 2. MOU with Rape Crisis Team of Trumbull County 3. MOU with Trumbull County Sheriff's Office 4. Certificate for PREA Victim Support Person Training 5. Interviews with random staff and the PREA Coordinator. There were no residents who reported sexual abuse at time of audit. 6. Pre audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) When it has been determined that a sexual abuse or physical assault has occurred, NEOCAP will contact appropriate law enforcement and medical/mental health services. The facility follows a uniform evidence protocol designed to</p>

preserve usable evidence for both administrative and criminal proceedings, consistent with best practices.

(b) Where applicable, the protocol is developmentally appropriate for youth and is based on the latest U.S. Department of Justice guidance or similarly comprehensive protocols developed after 2011. The facility does not house youth.

(c) Should a resident suffer sexual abuse/assault, he/she will have readily available to them access to forensic medical examinations. The resident will be transported to the designated Hospital (St. Joseph's Hospital Warren, Tri-Point Hospital Painesville) for a medical examination by a Sexual Assault Nurse Examiner (SANE). Once at the Emergency Room all protocol will be followed according to the set guidelines of the designated hospital. If a SANE is not available, the forensic examination will be conducted by a licensed medical physician. Victims of sexual abuse are offered timely access to forensic medical exams at no cost. According to the PAQ, there were no forensic medical exams conducted in the past 12 months.

(d) The facility offers victims access to a victim advocate from a rape crisis center. If such services are unavailable, the facility provides a qualified agency staff member or one from a community-based organization to fulfill this role. All efforts to secure rape crisis services are documented.

(e) The Clinical Director shall through agreement with the Rape Crisis Team of Trumbull County, have available the name and phone number of victim advocates who can be made available to any resident suffering a sexual assault/abuse. Should the Rape Crisis Team not have a victim advocate available at the time of the incident, the Shift Supervisor will inform the hospital that the resident requires the services of a crisis intervention professional. If the victim requests that the victim advocate, qualified agency staff member or qualified community-based organization staff member accompany and support him/her through the forensic medical examination process and investigatory interviews, NEOCAP will accommodate such a request.

(f) The facility formally requests that the investigating agency adhere to the PREA requirements.

(g) The auditor is not required to audit this provision.

(h) All staff members or community-based individuals serving as victim advocates are screened for suitability and have received appropriate training in sexual assault response and forensic examination procedures.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Referrals of Allegations for Investigations Policy 2. MOU with Trumbull County Sheriff's Office 3. One Administrative Investigation 4. Pre audit Questionnaire (PAQ) 5. Interviews with Executive Director and investigative staff 6. Agency Website <p>Findings:</p> <p>(a) The facility ensures that every allegation of sexual abuse or sexual harassment results in a completed administrative or criminal investigation. According to the PAQ, the facility has had one allegation of sexual abuse/sexual harassment in the past 12 months that required an administrative investigation.</p> <p>(b) Once notified of any suspected sexual abuse or sexual harassment, the Clinical Director will assign specific staff members to conduct an internal investigation into the matter. If physical evidence suggests that sexual abuse or sexual assault has occurred, or should the internal investigation reveal that a case of assault or harassment did occur; the local Sheriff's Office will be notified by the Executive Director or designee to conduct a formal criminal investigation. The investigation policy is located on the agency website.</p> <p>(c) It is the responsibility of the local Sheriff's Office to investigate the incident as they would any other criminal investigation. The investigation policy is located on the agency website.</p> <p>(d) The auditor is not required to audit this provision.</p> <p>(e) The auditor is not required to audit this provision.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.231 Employee Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Employee, Volunteer and Contractor Training Policy 2. Staff Training Records 3. Interviews with random staff 4. Pre Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) Written policies and procedures for the training of all personnel are implemented. A training is developed, implemented, reviewed, evaluated, and updated based on an annual assessment that identifies current job-related training needs. The training includes:</p> <ol style="list-style-type: none"> 1. The facility's zero-tolerance policy for sexual abuse and sexual harassment. 2. Responsibilities in preventing, detecting, reporting, and responding to such conduct. 3. Resident rights to be free from abuse, harassment, and retaliation. 4. The dynamics and indicators of abuse in confinement settings. 5. How to avoid inappropriate relationships and communicate professionally with all residents, including LGBTI or gender nonconforming individuals. 6. Mandatory reporting obligations under relevant laws. <p>(b) Training is specific to the gender of the residents. Staff moving to a new facility receives additional training for the different population's gender.</p> <p>(c) All current employees have received this training within one year of the PREA standards' effective date. Employees receive refresher training every two years, and in off-years, refresher materials are provided to ensure continued understanding of current policies.</p> <p>(d) As evidenced by the staff training records the facility documents staff comprehension through signed acknowledgment forms (training slips).</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.232 Volunteer and Contractor Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Employee, Volunteer and Contractor Training Policy 2. Volunteer and Contractor Zero-Tolerance Training Acknowledgments 3. Pre Audit Questionnaire (PAQ) 4. Interviews with contractors. There were no volunteers at time of audit. <p>Findings:</p> <p>(a) The Clinical Director or designee will train all volunteers, interns or contract personnel on their responsibilities regarding the facility’s sexual abuse and harassment prevention, detection and response policies and procedures based upon the services they provide and the level of contact they have with residents. This training will include at a minimum the facility’s zero-tolerance policy regarding sexual abuse and harassment and procedures for reporting such incidents.</p> <p>(b) The level and content of training are based on the nature of the services provided and the level of contact with residents. However, all such individuals are informed of the zero-tolerance policy and how to report incidents.</p> <p>(c) The Clinical Director maintains and stores all volunteer or intern signed agreements which contain their signature as documentation confirming their understanding of the training they have received. The Business Director maintains and stores contracted personnel agreements. Their signature on their respective contracts will serve as documentation confirming their understanding of the training they have received.</p>
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115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.233 Resident Education</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Resident Education Policy 2. MOU with Community Solutions

3. Resident Handbook in English and Spanish
4. Pictures of PREA Posters Posted throughout the facility
5. PREA Resident Education acknowledgements for males and females
6. Pre Audit Questionnaire (PAQ)
7. Interviews with random residents and intake staff
8. Site Review: Intake PREA Information; Interpretation Services; Signage

Findings:

(a) Each resident receives Orientation Education through a class with residential staff in which they will cover all of the information contained in the Resident Handbook to ensure each resident's full understanding. The Resident Handbook includes but is not limited to:

1. Resident Rules and Regulations (3A-01)
2. Disciplinary Sanctions (3A-01)
3. Zero-tolerance policy regarding sexual abuse and harassment
4. How to report incidents or suspicions of sexual abuse or harassment
5. The resident's right to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents

During the site review, staff explained the process of providing PREA Information to residents at time of intake. Interpretation Services are provided by either bilingual staff or external on-demand interpretation services.

(b) Refresher information is provided any time a resident is transferred to another facility. According to the PAQ, there were no residents transferred from a different community confinement facility during the past 12 months.

(c) If a language, literacy or other problem exists that limits the resident's ability to understand the information presented, it will be read to him by his case manager. They will then discuss the above information with their Case Manager to ensure their full understanding. Should the resident require assistance beyond what the Case Manager can provide (English translation), services will be retained from Community Solutions Association where further assistance will be provided.

(d) Upon their review and complete understanding of the above information, each resident will sign the Resident Orientation Sign-Off form to be kept in their respective Case File documenting they have participated in and understood the information presented to them.

(e) Residents continuously receive key information through posters, handbooks, or

	<p>other written materials. During the site review, the auditor observed posted and printed signage throughout the facility. Exceeding this standard, the facility provides comprehensive, continuous PREA information to residents by showing the PREA video on unit TVs on a scheduled rotation.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234 Specialized Training: Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Specialized Training: Investigations Policy 2. Investigator Training Completion Certificate 3. Interviews with investigative staff 4. Pre Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) NEOCAP does not employ officers of the law for the purpose of acting within that capacity; therefore, all investigations of sexual abuse will be referred to the Trumbull or Lake County Sheriff's Office.</p> <p>(b) The facility only investigates administrative investigations and the investigator at the facility received specialized training that included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>(c) As evidenced by the training certificates the facility maintains documentation confirming completion of this specialized training by the investigative staff. According to the PAQ, the agency has one investigator employed with the agency that has been trained to conduct PREA investigations.</p> <p>(d) The auditor is not required to audit this provision.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.235 Specialized Training: Medical and Mental Health Care</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Specialized Training Medical and Mental Health Care Policy 2. Completed PREA Training Certificates 3. Pre Audit Questionnaire (PAQ) 4. Interviews with medical and mental health staff <p>Findings:</p> <p>(a) According to the PAQ, all four medical and mental health staff have received the training required by agency policy. Training consists of:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>(b) Medical staff do not conduct forensic examinations.</p> <p>(c) The facility maintains documentation confirming that all required medical and mental health staff have completed this training, either through the facility or external providers.</p> <p>(d) The practitioners have also completed the employee training required under § 115.231 or the contractor/volunteer training required under § 115.232, depending on their status at the facility.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.241 Screening for Risk of Victimization and Abusiveness</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Screening Policy

2. Screening Tool

3. Resident Screenings

4. Pre Audit Questionnaire (PAQ)

5. Site Review: Intake PREA Risk Screening; Record Storage

6. Interviews with staff responsible for risk screening, random residents and the PREA Coordinator

Findings:

(a) Admissions decisions will be based on the offender's risk and needs. Offenders identified on the Ohio Risk Assessment System (ORAS) with moderate to high risk/needs will be targeted for admission. Further, offenders with multiple criminogenic needs are targeted. This list of criminogenic needs includes but is not limited to the following:

1. Criminal Personality
2. Anti-Social Attitudes, Values and Beliefs
3. Low Self-Control
4. Criminal Peers
5. Substance Abuse
6. Dysfunctional Family

During the site review, the auditor staff demonstrated the process they undertake when administering the risk screening to residents.

(b) The facility has staff specifically assigned to conduct intake interviews, coordinate screening and intake procedures with the courts, probation departments, sheriff's departments, prosecutor's offices, and defense attorneys in the NEOCAP region. According to the PAQ, 100% of residents entering the facility within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake.

(c) An objective screening tool is used to ensure consistent, unbiased assessment. The auditor reviewed five screenings on male residents and five screenings on female residents.

(d) The intake screening considers factors such as:

1. Whether the offender has a mental, physical, or developmental disability.
2. The age of the resident.
3. The physical build of the resident.
4. Whether the offender has previously been incarcerated.
5. Whether the offender's criminal history is exclusively nonviolent.
6. Whether the offender has prior convictions for sex offenses against an adult or child.
7. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender,

	<p>intersex, or gender nonconforming.</p> <p>8. Whether the offender has previously experienced sexual victimization; and</p> <p>9. The offender’s own perception of vulnerability.</p> <p>(e) The screening also considers known history of sexual abuse perpetration, convictions for violent offenses, and prior institutional violence or abuse to assess risk of abusiveness.</p> <p>(f) Within 30 days of arrival, residents are reassessed to reflect any new information received since intake. According to the PAQ, 100% of residents entering the facility within the past 12 months whose length of stay was longer than 30 days were reassessed for risk of sexual victimization or risk of sexually abusing other residents.</p> <p>(g) Reassessments are also conducted when warranted due to referrals, requests, incidents, or newly received information related to risk.</p> <p>(h) Residents are not disciplined for refusing to answer, or choosing not to fully disclose, information related to sexual orientation, gender identity, prior victimization, or perception of vulnerability.</p> <p>(I) The facility has established controls to prevent the misuse of sensitive screening information by staff or residents. During the site review, the auditor observed that records were kept in a secure location with restricted access.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242 Use of Screening Information</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Use Of Screening Information Policy 2. Interviews with PREA Coordinator, staff responsible for risk screening and gay/lesbian residents. There were no transgender/intersex residents at time of audit. 3. Pre Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) Based on the information obtained from the intake screening and interviews, and all information obtained prior to the resident's admittance, bed assignments and program assignments will be made with the goal to keep those residents identified</p>

	<p>as possible sexual abusers separate from those identified as possibly being at high risk for sexual victimization.</p> <p>(b) Determinations on how to ensure the safety of each resident will be made on a case-by-case basis as are all decisions at NEOCAP.</p> <p>(c) The final decision to place a transgender or intersex resident in the male or female facility will be made by the Executive Director based on the recommendations of the Deputy of Operations.</p> <p>1. The decision will be made on a case-by-case basis where the goal is to ensure the safety and health of the resident while not posing a security or management risk to the facility.</p> <p>2. The transgender or intersex resident’s own views will be taken into consideration before the final determination is made.</p> <p>3. Lesbian, gay, bisexual, transgender or intersex residents will not be placed in the male or female facility solely on the basis of such identification or status, unless so ordered in the Journal Entry by the sentencing Judge or as decided in any legal judgment for the purpose of protecting such residents.</p> <p>(d) The views of transgender or intersex residents regarding their own safety are given serious consideration.</p> <p>(e) Transgender and intersex residents are allowed the option to shower separately from other residents.</p> <p>(f) The facility does not place LGBTI residents in segregated housing solely based on identification or status unless such placement is pursuant to a legal judgment or settlement designed to protect them.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.251 Resident Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Resident Reporting Policy 2. Intake PREA Report 3. Pre Audit Questionnaire (PAQ)

	<p>4. Site Review: Signage; Internal and External Reporting; Sending and Receiving Mail; Record Storage; Staff Reporting</p> <p>5. Interviews with random staff and residents and the PREA Coordinator</p> <p>Findings:</p> <p>(a) Residents of NEOCAP are provided with numerous ways to report sexual abuse/harassment and staff neglect or violation of responsibilities and are provided with the freedom from being retaliated against for reporting such claims. During the site review, the auditor observed and tested internal reporting methods. The facility allows residents to mail correspondence with a Monday through Friday pick up. Record Storage is secured with limited access.</p> <p>(b) All residents have the ability to communicate with public or private entities that are not a part of NEOCAP. Such officials include but are not limited to attorneys of record, religious officials and probation officers. The facility has an MOU with Trumbull County Adult Probation for Reporting of Sexual Abuse or Harassment. During the site review, the auditor observed and tested external reporting methods. The facility allows residents to mail correspondence with a Monday through Friday pick up. Record Storage is secured with limited access.</p> <p>(c) Staff accept reports in all forms, verbal, written, anonymous, or third party—and promptly document all verbal reports.</p> <p>(d) All staff members can privately report any claims of sexual abuse or harassment to any Director or anonymously by calling the DRC PREA reporting hotline. Information regarding an incident of sexual abuse or sexual harassment will only be shared with staff needed to make treatment, investigation, and other security and management decisions.</p> <p>During the site review, the auditor observed and tested staff private reporting methods.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252 Exhaustion of Administrative Remedies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Discrimination and Grievance Procedures Policy 2. Resident Reporting Policy 3. Pre-Audit Questionnaire (PAQ)

4. There were no residents to interview who reported sexual abuse at time of audit.

5. Site Review: Signage; Third Party Reporting

6. Agency Website

Findings:

(a) NEOCAP will have available to residents a grievance procedure that includes at least one level of appeal. The grievance procedure is evaluated at least annually to determine its efficiency and effectiveness. The quantity and nature of resident grievances are aggregated and analyzed annually. All residents shall have the opportunity to initiate grievance procedures on any condition of action with the program without fear of adverse reaction from facility personnel. According to the information in the PAQ there have been no grievances filed in the last 12 months.

(b) Residents may submit a sexual abuse grievance at any time, with no deadline. Time limits apply only to non-abuse-related issues. Residents are not required to use informal processes or resolve the issue directly with staff.

(c) Residents may file grievances without submitting them to, or having them referred to, any staff member named in the complaint.

(d) The facility issues final decisions on sexual abuse grievances within 90 days of initial filing, excluding time residents spend on appeals. Extensions of up to 70 days may be granted with written notice. If no response is provided within the required timeframes, the resident may consider the grievance denied. According to the PAQ no grievances alleging sexual abuse have been filed in the past 12 months.

(e) Third parties—including fellow residents, family members, staff, attorneys, and advocates—are allowed to assist with or file grievances on behalf of residents. Third party claims may be reported to the PREA Coordinator by calling the number located on the facility's website. The facility may require the alleged victim's consent to proceed and may require their involvement in later stages.

(f) If a resident is suspected to be subjected to a substantial risk of imminent sexual abuse a shift supervisor will be notified, and a staff member will remain with the resident until further instructions are given. Claims of a resident being at a substantial risk of imminent sexual abuse will be responded to immediately and a final agency decision will be made within 5 days of the claim. According to the PAQ no emergency grievances alleging substantial risk of imminent sexual abuse have been filed in the past 12 months.

(g) Disciplinary action may only be taken against a resident for filing a sexual abuse grievance if it is determined that the grievance was filed in bad faith.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.253 Resident Access to Outside Confidential Support Services

Evidenced Analyzed:

1. Resident Access to Outside Confidential Support Services Policy
2. MOU with Rape Crisis Team of Trumbull County
3. Residents Handbooks
4. Pre Audit Questionnaire (PAQ)
5. Interviews with random residents. There were no residents who reported sexual abuse at time of audit.
6. Site Review: Signage; Outside Emotional Support Services; Sending and Receiving Mail

Findings:

(a) NEOCAP provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Any resident requesting the services of an outside victim advocate for emotional support services related to sexual abuse will be given contact information for the Rape Crisis Team of Trumbull County. Contact information will include the phone number (toll-free hotline included), address and website information.

During the site review, the auditor observed posted and printed signage throughout the facility. Signage included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The auditor reviewed the information provided on signage and determined it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. The auditor successfully tested access to outside emotional support services. Postal Mail is processed Monday through Friday. Residents are provided with two free letters weekly.

(b) The Case Manager, prior to giving the resident access to outside support services (Rape Crisis Team) will inform the resident of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that applies to disclosure of sexual abuse made to outside victim advocates, including limits to confidentiality under relevant federal, state, or local law.

(c) The facility maintains memoranda of understanding with Rape Crisis Team of Trumbull County.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 Third-Party Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Picture of the PREA Poster Posted in the Lobby of the Facility 2. Third-Party Reporting Policy 3. Pre Audit Questionnaire (PAQ) 4. Site Review: Signage; Third Party Reporting <p>Findings:</p> <p>(a) NEOCAP has a method to receive third-party reports of sexual abuse and sexual harassment and distributes information publicly on how to report sexual abuse and sexual harassment on behalf of a resident. Any staff member receiving a claim (written, verbal, anonymous or from a third party) of sexual abuse or harassment of any resident shall immediately report it to a supervisor. All verbal reports should be documented in the form of an Inter- Office Memo from the staff member receiving the claim to the Deputy Director. Posted in each the male and female wing lobbies is a message to the public on how to report sexual abuse and sexual harassment on behalf of a resident. Upon intake, each resident is informed by their Case Manager that should anyone in their support system have any concerns about their well-being they are encouraged to call their Case Manager or any staff member to express those concerns.</p> <p>During the site review the auditor observed posted third party reporting signage throughout the facility. The auditor reviewed the information provided on signage and determined that it is readable and accessible, and consistent. The auditor placed a test call to the Compliance Manager at 330-675-7466. A voice mail was reached.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261 Staff and Agency Reporting Duties</p> <p>Evidenced Analyzed:</p>

1. Staff and Agency Reporting Duties Policy
2. Pre Audit Questionnaire
3. Site Review: Staff Reporting; Record Storage
4. Interviews with the Deputy Director, PREA Coordinator, medical and mental health staff, and random staff

Findings:

(a) Any staff member having knowledge, information or suspicion regarding sexual abuse/harassment will immediately report it to their immediate supervisor or any other facility administrator. Anyone reporting such claims will be provided with the freedom from being retaliated against. Upon being hired at NEOCAP all staff receive a written Code of Ethics that is reviewed with them by the Business Director. Failure to follow this Code of Ethics is grounds for disciplinary action including up to termination from employment.

A staff member walked the auditor through the process of being able to privately report an allegation of sexual abuse or sexual harassment of a resident. The reporting method is available and on-demand to all staff. Staff are able to report outside chain of command if necessary.

(b) Strict confidentiality shall be applied to any reports of sexual abuse or harassment that is reported by any staff member. No staff member shall discuss the alleged situation with anyone other than those staff members necessary to make treatment, investigation or other security and management decisions. Sexual abuse reports are secured in a locked area with limited access.

(c) All mental health and medical contracted professionals shall immediately report any allegations of sexual abuse they receive regarding any resident of NEOCAP. As part of their contract with NEOCAP, the medical or mental health professional will call the Deputy Director or Executive Director to inform them of the alleged complaint. The medical or mental health professional will notify the resident of their duty to inform NEOCAP management of the allegation immediately when the resident starts to make such a complaint.

(d) Allegations involving minors or vulnerable adults are reported to the appropriate state or local services agency in accordance with mandatory reporting laws.

(e) The local Sheriff's Office is the facility's designated investigator regarding all claims of sexual abuse of staff or residents of NEOCAP.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262 Agency protection duties.</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Protection Duties Policy 2. Pre-Audit Questionnaire (PAQ) 3. Interviews with the Executive Director, Deputy Director and random staff <p>Findings:</p> <p>(a) When NEOCAP learns that a resident is subject to a substantial risk of imminent danger, including sexual abuse, it will take immediate action to protect the resident. Any information regarding the safety of any resident being in danger shall be immediately reported to the Deputy Director. Immediate action will be taken to ensure the safety of the particular resident and any other resident(s) who may be in danger. Staff learning of the danger will immediately separate the resident by taking him/her to a staff member's office where they will call the Deputy Director for further instructions. The Deputy Director will interview the resident who is believed to be in suspected danger and if sufficient evidence is found to support a claim of sexual abuse, it will be reported to the local Sheriff's Office for further investigation. Any resident who is in imminent danger and his/her safety can only be ensured by removing them from the facility, will be removed by the local Sheriff's Office or the Trumbull County Probation Department upon approval from the Executive Director. According to the information in the PAQ the facility has had no reports of a resident in imminent danger.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 Reporting to Other Confinement Facilities</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Reporting to Other Confinement Facilities Policy 2. Report of PREA Incident Reported to another Agency 3. Pre Audit Questionnaire (PAQ) 4. Interviews with the Executive Director and Deputy Director

	<p>Findings:</p> <p>(a) If NEOCAP receives an allegation that a resident was sexually abused while confined at another facility prior to his/her confinement to NEOCAP the facility will notify the Executive Director. According to the PAQ, five allegations have been received by NEOCAP that a resident was abused while confined at another facility.</p> <p>(b) The Executive Director or his designee will notify, within 72 hours, the head of that facility or agency where the alleged abuse occurred.</p> <p>(c) The Executive Director or his designee will document in writing that he has provided such notification and keep such in an investigation file kept in the Deputy Director's office. The auditor reviewed a notice sent to another agency concerning an allegation of sexual abuse.</p> <p>(d) Should NEOCAP receive notification that an ex-resident was abused while in the facility, the staff receiving the notification will immediately notify the Executive Director. The Executive Director will assign a staff member to conduct an internal investigation into such claim and report back to him within a week of the notification. If the internal investigation supports the claim of sexual abuse, the local Sheriff's Office will immediately be notified, and the investigation will be turned over to them.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.264 Staff First Responder Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Staff First Responder Duties 2. Pre-Audit Questionnaire (PAQ) 3. Interviews with security and non-security staff first responders and random staff. There were no residents who reported sexual abuse at time of the audit. <p>Findings:</p> <p>A) Upon learning of an allegation that a resident was sexually abused, the first residential staff member to respond to the report will secure the scene and take care of the residents involved. Once an allegation of sexual abuse has been made and there is physical evidence to support the allegation, the Shift Supervisor will notify the Deputy Director immediately. Upon direction from the Deputy Director, the Shift Supervisor will secure the scene by prohibiting access until the local</p>

	<p>Sheriff's Office arrives. The Shift Supervisor will then call the local Sheriff's Office and inform them that we have an alleged sexual assault that we need them to investigate. If the abuse occurred within a time period that still allows for the collection of physical evidence, the Shift Supervisor will separate the alleged victim and the alleged abuser and prohibit either from performing any action that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating until the local Sheriff's Office arrives and approves such actions. According to the PAQ, in the past 12 months, no allegations that a resident was sexual abused have been made.</p> <p>(b) Due to the physical layout of the facility, if the first responder is not a residential staff member, he/she will vocally call for a residential staff member to report to the scene. The first responding staff member will not allow the alleged victim or alleged abuser to speak to one another and will preserve the scene by not allowing anyone access to it.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265 Coordinated Response</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Coordinated Response Plan 2. Pre Audit Questionnaire (PAQ) 3. Interviews with the Deputy Director <p>Findings:</p> <p>(a) NEOCAP has a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.266 Preservation of Ability to Protect Residents from Contact with Abusers

	<p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Preservation of Ability to Protect Residents from Contact with Abusers 2. Pre Audit Questionnaire (PAQ) 3. Interview with the Executive Director <p>Findings:</p> <p>(a) The facility has not entered into or renewed any agreement that limits its ability to remove alleged abusers from contact with residents during investigations or pending disciplinary decisions.</p> <p>(b) The auditor is not required to audit this provision.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.267 Agency Protection Against Retaliation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Protection Against Retaliation Policy 2. Pre Audit Questionnaire (PAQ) 3. Interviews with the Executive Director, Deputy Director, and the designated staff charged with monitoring retaliation. There were no residents who reported sexual abuse at the time of the audit. <p>Findings:</p> <p>(a) All residents and staff members who report suspicion of or actual instances of sexual abuse/harassment or those who cooperate with sexual abuse/harassment investigations will be free from retaliation by other residents or staff members.</p> <p>(b) Upon confirmation that sexual abuse/harassment has occurred, the Deputy Director will assess the situation and make a decision to either separate the residents involved or remove the aggressor from the facility until the investigation is concluded.</p> <p>(c) For at least 90 days after a report, the facility monitors the conduct and treatment of the reporter and the alleged victim. This includes reviewing disciplinary reports, housing changes, program access, and staff evaluations. Monitoring continues beyond 90 days if necessary. Any resident involved in a case of sexual</p>

	<p>abuse/harassment will be placed on special surveillance at the discretion of the Clinical Director after her initial assessment of them. In the past 12 months there has not been any occurrences of retaliation.</p> <p>(d) The Clinical Director will then instruct the resident’s House to monitor their conduct and treatment for at least 90 days following the incident. Such monitoring will be re-evaluated at the conclusion of the 90 days and can take place for up to the end of the resident’s residency if deemed necessary by the Clinical Director. Monitoring will include at a minimum: Behavior Reports, behavior in group setting, behavior on the floor and conduct during Case Management Sessions.</p> <p>(e) Any other individual who cooperates with an investigation and expresses fear of retaliation is also provided protective measures.</p> <p>(f) The auditor is not required to audit this provision.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271 Criminal and Administrative Agency Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Criminal and Administrative Agency Investigations Policy 2. Pre Audit Questionnaire (PAQ) 3. Site Review: Record Storage 4. Interviews with investigative staff, Deputy Director and the PREA Coordinator. There were no residents who reported sexual abuse at the time of audit. <p>Findings:</p> <p>(a) NEOCAP will conduct administrative investigations into all allegations of sexual abuse/harassment. The Deputy Director will order a full administrative investigation into all allegations of sexual abuse/harassment whether against a resident or staff member.</p> <p>(b) Sexual abuse investigations are conducted by staff trained in sexual abuse investigations in confinement settings. All criminal investigations will be referred to the local Sheriff’s Office.</p> <p>(c) Investigators collect physical, testimonial, and documentary evidence, including</p>

	<p>prior complaints involving the accused, and conduct interviews with all relevant parties.</p> <p>(d) The Deputy Director will serve as the facility’s liaison between the local Sheriff’s Office and NEOCAP and will cooperate fully with the investigation. If the investigation finds criminal conduct did occur, NEOCAP will refer the case for prosecution.</p> <p>(e) Credibility assessments are based on individual evaluation and are not influenced by the person’s status as resident or staff. Residents are never required to take polygraph tests as a condition for proceeding with investigations.</p> <p>(f) The purpose of the investigation is to determine all parties involved, the extent of their involvement, whether staff member’s action or inaction caused or led to the incident to occur and what disciplinary action, if any, is necessary. Investigation reports/files are maintained in a secure location under lock and key. Electronic documentation is password protected with limited access.</p> <p>(g) The written investigation will include statements from all residents and staff members involved, video surveillance if available, medical examination results or findings, any evidence collected from the scene and the written criminal investigation from the local Sheriff’s Office. The person conducting the investigation will be a neutral party as determined by the Deputy Director.</p> <p>(h) Substantiated criminal behavior is referred for prosecution.</p> <p>(i) The Deputy Director will retain all reports of sexual abuse for at least five (5) years following the termination, resignation or release of the alleged abuser, whether a resident or staff member.</p> <p>(j) Both criminal and administrative investigations will continue regardless of if the resident(s) or staff member(s) involved are terminated or resign their position from NEOCAP.</p> <p>(k) The auditor is not required to audit this provision.</p> <p>(l) The facility cooperates fully with outside investigators and makes efforts to stay informed about the status of external investigations</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.272 Evidentiary Standard for Administrative Investigations
	Evidenced Analyzed:

	<p>1. Evidentiary Standard for Administrative Investigations Policy</p> <p>2. Pre Audit Questionnaire (PAQ)</p> <p>3. Interview with investigative staff</p> <p>Findings:</p> <p>(a) The Deputy Director or his/her designee will conduct an administrative investigation into all allegations of sexual abuse/harassment whether involving staff or residents. The purpose of the investigation is to determine all parties involved, the extent of their involvement, whether staff member's action or inaction caused or led to the incident to occur and what disciplinary action, if any, is necessary. The written investigation will include statements from all residents and staff members involved, video surveillance if available, medical examination results or findings, any evidence collected from the scene and the written criminal investigation from the local Sheriff's Office. The person conducting the investigation will be a neutral party as determined by the Deputy Director. The Executive Director will make a decision based on preponderance of the evidence from the administrative investigation as to whether a criminal investigation is necessary and if disciplinary measures are needed.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273 Reporting to Residents</p> <p>Evidenced Analyzed:</p> <p>1. Reporting to Residents Policy</p> <p>2. Pre-Audit Questionnaire (PAQ)</p> <p>3. Interviews with Deputy Director and investigative staff. There were no residents who reported sexual abuse at the time of audit.</p> <p>Findings:</p> <p>(a) Following an investigation into an allegation of sexual abuse/harassment, the Deputy Director or his/her designee will inform the resident who filed the claim, so long as he/she is still a resident of the facility, whether it has been found to be substantiated, unsubstantiated or unfounded. According to the PAQ, there have not been any criminal and/or administrative investigations of alleged resident sexual abuse in the past 12 months.</p> <p>(b) Investigation conducted by an outside agency, the facility requests outcome</p>

	<p>information from that agency to provide the required notification to the resident. According to the PAQ, there have not been any resident sexual abuse in the facility that was completed by an outside agency in the past 12 months.</p> <p>(c) Whenever the resident’s claim is against a staff member, NEOCAP will inform the resident:</p> <ol style="list-style-type: none"> 1. Whenever the staff member is no longer posted on the same wing as the resident. 2. Whenever the staff member is no longer employed at NEOCAP. 3. Whenever NEOCAP learns that the staff member has been indicted on a charge related to sexual abuse within the facility. 4. Whenever NEOCAP learns that the staff member has been convicted on a charge related to sexual abuse within the facility <p>(d) When the allegation involves another resident, the alleged victim is informed if the alleged abuser is indicted or convicted for abuse within the facility.</p> <p>(e) The Deputy Director will document in writing all such notifications or attempted notifications and retain such in the investigation file. According to the information in the PAQ, in the past 12 months the facility has had no investigations of sexual abuse or harassment therefore they have not needed to make any resident notifications.</p> <p>(f) The auditor is not required to audit this provision.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276 Disciplinary Sanctions for Staff</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Disciplinary Sanctions for Staff 2. Pre-Audit Questionnaire <p>Findings:</p> <p>(a) Any staff member violating the facility’s policy on sexual abuse/harassment will be subject to disciplinary sanctions.</p> <p>(b) Termination is the presumptive sanction for staff found to have engaged in sexual abuse. According to the information in the PAQ no staff have been disciplined</p>

	<p>for sexual abuse or harassment in the last 12 months.</p> <p>(c) Sanctions for other violations of policy are proportionate to the severity of the act, the staff member’s history, and past disciplinary actions for similar conduct.</p> <p>(d) All criminal violations of sexual abuse will be made based on a criminal investigation conducted by the local Sheriff’s Office unless the act was clearly not criminal, and to any relevant licensing bodies.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.277 Corrective Action for Contractors and Volunteers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Corrective Action for Contractors and Volunteers Policy 2. Pre-Audit Questionnaire <p>Findings:</p> <p>(a) All criminal violations of sexual abuse will be determined after a criminal investigation has been conducted by the local Sheriff’s Office. According to the information in the PAQ no volunteers or contractors have been disciplined for sexual abuse or harassment in the last 12 months.</p> <p>(b) Any contractor or volunteer under investigation for allegedly engaging in sexual abuse will have no further contact with any resident until the criminal case is closed. Any contractor or volunteer found to have engaged in sexual abuse will be subject to termination of their contract and no further contact with NEOCAP or its residents as determined by the Executive Director. The Executive Director or his designee will report all criminal violations of sexual abuse to all relevant licensing bodies.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.278 Disciplinary Sanctions for Residents</p> <p>Evidenced Analyzed:</p>

	<p>1. Disciplinary Sanctions for Residents Policy</p> <p>2. Residents Handbook</p> <p>3. Pre-Audit Questionnaire</p> <p>4. Interviews with Deputy Director, and medical and mental health staff</p> <p>Findings:</p> <p>(a) A resident who engages in sexual abuse/harassment of a non-criminal nature will receive a Behavior Report and will be sanctioned accordingly. According to the information in the PAQ there has not been any administrative findings or criminal findings of resident-on-resident sexual abuse that occurred in the facility.</p> <p>(b) The sanction will be determined after considering numerous factors including but not limited to the resident’s overall behavior in the facility, or the resident’s past behavior or commission of such acts and the overall circumstances leading up to the alleged situation.</p> <p>(c) The process considers whether the resident’s mental illness or disability contributed to the abusive behavior when determining appropriate sanctions.</p> <p>(d) If the facility offers therapy or corrective programs aimed at addressing underlying behaviors, participation may be required as a condition for program or benefit access.</p> <p>(e) Residents may only be disciplined for sexual contact with staff if it is determined the staff member did not consent.</p> <p>(f) Residents who report sexual abuse in good faith, based on a reasonable belief that abuse occurred, are not disciplined for false reporting, even if the allegation is not substantiated.</p> <p>(g) The facility may prohibit sexual activity between residents but does not classify such activity as sexual abuse unless it is determined to be coerced.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.282 Access to Emergency Medical and Mental Health Services</p> <p>Evidenced Analyzed:</p> <p>1. Access to Emergency Medical and Mental Health Services Policy</p>

	<p>2. Pre Audit Questionnaire (PAQ)</p> <p>3. Interviews with medical and mental health staff and security and non-security staff first responders. There were no residents who reported sexual abuse at the time of the audit.</p> <p>Findings:</p> <p>(a) Resident victims of sexual abuse are provided with immediate, unrestricted access to emergency medical care and crisis intervention services, as determined by qualified medical and mental health professionals.</p> <p>(b) When such professionals are not on duty, first responders take initial protective actions and immediately notify the appropriate medical and mental health staff.</p> <p>(c) Residents are offered timely access to emergency contraception and prophylaxis for sexually transmitted infections, as medically appropriate and consistent with accepted standards of care.</p> <p>(d) All treatment services are provided at no cost to the resident and do not depend on the resident naming the abuser or participating in the investigation.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Evidenced Analyzed:</p> <p>1. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>2. Pre Audit Questionnaire (PAQ)</p> <p>3. Interviews with medical and mental health staff. There were no residents who reported sexual abuse at the time of the audit.</p> <p>Findings:</p> <p>(a) The facility offers medical and mental health evaluations and appropriate treatment to all residents known to have been victimized by sexual abuse in any institutional setting.</p> <p>(b) Evaluations and treatments include follow-up services, individualized treatment plans, and referrals for continued care upon transfer or release, when needed. The</p>

	<p>Clinical Director will meet with the alleged victim(s) to provide them with a list of services that are available such as, but not limited to, the Rape Crisis Team of Trumbull County, and Mental Health Services. The facility will arrange for meetings with the alleged victim and a representative from each agency if requested from the alleged victim. The facility will arrange for phone conversations to be conducted in private, if requested between the alleged victim and the Rape Crisis Team of Trumbull County.</p> <p>(c) All medical and mental health services are provided at a level consistent with community standards of care.</p> <p>(d) Resident victims of sexually abusive vaginal penetration are offered pregnancy tests.</p> <p>(e) If a pregnancy results, the victim is provided timely and comprehensive information and access to all lawful pregnancy-related medical services.</p> <p>(f) Victims are also offered testing for sexually transmitted infections, as medically appropriate.</p> <p>(g) These services are offered at no cost to the resident and are provided regardless of whether the resident identifies the abuser or cooperates with the investigation.</p> <p>(h) Any resident, accepted to NEOCAP, with a history of abusing other residents/ inmates in correctional confinement facilities, will have a mental health evaluation within 60 days of staff learning of the history or prior to admission if the history is known, and will receive treatment if deemed necessary from the mental health professional.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.286 Sexual Abuse Incident Reviews</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Sexual Abuse Incident Reviews Policy 2. Pre-Audit Questionnaire 3. Interviews with Deputy Director, PREA Coordinator, and incident review team members <p>Findings:</p> <p>(a) The Deputy Director will order an internal investigation to be conducted</p>

	<p>following all allegations of sexual abuse/harassment except those determined to be unfounded. According to the PAQ, in the past 12 months the facility has not had any criminal and/or administrative investigations of alleged sexual abuse.</p> <p>(b) Upon completion of the internal investigation, the Deputy Director will review the case with the Executive Director who will then order a Post Event Analysis to be conducted within 30 days of the conclusion of the investigation.</p> <p>(c) The review team includes upper-level management, with input from line supervisors, investigators, and medical or mental health staff.</p> <p>(d) The team determines:</p> <ol style="list-style-type: none"> 1. If policy and procedure need to change. 2. What motivated the event to occur. 3. If there is anything else that could have been done to prevent the incident from occurring. 4. If staff members acted within their scope of duties. 5. If the physical area of the facility where the event occurred need updates to the video surveillance or staff coverage. <p>(e) The facility implements recommended changes or documents reasons for not doing so.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.287 Data Collection</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Data Collection Policy 2. Agency Website 3. Pre Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) All instances of sexual harassment/abuse will be reported to the PREA Coordinator. The PREA Coordinator will collect accurate, uniform data for every allegation of sexual abuse/harassment using the set of definitions from the</p>

	<p>Department of Justice. The ODRC has implemented a secure online form for submitting claims of sexual abuse or harassment through a program called Intelligrants. This program is to take the place of submitting paper copies of the SSV forms from the DOJ and can only be accessed by authorized PREA Coordinators.</p> <p>(b) At the end of every calendar year, the PREA Coordinator will compile all reports from that year and make an annual report containing the total data collected during that calendar year. The auditor reviewed the facility website and all PREA reports were posted.</p> <p>(c) The data collected is sufficient to fully respond to the most recent Survey of Sexual Violence conducted by the U.S. Department of Justice.</p> <p>(d) The facility compiles data from incident reports, investigations, and sexual abuse incident reviews.</p> <p>(e) The agency does not contract for the confinement of its residents.</p> <p>(f) Upon request, the facility provides data from the prior calendar year to the Department of Justice by June 30.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288 Data Review for Corrective Action</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Annual Reports from 2021-2024 2. Data Review for Corrective Action Policy 3. Agency Website 4. Pre Audit Questionnaire (PAQ) 5. Interviews with the Executive Director and PREA Coordinator <p>Findings:</p> <p>(a) The facility reviews collected and aggregated data to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This includes identifying problem areas, taking corrective action, and producing an annual report.</p> <p>(b) The annual report compares current year data with previous years and assesses</p>

	<p>progress made in addressing sexual abuse.</p> <p>(c) The report is approved by facility leadership and made publicly available through the agency’s website or other means.</p> <p>(d) Redactions are limited to material that poses a clear threat to facility safety or security, with the nature of the redactions clearly indicated. Reports posted to the agency website have been redacted.</p>
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115.289	Data storage, publication, and destruction
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.289 Data Storage, Publication, and Destruction</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Data Storage, Publication and Destruction 2. Agency Website 3. Pre Audit Questionnaire (PAQ) 4. Interviews with PREA Coordinator <p>Findings:</p> <p>(a) The Deputy Director will ensure that all data collected pursuant to PREA Standard 115.289 is properly stored in the Deputy Director’s office and retained for a minimum of 10 years after the date of the initial collection.</p> <p>(b) Aggregated data from the facility is made available to the public at least annually, through the agency’s website or other accessible means. The auditor reviewed the PREA data reports located on the agency website.</p> <p>(c) All personal identifiers are removed prior to publication. The department website contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>(d) Sexual abuse data is retained for at least 10 years from the date of initial collection unless otherwise required by law. The auditor reviewed the historical PREA data reports located on the agency website.</p>

115.401	Frequency and scope of audits
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.401 Frequency and Scope of Audits</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Website 2. Site Review: Notice of Audit; Access to Facility 3. Issue Log 4. Notice of Audit <p>Findings:</p> <p>(a) (b) The agency operates a single facility. This facility has had an audit during each PREA cycle. Audit reports are available on the agency website. This is the third year of the current cycle.</p> <p>(h) The auditor had access to and was able to observe during the site review all areas of the facility.</p> <p>(i) The auditor received copies of any relevant documents requested.</p> <p>(m) Resident interviews were conducted in a private room without staff present.</p> <p>(n) A Notice of Audit was provided to the facility by the auditor at least six weeks in advance. The Notice provided information pertaining to the audit and provided a name and mailing address of the auditor should residents wish to send confidential correspondence to the auditor. No correspondence was received. The Notice was observed posted in each unit and other areas within the facility. The Notice was dated with the posting date and photos were provided to the auditor with written assurance that the Notice was posted at least six weeks in advance of the audit.</p>

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.403 Audit Contents and Findings</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Website <p>Findings:</p>

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

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

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

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

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

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

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

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

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

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

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

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

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