PREA Facility Audit Report: Final

Name of Facility: Lucas County Correctional Treatment Facility
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 09/26/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Kayleen Murray	**Date of Signature:** 09/26/2025

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	08/11/2025
End Date of On-Site Audit:	08/12/2025

FACILITY INFORMATION	
Facility name:	Lucas County Correctional Treatment Facility
Facility physical address:	2001 East Central Avenue, Toledo, Ohio - 43608
Facility mailing address:	

Primary Contact

Name:	Randy C Menchaca
Email Address:	rmenchac@co.lucas.oh.us
Telephone Number:	4197256233

Facility Director	
Name:	Bud Hite
Email Address:	Bhite@co.lucas.oh.us
Telephone Number:	419-725-6196

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

Facility Health Service Administrator On-Site	
Name:	Randy C Menchaca
Email Address:	rmenchac@co.lucas.oh.us
Telephone Number:	4197043359

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	105
Average daily population for the past 12 months:	110
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:	18-80
Facility security levels/resident custody levels:	Max
Number of staff currently employed at the facility who may have contact with residents:	85
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	156
Number of volunteers who have contact with residents, currently authorized to enter the facility:	156

AGENCY INFORMATION	
Name of agency:	Lucas County Government
Governing authority or parent agency (if applicable):	
Physical Address:	1 Government Center, Toledo, Ohio - 43604
Mailing Address:	2001 E. Central Ave. , Toledo, - 43608
Telephone number:	4197256233

Agency Chief Executive Officer Information:	
Name:	Bud Hite

Email Address:	Bhite@co.lucas.oh.us
Telephone Number:	419-725-6196

Agency-Wide PREA Coordinator Information			
Name:	Randy Menchaca	**Email Address:**	rmenchac@co.lucas.oh.us

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:	
0	
Number of standards met:	
41	
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:	2025-08-11
2. End date of the onsite portion of the audit:	2025-08-12

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	YWCA- Rape Crisis Toledo Hospital- SANE services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	140
15. Average daily population for the past 12 months:	110
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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:	119
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:	1
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:	2
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:	1
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:	0

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:	0
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:	1
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:	0
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:	0
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):	The facility provided the auditor with a list of the residents with the identified characteristics. Auditor verified during interviews with staff.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	84
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:	154

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:	4
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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Facility provided a list of residents with various characteristics. The auditor confirmed the details with the selected residents at the beginning of each interview.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

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:	4
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".	
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:	1
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:	1
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.

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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	During the tour of the facility, the auditor was escorted to segregated housing. There were no residents in this area.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The resident listed as Limited English Proficient is English as a Second Language (ESL). The resident that reported sexual abuse, reported sexual harassment.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	(●) Yes ( ) 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):	7
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No volunteers or contract staff available during the onsite visit.

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
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).	The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and resident database system.

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.

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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor received documentation. The facility provided the auditor with an audit file for each standard, verifying compliance. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and resident database system.

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	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	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	0	0	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

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:	There were no sexual abuse allegations during the audit cycle.

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ 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?	○ Yes ◉ No ○ 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.	The facility only had one allegation of inmate - inmate sexual harassment.

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.	○ Yes ◉ 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
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Correctional Treatment Facility (CTF) a Community Based Correctional Facility in Toledo, Ohio, has a zero tolerance policy toward all forms of sexual abuse and sexual harassment. The facility's policy outlines the agency's approach to preventing, detecting, and responding to such incidents. The facility will provide residents with education on how to sexual abuse and sexual harassment; ways to report sexual abuse and sexual harassment; ways to access free outside emotional supportive services; provide staff annual training on how to prevent, detect, and respond appropriately to incidents of sexual abuse and sexual harassment; and ensuring all reports are investigated. The policy requires the facility appoint an upper-level agency wide PREA Coordinator, with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The facility has identified the Senior Supervisor as the PREA Coordinator. The PREA Coordinator's responsibilities include:

- Ability to advise and provide interpretation regarding application of policies, procedures, and standards
- Develops and implements policy and procedures to comply with PREA standards
- Establishes an environment free from harassment or discrimination
- Coordinates, supervises, and assesses all contracted treatment service delivery
- Monitors and oversees program service delivery provided to residents through contracted agencies
- Conducts monthly treatment plan audits
- Provides quarterly Quality Assurance Reports
- Deploys staff resources to maximize efficient use of talent
- Establishes horizontal and vertical communication among employees through regular individual and group staff meetings, and fosters procedures that encourage full staff participation
- Recommend employee disciplinary action whenever necessary to ensure the effectiveness and integrity of facility operations
- Assist in ensuring treatment and corrections staff receive the proper training and keep internal records of said training
- Assist with audit preparations
- Assist in development of staff schedules to ensure maximum utilization of facility resources
- Assist in providing a safe working environments for all staff, residents, and volunteers

According to the CTF table of organization, the PREA Coordinator reports to the Program Director. This position oversees the Shift Supervisors and Corrections Officers. The auditor was able to interview the PREA Coordinator during the onsite visit. The Coordinator reports that he is responsible for training coordination, integrating PREA with other compliance topics (e.g. trauma, suicide prevention, grievance process, report writing), oversees and participates in sanction hearings, ensure staff understand proper reporting obligations, manage vulnerable and high-risk residents, including decisions about placement and monitoring for retaliation, maintains the coordinated response plan, and works with HR on compliance with five-year background check requirements. The PREA Coordinator reports that he has sufficient time and authority to implement and oversee the facility's efforts to comply with the standards.

The auditor also interviewed the facility's Executive Director. The Executive Director stated that the PREA Coordinator role is critical for ensuring compliance with PREA standards and maintaining the facility's readiness for audits. He emphasized the PREA Coordinator's responsibility for training staff and embedding PREA into daily practice, noting that training helps to reinforce boundaries, professionalism, and appropriate interactions. The Director confirmed that the PREA Coordinator is the central point of contact for PREA, and that all staff will forward all PREA related complaints or issues to the Coordinator for review. The Director has full confidence in the PREA Coordinator, and his ability to ensure safety, security, and

	manageability, especially in complex cases such as transgender housing and retaliation monitoring. Review: Policy and procedure PREA Coordinator job description Table of organization Interview with PREA Coordinator Interview with Executive Director

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Executive Director reports that the facility does not contract with other confinement facilities to house residents on behalf of CTF.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires the facility to develop and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, CFT will take into consideration: • The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities; • The composition of the resident population • The prevalence of substantiated and unsubstantial incidents of sexual abuse; • Any other relevant factors Policy requires the facility to document and justify any circumstance where the staffing plan was not complied with. At least annually, but no less than once a year, the facility will assess, determine,

and document whether adjustments are needed. The facility will assess:

- The prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels

The facility provided the auditor with its most recent staffing plan for CFT, along with the annual review. The staffing plan includes:

Physical layout:

CTF is a single level facility on the campus of Toledo Correctional Institution. The facility houses both male and female offenders, and is designed to hold 145 residents. The facility has eight dorms, identified dorms/beds to house vulnerable residents safely in each dorm.

Composition of resident population:

The facility is currently operating with an average of 88 residents, with the average age range between 18-73 years old. The average length of stay is 67 days. The staffing plan was based upon the facility housing 145 residents. The facility houses offenders from these referral sources: probation, post release control, control and common pleas court, and municipal court. During 2024, the facility housed 467 residents.

Prevalence of substantiated and unsubstantiated incidents of sexual abuse:

A review of substantiated and unsubstantiated allegations will be reviewed to identify any trends that would warrant any facility or programmatic changes to the staffing plan. During 2024, the facility had no substantiated incidents of sexual abuse or sexual harassment.

Any other relevant factors:

Hiring issues were taken into consideration during the review.

Adequate staffing:

CTF has developed a staffing plan to allow for appropriate staff coverage and resident supervision. Each shift has a minimum staffing requirements that needs to be met in order for the prior shift to leave their designated post.

The minimum staffing requirements are as follows:

- 1st shift: 6:50 am - 3:00 pm 8 Corrections Officers and 1 Shift Supervisor
- 2nd shift: 2:50 pm - 11:00 pm 8 Corrections Officers and 1 Shift Supervisor

- 3rd shift: 10:50 pm - 7:00 am 7 Corrections Officers and 1 Shift Supervisor

The staffing plan was based on the following calculations:

NAWH = Net Annual Work Hours (1820)

SRF = Shift Relief Factor

RF = Relief Factor

Number of hours in a shift x the number of days/week x 52.14 weeks = annual coverage hours

- 7 hours x 7 days x 52.14 weeks = 2554.86 annual coverage hours

Calculate shift relief factor:

Annual coverage hours / NAWH = Shift Relief Factor

- 2554.86/1820 = 1.40 Shift Relief Factor

8 post x 3 shifts = 24 hours per day

Annual Coverage Hours	Number of hours per shift	NAWH	SRF to 1 shift	Number of shifts per 24 hours	RF for 24 hour coverage
2,555 Hours (7 hours times 365 days)	7	1820	1.40	3 shifts per 24 hours	4.21

The facility has not deviated from the staffing plan. In the event there are deviations, staff will document the deviations. The deviations will be noted in the shift supervisor log book as well as written correspondence to management.

Video monitoring systems and other monitoring technologies:

The facility operates with 119 cameras positioned throughout the interior and exterior of the building. A single camera is located in the administrative segregation safety cell, and its feed is accessible only to facility leadership. Both the Deputy Director and Unit Manager can view this camera through desktop computers in their offices. To further reduce blind spots, 12 observation mirrors are installed in key areas of the facility.

Security staff monitor camera feeds daily on every shift. Previously identified blind spots include staff offices, resident bathrooms and showers, and the kitchen’s walk-

	in cooler. In addition to video monitoring, security checks—referred to as walkthroughs—are carried out by Corrections Officers. These walkthroughs focus on problem areas or are initiated when residents present behavioral or mental health concerns. The annual staffing plan is completed by the PREA Coordinator and reviewed by the leadership. There were no recommendations that required changes to the staffing plan. Review: Policy and procedure Staffing plan 2025 Floor plan Camera monitors

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy prohibits all cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility does not allow for cross-gender pat down searches of female residents, absent exigent circumstances. The facility will not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The agency's staffing plan requires a female staff member to be scheduled on every shift. The facility will document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of female residents. Agency policy states that when deemed necessary, a strip search will be conducted upon admission. A strip search will be conducted by a person or persons who are of the same gender as the person who is being searched. A body cavity search will only be conducted when reasonable cause exist that a weapon or contraband is being concealed. Medical personnel will only conduct a body cavity search under sanitary conditions. Searches will be conducted in a manner and in a location that permits only the person or persons who are physically conducting the search and the person who is being searched to observe the search. The search will be conducted in a professional manner that preserves the dignity of the person being searched to the highest degree possible.

	The policy does not allow staff to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversation with the resident, by reviewing medical records, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. **Pat Down Search (Frisk Search):** • A search during which a person is not required to remove clothing other than outerwear such as jackets, coats, hats, gloves, shoes, etc., and during which time the person is required to empty his/her pockets and other concealment areas that is conducted visually or manually **Strip Search:** • In accordance with the Ohio Revised Code, Section 2933.32, a strip search means the inspection of the genitalia, buttocks, breast, or undergarments of a person that is preceded by the removal or rearrangement of some or all of a person's clothing that directly covers the person's genitalia, buttocks, breast, or undergarments and that is conducted visually **Body Cavity Search:** • In accordance with the Ohio Revised Code, Section 2933.32, a body cavity search means an inspection of the anal or vaginal cavity of a person that is conducted visually, manually, by means of any instrument, apparatus, or object, or in any other manner **Body Scanner:** • An search of a clothed resident by using a whole-body security screening device which utilizes low dose x-ray scanning in order to detect contraband, weapons and similar items, hidden on and inside person’s body. Resident scans will be viewed by staff of the same gender. Policy requires all searches to be conducted with the greatest degree of dignity to the resident. Personal and/or degrading remarks concerning a resident's personal or physical characteristics will not be tolerated. The search will be done in a manner that affords the most amount of privacy, conducive to security precautions. Prior to conducting the search, the staff person will inform the resident of the procedures to follow. The facility provided the auditor with Strip Search Logs. All strip searches must have prior approval and document the reason for the search. Strip searches are conducted in a private area that is under video surveillance that only supervisors have access. Supervisors will document anytime they are required to review video

	of the search. Searches can only be conducted by staff members who have completed training in conducting resident searches. The facility trains all 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. As a part of supportive documentation, the facility provided the auditor with the training curriculum and sign-in sheets for searches, including use of the body scanner operator training. Staff receive formal instruction on how to complete a proper same gender, cross-gender, and transgender search during annual training week. Supervisors on each shift also train new staff members directly, walking them through pat-downs, strip searches, and use of the body scanner before being allowed to conduct searches on residents. Shift supervisors that were interviewed report staff are taught to use a universal pat search method, where all searches, including same gender, will be searched with the back of the hands. For transgender residents, special care is taken, but the same back of the hand technique is used. One shift supervisor stated that during search training, instructors emphasize “safety, security, and manageability” to stress the importance of conducting proper searches. The supervisors report that in addition to annual retraining, pat search techniques are sometimes reviewed during shift briefings. The PREA Coordinator reports that during intake or when residents return from community access, they are first patted down, then sent through the body scanner, and final subjected to a strip search, if required. Staff must notify a supervisor when a strip search is being conducted after the scanner. The supervisor monitors the timing to ensure searches are neither rushed nor unnecessarily prolonged. He states that transgender residents, staff still follow the standard body scanner and strip search process; however, gender appropriate staff will conduct the search. Correction Officer staff that were interviewed during the onsite visit report they receive annual training on how to conduct same gender, cross-gender, and transgender pat searches; same gender strip searches, and use of the body scanner. Staff state that they are trained to conduct searches professionally, respectfully, and noninvasive. While staff were relatively inexperienced with conducting searches on transgender or intersex residents, all staff report being trained on how to conduct a search of a transgender/intersex resident. Twenty residents were interviewed during the onsite visit. The residents report that all searches were conducted professionally and respectfully. The residents report that staff followed proper procedure, and did not make the process uncomfortable. The residents report that all of their searches, including the body scanner, have been conducted by a staff member of the same gender. One resident reported that some officers go “overboard” or as being more thorough than other staff member, but for the most part, residents described pat searches as “normal”, and are conducted after leaving staff offices, groups, or returning from work release.

	Policy ensures that residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The policy requires staff of the opposite gender to announce their presence when entering areas where residents are likely to be showering, changing clothing, or performing bodily functions. The facility also has a dress policy in place due to cameras being placed in the dorms. All residents are required to dress in the bathroom in order to ensure the most private space for changing clothes. The facility has a male and female wing. The male sleeping area is an open bay dormitory with three rows. Rows are separated by a half wall. The unit has one bathroom with two entrances. One entrance leads to the toilet/sink section and the other entrance leads to showers. Each entrance has saloon style swinging doors that allow for privacy. The toilet room has eight (8) toilet stalls against one wall, with half-wall separators between stalls. The stalls do not have doors at the entrance. Across from the toilet stalls are eight (8) urinals with no dividers. The shower room contains sixteen (16) showers, with ¾ wall dividers between each shower. There is no barrier at the entrance of each shower. Male residents report that female staff members announce themselves before entering dorms or bathrooms. They usually say, “female on the floor,” loudly so all residents are aware. Most of the residents interviewed stated they had never seen female staff go inside bathrooms or showers. They report that normally, male staff handle bathroom checks. Residents report that the bathroom is a safe area and that they have not had an incident of incidental viewing from female staff members. The female unit has three identical dorms. Each dorm has eight single beds and a connected single use bathroom. The bathroom has a 1/2 door at the entrance, but there is no door on the shower. The female residents report that female staff members typically staff the female unit. They report that occasionally male staff will assist while the female staff member takes a break. When that happens, the residents report, “he always announces himself before entering.” The residents report that the bathroom and dorm setup are safe and have enough privacy. The Executive Director and PREA Coordinator report that when the facility houses a transgender resident, special accommodations are made for showers to ensure privacy and safety. The PREA Coordinator will meet with the resident, and listen to any concerns that the person may heave with respect to personal safety. When questionning staff about their experience with managing trangender residents, one supervisor explained that for a transgender resident (male transitioning to female, with breasts but still male genitalia), they had to adjust shower times, so the resident could bathe without being exposed to the general population. This was because the showers were set up in a way where “if I turn my head, I’m looking at you,” which would otherwise compromise privacy. Another supervisor confirmed that accommodations such as adjusting shower times or changing bunk locations

	are part of the facility's approach when a resident raises PREA related concerns. These adjustments are made to maintain dignity and reduce the risk of harassment. The PREA Coordinator reports that a private shower can be arranged in the intake area, if necessary. During the onsite visit, the auditor was able to view the pat search process and cross gender announcements. Review: Policy and procedure Training curriculum Training sign-in sheets Facility tour Training certificates Interview with residents Interview with correction officers Interview with shift supervisors Interview with PREA Coordinator Interview with Executive Director

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has a policy that requires appropriate action steps to ensure residents with disabilities that include residents who are deaf or hard of hearing, blind or have low vision, and have intellectual, psychiatric, or speech 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 or sexual harassment. These measures should include but are not limited to steps to ensure effective communication, access to interpreters, and written materials in formats that ensure effective communication. The policy also requires the facility 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, including steps to

provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy prohibits the facility from relaying on resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties under PREA standard 115.264, or the investigation of the resident's allegation of sexual abuse.

The PREA Coordinator reports that the facility makes appropriate accommodations for inmates that are not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand information in the manner provided. Such accommodations include:

- Closed captions
- Deaf Services Center translation and interpretation
- Multilingual staff
- 1:1 assistance

The facility reports that Spanish is the most common language residents speak after English. The facility reports that rarely are translation services needed; however, when necessary, the facility has a staff member that is fluent in English and Spanish. The auditor interviewed the staff member during the onsite visit. He reports that both staff and residents have recognized him as the go-to person for translation services, and will also translate documents using Google Translate. He states that he will ensure that residents fully understand PREA education, reporting options, and facility policies.

The PREA Coordinator reports that in addition to the use of staff, the facility would use Deaf Services Center, if a resident is a non-English speaker or have hearing loss. The agency is able to provide services onsite or via video remote interpreting services. The agency also offers instant speech to text transcription services. Staff interviewed reported that they have not had deaf residents, though some residents had hearing aids. The staff report that they would ensure that they would look directly at the resident while speaking, but no other accommodations were needed.

Case Managers report that they would provide 1:1 assistance to residents that have a cognitive disability, low literacy, or non-readers. They report that they would review all materials, including the resident PREA handbook, in a private session. While the resident handbook is rateded at 12.0 grade point level, all residents must take a handbook test to ensure understanding of the material. Any resident that does not pass, will be assisted 1:1 to ensure they know and understand their rights and responsibilities while at the facility.

During orientation, residents watch the Resident PREA Education video produced by *Just Detention*. The video provides general information about the resident's rights under the PREA standards. The video has closed captions, and has a Spanish version that also has closed captions.

	The auditor interviewed all residents that were identified as having a physical, reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. All specialized resident interviewed were able to describe the PREA education provided to them at orientation group and knew all the ways they were able to report an allegation. During the onsite visit, the auditor was able to view PREA education and reporting posters in both English and Spanish. Review: Policy and procedure DSC contact information Resident PREA handbook PREA posters Handbook test Handbook receipt Interview with residents Interview with PREA Interview with Spanish-speaking staff member Interview with PREA Coordinator

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy prohibits the agency from hiring anyone, or enlisting the services of any contractor, to a position of direct contact with residents who has: • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution • Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse • Has been civilly or administratively adjudicated to have engaged in the previously described activities Applicants are required to self report any allegations of sexual misconduct in the

community and/or while working in an institution. During the onsite visit, the auditor reviewed five employee files. The files contained information of employees during the applicant status. All files reviewed contained the self reporting questions.

To ensure that the facility does not hire a prohibited applicant, the facility will screen all internal and external applicants to ensure they meet the requirements and that any reported background issues do not disqualify them. The agency is required by policy to perform a criminal background records check on all employees that have direct contact with residents at hire and every five (5) years. The facility uses LEADS to conduct background checks. All staff undergo an initial background check at the time of hire. This check screens for prior convictions, including sexual crimes, and is part of the hiring process to ensure compliance with PREA standards. The Human Resources Director created a spreadsheet to track when background checks have been completed for all employees. The spreadsheet also documents the date the next background check is due. The Director will conduct monthly checks of the tracker to ensure all employees have the five-year check completed on time. The auditor received a copy of the background check tracker.

During the onsite visit, the auditor reviewed five employee files. The files contained initial hire background checks.

The policy also states that material omissions regarding sexual misconduct, or the provision of materially false information, are grounds for termination. Beyond background checks, all staff are under a duty to report within 24 hours if they are arrested, charged, or involved in any criminal matter.

In addition to conducting background checks, the policy requires the agency to make its best efforts to contact all prior institutional employers (as defined in 42 U.S.C. § 1997) for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor was able to review Business Reference checks for potential employees during the file review. The reference check contains the questions:

- Pursuant to the Prison Rape Elimination Act, has the applicant ever been disciplined or accused of any form of sexual misconduct in the workplace.
- Do you have any reason to believe that he/she poses a risk for violence, abuse, or harassment in a work environment.

The forms reviewed by the auditor included ones completed by previous institutional employers. The department will make phone contact with an institution for PREA reference checks to confirm a name and fax number to send a document the agency request they complete to verify the applicant has not had any substantiated allegations of sexual abuse or resigned during an investigation into sexual abuse. All attempts are documented.

The Human Resource Director and the PREA Coordinator both report that the promotion process at the facility works much like the hiring process for a new applicant.

	• Posting and Applications- When a position opens, the facility post the position and accepts applications from all interested staff • Interview Process- Applicants go through an interview process, similar to an external applicant • Review of Records- HR and Supervisors review the applicant's personnel file, including a history of disciplinary actions and attendance records, as pat of the evaluation The HR Director states that she will complete any request from an institution inquiring about former employees of CTF. She will verify if the previous employee has or has not had any substantiated sexual abuse allegations or resigned during an investigation into sexual abuse. Also noted in employee files during the file review are documentation of the agency providing employees with PREA related rules and regulations. Review: Policy and procedure Employee files Background checks PREA affirmations Reference checks Disciplinary records Applications Interview questions Annual evaluations Interview with Human Resource Director Interview with PREA Coordinator

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy states that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon

	the agency's ability to protect residents from sexual abuse. The facility expanded its current facility in 2022, to include a female unit, medical, administrative offices, and intake area. When designing the agency took into consideration the safety, security, and manageability of the residents. The units provide clear line of site views into dorms, offices, and common areas. The policy also states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The new housing unit was equipped with cameras. All cameras were placed based on a corrections hired consultant during the design period. The cameras were placed to minimize blind spot areas. The Executive Director reports that electronic monitoring needs are assessed on an ongoing basis and will be addressed as the budget allows. Review: Policy and procedure Facility tour Floor plans Interview with Executive Director

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Correctional Treatment Facility has a policy that requires all allegations of sexual abuse and sexual harassment to have an administrative and/or criminal investigation. The administrative investigation must be conducted by a properly trained individual, and criminal investigations are required to be completed by the legal authority that has the proper authority to conduct criminal investigations. The policy prohibits the facility from conducting criminal investigations. The Ohio Highway Patrol will investigate all allegations that appear to be criminal. Investigators from the Ohio Highway Patrol handle criminal cases involving all state correctional institutions, juvenile detention centers and mental health facilities. CTF is on the grounds of a state correctional institution, and OHP has the legal authority to conduct criminal investigations. The facility has an MOU with the Ohio Highway Patrol to conduct criminal investigations of sexual abuse and sexual harassment.

The Patrol agrees to conduct investigations following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions. The protocol will be adapted or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication or similarly comprehensive and authoritative protocols developed after 2011. The protocol includes:

- Separation of alleged abuser and victim
- Secure the crime scene
- Medical/forensic treatment and evidence collection
- Victim advocate and mental health services

The policy also requires the agency to offer all victims of sexual abuse access to a forensic medical examination, without cost, performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE or SANE is not made available, the examination can be performed by other qualified medical practitioners. The facility has an MOU with The Toledo Hospital to perform a forensic exam on any resident that is a victim of sexual abuse while at the facility.

The nurses at The Toledo Hospital are trained to:

- Work collaboratively with local Rape Crisis personnel, law enforcement agencies, social work, and emergency department personnel
- Perform forensic examinations and collection of evidence in accordance with state and professional organization guidelines
- Demonstrate competence in the use of additional evidence collection tools such as colposcopic, Bluemaxx light, toluidine blue, and photo documentation
- Complete SANE documentation to include consents, discharge information, assessments, and interventions
- Initiate appropriate referrals for follow up after care as needed

The auditor had a phone interview with the head nurse of the emergency department. She reports that the hospital partners with the YWCA's Sexual Assault Response Team. She verified the MOU, services provided, and that the services were offered free of charge. The nurse stated that the hospital has not provided forensic exams to any resident at the facility.

The facility provided the auditor with documentation of a MOU with YWCA Sexual Assault Services. The MOU stated that the rape crisis agency agreed to provide:

- toll-free hotline number
- address
- third-party reporting option
- victim advocacy
- emotional supportive services

- survivor support group
- crisis intervention
- community referrals

The MOU states that these services will be provided to the residents free of charge. The auditor was able to have a brief conversation with an advocate, who was able to confirm the services and that they were free of charge.

The facility does not currently have a trained emotional support staff member. The PREA Coordinator reports that any resident that needs emotional support or advocate services will be assisted by an advocate from the YWCA. During this audit cycle, there have been no request for emotional support or advocate services.

The facility has provided the auditor with documentation of administrative investigator training.

Review:

Policy and procedure

MOU with Ohio Highway Patrol

MOU with The Toledo Hospital

MOU with YWCA Rape Crisis Center

Interview with emergency room nurse

Interview with YWCA Rape Crisis Advocate

Interview with PREA Coordinator

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has a policy that requires all allegations of sexual abuse or sexual harassment that are criminal in nature be referred to the local police department that has the legal authority to conduct such investigations. The agency's website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https-://lucascountycommonpleas.com/wp-content/uploads/2025/08/PREA-2025.pdf, has the investigative policy for PREA allegations posted. The website list the responsibilities of the facility during an administrative investigation and local legal authority during criminal investigation. The criminal investigatory agency is responsible for making a referral to the local prosecutor for any allegation deemed

	appropriate. The facility had one allegation of sexual harassment during the past twelve months. Investigation #1: The facility reported to the facility that another resident was making inappropriate homosexual remarks toward him. He described the comments as sexually disrespectful, persistent, and directed at him in the dorm area where staff could not intervene. The administrative investigator interviewed the alleged abuser, witnesses, and the victim. The investigator determined the allegation substantiated. Review: Policy and procedure Facility website Investigation report Interview with resident who reported sexual harassment

115.231	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy P100:02 states that the facility ensures that all staff members who may have contact with residents are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures; and that members of the workforce receive all necessary ongoing training related to sexual abuse and sexual harassment prevention, detection, and response. Employees will receive this training every other year. The policy mandates new employees receive PREA training before working with residents. Training specific to each gender is presented to all staff during the facilitated training. The PREA Coordinator reports that he facilitates PREA training annually. The auditor was presented with the training curriculum. The training objectives include: • Understand the agency's zero tolerance policy for sexual abuse and sexual harassment • Offenders' rights to be free from sexual abuse and sexual harassment • The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment • How to fulfill responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies

- Dynamics of sexual abuse and sexual harassment in confinement
- Common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with offenders
- How to communicate effectively and professionally with offenders, including LGBTI and gender non-conforming offenders
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- First responder duties
- Same gender, cross-gender, and transgender searches

Along with training that meets the requirements to standard 115.231, the agency also provides employees with training that also improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. This training includes:

- Crisis intervention
- Offender rights
- Resident handbook
- Ethics/employee conduct
- Resident supervision
- Classification and housing
- Internal/criminal investigations
- Staff reporting
- Resident reporting
- Trauma
- Diversity and trauma
- Code of conduct

Staff interviewed during the onsite visit, reports that PREA training is part of their mandatory 40-hours of annual training. The staff say that the PREA Coordinator facilitates the training and reviews the definitions of sexual abuse, harassment, and misconduct; how residents and staff can report allegations; appropriate boundaries and professional conduct; and searches. The staff state that PREA training gives reinforces their responsibilities under the PREA standards.

The facility provided the auditor with written verification of training completion. The facility tracks all staff training to ensure that all staff receive annual training.

Review:

Policy and procedure

Training curriculum

Training sign-in sheets

Employee files

	Interview with PREA Coordinator Interview with staff

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires the agency to ensure that all volunteer and contractors who have contact with residents be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, response polices and procedures. The level and type of training provided to volunteers and contractors will be based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents will be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment, and informed on how to report such incidents. The facility will maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Coordinator reports that all volunteers and contractors will watch a video produced by the Ohio Department of Rehabilitation and Corrections specific to the responsibilities of volunteers and contractors. The auditor was able to view the video to ensure that that video provided information that included the agency’s zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The auditor was also provided with documentation of all approved service providers (contractors and volunteers), and of signed training verification. The verification states: • By signing this form, I understand the content of the video presentation and I had the opportunity to ask CTF staff any questions, I know how to report sexual abuse/assault/harassment, and that The Correctional Treatment Facility has a zero tolerance policy towards sexual abuse, sexual harassment, and sexual assault. There were no volunteers or contractors available to interview during the onsite visit. Review: Policy and procedure Contractor and volunteer training video

	Contractor and volunteer training verification Interview with PREA Coordinator

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy states that during the intake process, residents will receive information on the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Accommodations will be made for residents with disabilities or limited English proficiency to ensure access to information and resources. The policy requires the facility to: • Provide refresher information whenever a resident is transferred from a different facility • Provide resident education in formats accessible to all resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills • Key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats • Maintain documentation of resident participation in these education sessions The PREA education facilitator reports that within 72 hours of intake, the resident will be provided a PREA handbook, and will sign acknowledgement of such handbook. The handbook explains the agency's zero tolerance policy and how to report sexual abuse and sexual harassment. The facility provided the auditor with a copy of the resident PREA handbook. The handbook states: • The Correctional Treatment Facility has a zero-tolerance policy toward all forms of sexual assault, sexual abuse, harassment and/or sexual relationships and will not be tolerated • Resident on resident, staff member on resident or resident on staff member, service/volunteer provider on resident, resident on service/volunteer provider sexual abuse or assault is defined as one or more residents engaging in, or attempting to engage in a sexual act with one another by the use of threats, violence, intimidating, inappropriate touching, or other actions and/or actions and/or communications by one or more persons

aimed at coercing and/or pressuring or forcing another to engage in a sexual act

- Residents will be free from fear of sexual assault, abuse, harassment, and if a report is made it will be investigated thoroughly and with respect to the client's safety, dignity, and privacy, without fear of retaliation
- To ensure your safety, all residents are encouraged to report instances of sexual assault/abuse/harassment to any staff member
- Residents may also report sexual assault/abuse/harassment verbally, and/or in writing or contacting Senior Supervisor Menchaca (PREA Coordinator)
- Residents may also report sexual assault/abuse/harassment through the resident phone system. These calls are free of charge. The inside PREA Hotline is (91) and the line to an outside agency is (89)
- There are NO time limits on reporting a PREA related incident
- Staff will make assistance available for the client to receive medical evaluations and care, as well as mental health support
- All services needed for Medical and/or Mental Health and/or Emotional Support will be provided FREE of any charges
- Out of house you can call YWCA - HOPE CENTER at 419-241-7273 and/or write to: YWCA - HOPE CENTER, 1018 Jefferson Ave., Toledo, Oh. 43604

During orientation group, the residents are required to watch a PREA resident education video produced by *Just Detention*. The video is available in Spanish and with close captions. After the video, he will give the resident the PREA handbook that provides specific PREA information that is specific, along with reviewing the agency's PREA policies, reporting options, and limitations to confidentiality. Should a resident need special assistance to understand all the benefits provided under that PREA standards, the facilitator will ensure that assistance is provided (see standard 115.116). At the conclusion of each orientation group, the residents are required to complete a post-test. The post-test includes questions on ways to report allegations.

During resident interviews, the residents consistently stated they received PREA information at intake and during orientation group. They were provided both the facility rules handbook and the PREA resident handbook, which explains the zero tolerance policy, definitions of sexual abuse and harassment, and reporting methods. Some residents also noted that they watched the PREA video during orientation group and were required to take a test afterward. Residents stated they understood how to report allegations and knew reports could be made verbally, in writing, through the phone to an outside reporting agency, or directly to staff. Some residents reported that PREA rules were explained clearly and repeated, first in group and then reinforced by staff later.

The auditor was able to review resident files during the onsite visit. The files contain verification of receiving a PREA resident handbook and watching the resident PREA education video. The acknowledgement states:

	• By signing this form, I understand the content of the video presentation and PREA Resident Handbook review. • I had the opportunity to ask CTF staff questions • I know how to report sexual assault/abuse/harassment and that CFT has a zero tolerance policy towards sexual abuse/sexual assault/sexual harassment • I understand that if it is proven during any part of CTF's administrative investigation there is criminal conduct, the Ohio Highway Patrol will be called in to take over • I may be criminally prosecuted During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies. Review: Policy and Procedure Resident handbook Resident PREA handbook Resident files Resident PREA education acknowledgement sheet PREA posters Facility tour Interview with group facilitator Interview with residents

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Facility policy states that all staff designated as PREA investigators receive training in conducting such investigations in confinement settings. The policy requires the training to include: • Techniques for interviewing sex abuse victims

	• Proper use of Miranda and Garrity warnings • Sexual abuse evidence collection in confinement settings • Criteria and evidence required to substantiate a case for administrative action or prosecution referral The auditor was provided the administrative training curriculum. The curriculum and training was provided by the Moss Group, Inc. The training included: • Related PREA standards for investigations • Interviewing ◦ skills ◦ prep ◦ techniques ◦ victim interviews • Use of Miranda, Garrity warnings and Weingarten rights • First responders and evidence collection • Investigations and notifications • Sexual abuse incident reviews The training curriculum is appropriate for the requirements of this standard. The facility provided the auditor with training certificates for both investigators. The auditor was able to interview administrative investigators during the onsite visit. The investigators report that the training techniques learned from the training include conducting trauma-informed interviews, eliminating biases, evaluating evidence, and distinguishing between the preponderance of evidence and reasonable doubt. The investigators were able to identify how they make a determination of substantiated, unsubstantiated, or unfounded and when they would make a recommendation for a criminal investigation. The investigators informed the auditor that, in cases where criminal conduct is apparent, the PREA Coordinator refers the matter to the Ohio Highway Patrol. Review: Policy and procedure Administrative investigation training curriculum Administrative investigator training certificates Interview with administrative investigators

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

	Auditor Discussion
	Agency policy requires all full and part-time medical and mental health care practitioners who work regularly in the facilities have been trained in: • How to detect and assess signs of sexual abuse and sexual harassment • How to preserve physical evidence of sexual abuse • How to respond effectively and professionally to victims of sexual abuse and sexual harassment • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment This training includes special training on evidence preservation; however, medical staff does not conduct forensic examinations. The facility has onsite medical contract staff who provide routine health care. The medical staff report that PREA related medical services, such as forensic exams, are provided by the Toledo Hospital SANE nursing staff. Staff are required to complete agency contractor PREA training, as well as specialized training for medical practitioners. The facility provided the auditor with completed training acknowledgements of medical staff for both PREA contractor training and Specialized PREA medical training. The facility has a Licensed Social Worker (Unit Manager) on staff available to the residents for mental health services. The Unit Manager reports that he is available to complete assessments, and to talk to residents when necessary. He reports that he receives annual staff PREA training, and training specific to crisis intervention, trauma, and mental health counseling. The facility partners with local mental health agencies for specialized mental health service. Residents are provided telehealth services. Review: Policy and procedure Training acknowledgements Interview with Unit Manager

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires all residents be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents

or sexually abusive toward other residents. The intake screen will take place within 72-hours of arrival at the facility.

The policy requires the assessment tool to be objective and consider, at a minimum, the following criteria:

- Whether the resident has a mental, physical, or developmental disability
- The age of the resident
- The physical build of the resident
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent
- Whether the resident has prior convictions for sex offenses against an adult or child
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

The policy does not allow for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Facility case managers are assigned to complete risk assessments. They report completing both assessments and an addition one if a resident's circumstance change, such as after an incident of sexual abuse. The case managers states that they review all collateral information prior to conducting the risk assessment to ensure an accurate risk classification. They report trying to build a rapport in order to get residents to feel comfortable reporting information. The case mangers report that the screening tool will determine the classification of the residents; however, they can recommend an override of the assessment if there are other concerns. They also ensure residents are informed about the purpose of the assessment and who will have access to the information gathered.

The case manager supervisor is responsible for reviewing the risk screening results, especially if the screen identifies a resident as high risk for victimization or abuse. The form is reviewed for completion, accuracy, and timeliness.

The auditor was given a copy of the risk assessment instrument. The instrument meets the requirement of being objective and including all required criteria per this standard. The screening instrument uses a scoring system to assess the resident a risk classification. The classification categories are:

- Known victim
- Potential victim
- Non-victim
- Known predator

- Potential predator
- Non-predator

The residents report to the auditor that they received a risk assessment as part of the intake process. They state that their case manager asked them questions about past victimization, sexual orientation, and safety concerns. The residents state that the questions were explained to them and were easy to understand, and that the information was confidential. A few residents confirm that they were offered counseling services after completion of the risk assessment.

The auditor was able to reviewed completed assessments, both initial and reassessments. The assessments were completed within the specified time limits.

The contents of the resident's assessment is kept private. Assessments are kept in the resident file, and files are limited to treatment staff.

Review:

Policy and procedure

Risk assessments

File review worksheet

Interview with residents

Interview with case managers

Interview with Unit Manager

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires the facility to use risk screening information to ensure the safety of each resident and to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The case managers, who conduct PREA risk assessments, report that the assessment is used when deciding on bunk/dorm placement, and ensuring safety throughout the program. They report that if a resident is classified as either high risk for victimization or abusive behavior, these residents will be placed in “PREA bunks” near the corrections officer's desk (male housing unit) or in the first dorm nearest the corrections officer's desk (female housing unit). They also report conducting check-ins with residents that were assessed as high risk.

The PREA Coordinator reports that the facility has several options in ensuring resident safety, and the protection measures used will vary based on individual circumstances. He states that in addition to the ability to move a resident's bed to ensure separation, he states that the facility has several program classes and that residents can be separated that way as well. The Coordinator reports that staff will be informed to increase monitoring of specific residents.

Residents that inform the facility that they have a history of sexual victimization will be offered community mental health services. The case manager will assist residents in connecting with appropriate community mental health resources.

The facility provided documentation of bunk moves, increased monitoring, and counseling services based on PREA risk assessment information.

The agency recognizes that residents that who identify as transgender or intersex are at greater risk of being sexually abused and therefore, the Program Director or designee will consider the following when determining housing and program assignments:

- Whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems, especially when determining whether to assign a transgender or intersex resident to a facility or dorm for male or female residents
- The resident’s own view with respect to his or her own safety
- The opportunity to shower separately from other residents

The PREA Coordinator reports that when a transgender resident is housed at the facility, special accommodations are made for housing and showers. The facility will provide private shower times, so the resident can bathe without being exposed to the general population. The Coordinator reports that if necessary, the facility can allow for transgender residents to shower in the intake area. He states that bed and shower accommodations are made with the goal of allowing the resident to maintain dignity and reduce the risk of harm. The facility did not have a transgender resident during the onsite visit.

During the onsite visit, the auditor interviewed management, program, and operational staff to discuss their experiences working with residents who identify as lesbian, gay, bisexual, transgender, and/or intersex (LGBTI). Staff stated they have experience supporting residents in the LGBTI community and have received training on ensuring their safety within the facility. They also reported being informed about any necessary accommodations, including honoring residents’ requested pronouns when they differ from those assigned at birth.

Policy prohibits the facility from placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is n a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

	The facility does not have a dedicated unit for residents that identify as LGBTI. Residents that identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff can have clear line of site view from the camera system. The auditor performed an internet search and confirmed that the facility is not under any consent decree, legal settlement, legal judgment. During the onsite visit, the auditor interviewed residents who identified as LGBTI to discuss their experiences. These residents stated they had not experienced bullying, harassment, or discrimination while at the facility. They expressed appreciation for the staff and their efforts to maintain a safe and secure environment. Residents also reported that housing assignments were not made based on gender identity or sexual orientation. Review: Policy and procedure Risk assessments bed move documentation Counseling notes Treatment team minutes Case manager notes Interview with case managers Interview with PREA Coordinator Interview with residents

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility is required per policy to provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to internal reporting options, the facility will inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

Facility staff, contractors, and volunteers are required to accept reports made verbally, in writing, anonymously, and from third parties, and will promptly document any verbal reports.

Residents can report:

- External PREA hotline that is free of charge (91 from resident phones)
- Internal PREA hotline that is free of charge (92 from resident phones)
- Anonymous hotline number (419-213-6217)
- State of Ohio’s toll-free hotline number (614-728-3399)
- Verbally or in writing to any staff member, contractor, or volunteer

Anytime a resident uses the phone, they will hear a recording that provides them information about reporting PREA, and the phone options one should dial to report PREA or contact emotional supportive services. During the onsite visit, the auditor called the reporting hotlines numbers (*89 and 419-213-6217). Both numbers played the same recorded message that requested the caller provide information regarding the allegation but informed them of their right to remain anonymous.

The facility provided the auditor with a resident handbook that each resident is given at intake. The handbook reviews the agency's zero tolerance policy for all forms of sexual abuse, sexual harassment, and retaliation. The handbook list the reporting procedures including the ability to report anonymously, verbally, or through a third party.

The handbook provides residents information about the facility's mail policy. The handbook states that all mail, other than legal mail, will be opened and may be read or copied in the institution mail office and inspected for contraband. Legal mail may be opened and inspected for contraband in the presence of the resident to whom it is addressed. Legal mail is defined as mail between a resident and any court of law, attorney-at-law, public defenders' law office, law school, legal clinic, or the Correctional inspection Committee. Residents are allowed to send out mail to anyone they wish. All outgoing mail should be properly sealed and have the complete address on the envelope.

During resident interviews, they report being providing reporting information at intake, during orientation, and again during case manager meetings. The residents reporting having access to reporting numbers through the posters throughout the facility and in the resident handbook. The auditor was able to interview one resident who verbally reported resident-to-resident sexual harassment. The resident reported that while being questioned by staff for a physical altercation with another resident, he reported his reason for the altercation was the other resident was sexually harassing him. The information was used to immediately initiate an investigation.

The auditor verified that the methods available to the residents were posted in various areas throughout both facilities and listed in the resident handbook. Residents can use offender phones to report an allegation to the available hotline

	numbers. Residents can also speak directly to any staff member, including having a private conversation to report allegations. During staff interviews, the auditor discussed the facility's reporting procedures. Staff demonstrated knowledge of the multiple ways residents can report allegations and clearly understood their own responsibilities to prevent, detect, respond to, and report any allegations or suspicions of sexual abuse or harassment, as well as to protect residents and staff from retaliation. All staff interviewed stated they were comfortable making reports and could do so privately, either through their immediate supervisor or directly to the PREA Coordinator. Review: Policy and procedure Resident handbook PREA posters Resident PREA handbook Reporting hotline numbers Test of reporting numbers Interview with residents Interview with staff

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not have a policy for administrative procedures to address PREA grievances of sexual abuse. All allegations, regardless of how they are reported will be addressed using the agency policies related to PREA standards 115.262, 115.266, 115.267, and 115.271.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires the facility to provide the residents with access to outside

victims' advocates for emotional support services related to sexual abuse by giving residents mailing address and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations. The facility is required to inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility has an MOU with the YWCA Rape Crisis Center to their contact information for residents who are in need of confidential emotional supportive services. The YWCA Rape Crisis Center's services include:

- Free, confidential hotline support
- Use of YWCA's address for advocate support
- Support groups
- Advocate accompaniment to hospital, during police interviews, and court proceedings
- STI testing
- Crisis intervention
- Referrals

Residents are educated on the availability of external emotional supportive services during orientation and through materials posted in common areas. The resident handbook provides detailed information on how to access these services, including contact numbers. During orientation and meetings with program staff, residents are assured confidentiality when accessing these services.

The PREA auditor reports that the resident phone system is set up to allow for free, non-recorded phone calls to rape crisis and victim advocate agencies.

The handbook provides residents information about the facility's mail policy. The handbook states that all mail, other than legal mail, will be opened and may be read or copied in the institution mail office and inspected for contraband. Legal mail may be opened and inspected for contraband in the presence of the resident to whom it is addressed. Legal mail is defined as mail between a resident and any court of law, attorney-at-law, public defenders' law office, law school, legal clinic, or the Correctional inspection Committee. Residents are allowed to send out mail to anyone they wish. All outgoing mail should be properly sealed and have the complete address on the envelope.

Residents provided information to the auditor on the mailing process. The residents state that they are required to place outgoing mail in the designated blue mailbox on the unit. All shifts check the box, but the third shift is responsible for processing it. They collect the mail, log it in an outgoing binder at the control office, and then place it in a basket for delivery to the post office. Staff report that mail is not withheld. Any mail in the box is sent out the same night.

	Incoming mail is also handled on third shift. Staff will also document all incoming mail in the mail log. Residents report that incoming mail is opened in their presence and checked for contraband. Staff do not read personal mail unless there is a security concern. Mail from rape crisis agencies, emotional support providers, or the Office of the State Inspector General is treated as legal mail and not opened by staff. During the onsite visit, all interviewed residents confirmed receiving PREA emotional supportive and rape crisis contact information. The information on how to access these agencies ensure residents are free to care and advocacy in a supportive and confidential manner. *The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency. Review: Policy and procedure MOU with YWCA Rape Crisis Center Resident Handbook PREA posters Facility tour Interview with residents Interview with staff

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires the facility establish a method to receive third party reports of sexual abuse and sexual harassment, and will distribute the information publicly on how to report sexual abuse and sexual harassment on behalf of a resident. The auditor reviewed the agency website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://lucascountycommonpleas-.com/wp-content/uploads/2025/08/PREA-2025.pdf, and was able to see the posted information on how a third part can report an allegation. The website list:

	• CTF hotline- 419-725-6293 • State hotline- 614-728-3399 The facility has posted in conspicuous places, including where visitors would frequent, notices on how a person can make a third party report of sexual abuse or sexual harassment on behalf of a resident. The poster includes: • CTF hotline- 419-725-6293 • State hotline- 614-728-3399 • CTF address- 2001 E. Central Ave, Toledo, OH 43608 In addition to the information posted on the website, in the resident PREA handbook, and PREA posters, the PREA reporting information is also announced over the phones. Residents report that PREA information is played as a part of the phone system announcements. Before a call connects, the recording reminds them about the facility's zero tolerance policy and provides instructions on how to report sexual abuse or harassment. The announcement also plays for the person the resident is contacting. Staff confirmed the phone system is programmed so that when a resident makes a call, a PREA message automatically plays for both parties before the call connects. The PREA Coordinator explains that this is an added safeguard, ensuring reporting information is accessible to residents and third parties at all times. The facility did not have any third party reports during the past twelve months. Review: Policy and procedure Resident PREA handbook PREA posters Agency website Resident phones Investigation reports Interview with residents Interview with staff Interview with PREA Coordinator

115.261	**Staff and agency reporting duties**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Agency policy requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliating for reporting incidents of sexual abuse or sexual harassment or cooperating in an investigation of alleged sexual abuse or sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During staff onboarding, new employees are required to sign an acknowledgement of the agency's zero tolerance policy which includes a mandate to report all allegations, regardless of how the allegation was reported, to their immediate supervisor. The employee handbook also provides instruction on how to report privately to the PREA investigators. Annually, staff are refreshed on their obligations to report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment during training. The auditor was able to review staff zero tolerance acknowledgements, training records, and the employee handbook during the onsite visit. The auditor noted that on top of the mandating reporting, the agency also requires the employees to keep all information confidential from unauthorized staff. Other relevant information in the file includes:

- Receipt of policies and procedures manual
- Receipt of employee handbook
- Ohio ethics law and related statutes
- Reporting abuse and neglect policy
- Sensitivity to cultural diversity
- Employee – client relations
- Employee discipline policy

During staff interviews, they report that the facility requires them to report any information, suspicion, or allegation of sexual abuse or harassment, regardless of the source or who the alleged abuser might be (resident or staff). They emphasized that all reports must be investigated by a trained investigator and that they have no discretion to decide what is or isn't credible. Staff report that they would report allegations to their immediate supervisor, management staff, or directly to the PREA Coordinator. They would limit their reporting to staff who need to know.

Staff also report that failing to report can lead to disciplinary action, since it violates both standards and facility policy. Many staff expressed confidence that the facility has created a culture where reporting is expected and supported, and they felt comfortable reporting allegations without fear of retaliation.

The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that the PREA Coordinator report all allegations to the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.

	No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult. The facility had one allegation verbally reported to staff, the allegation was immediately referred to the PREA Coordinator, and investigated. Review: Policy and procedure Employee files Employee training Investigation reports Interview with staff

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a policy that states when the facility learns that ta resident is subject to a substantial risk of imminent sexual abuse; it will take immediate action to protect the resident. The facility's protection measures include: • Residents will be given preferential bunk locations to ensure easy visibility to staff • A private shower time will be scheduled • Officers will conduct a 15-minute walk through to check safety of individual • Residents may be housed outside of general population Corrections Officers interviewed during the onsite visit, stated that if a resident reports feeling unsafe or in fear of abuse, they will immediately notify the Shift Supervisor and take protective steps. These steps may include moving the resident to a different dorm, bunk area, or place the resident on increased monitoring. In addition to bed moves and increased monitoring by Corrections Officer staff, case managers report that during meetings, they will check in with residents to ensure safety. One resident, who reported sexual harassment at the facility, reports that after he made the allegation, he and the alleged abuser were immediately separated. He states that soon after, the resident abuser was removed from the facility. Generally, the residents report feeling safe at the facility. While the facility had one allegation in the past twelve months, the facility has not

	received a report that any resident was at risk for imminent abuse. Review: Policy and procedure Investigation report Interview with residents Interview with staff Interview with PREA Coordinator

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a policy and procedure for reporting to other confinement facilities. The procedure includes: • Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director • The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred • The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation • The agency will document that it has provided such notification • Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation The facility had one resident report being sexually abused while being housed at the Lucas County Jail. The resident reported this during the initial PREA risk assessment interview. The facility reported this information to the jail. The jail's PREA Coordinator contacted CFT to inform them that the allegation was reported to them while the resident was in their custody. The jail reports that the allegation was investigated, substantiated, and the abuser was criminally charged. The facility has not received an allegation from another facility. The PREA Coordinator reports, that if the facility receives an allegation that a former resident reports an allegation of sexual abuse or sexual harassment while at another confinement facility, the allegation will be immediately investigated. Review:

	Policy and procedure Investigation report Email correspondence with Lucas County Jail

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a policy that requires all staff members be trained on first responder duties. These duties are listed as: • Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director • The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred • The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation • The agency will document that it has provided such notification • Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation Staff report during annual training, they receive instruction on implementing first responder duties during annual training. The staff are required to: • Notify shift supervisor • Separate the abuser and victim • Do not allow the abuser to destroy any evidence • Request that the victim does not destroy any evidence • Transport the victim to hospital if necessary • Preserve the crime scene • Call criminal investigators The staff report, beyond separating and ensuring the victim is safe, they have not had to protect a crime scene or preserve DNA evidence. Review: Policy and procedure Training curriculum Training sign-in sheets

	Investigation report Interview with staff

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility is required to have a written institutional plan to coordinate the actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. The plan includes: • Implementing first responder duties from standard 115.26 • Offer the victim access to rape crisis or victim advocate services • If requested by the victim, provide a qualified staff member to provide emotional support services The plan is disseminated to all staff during training. During staff interviews, staff were able to tell the location of the Coordinated Response Plan. Review Policy and procedure Coordinated Response Plan

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a policy that prohibits the agency or any other governmental entity responsible for collective bargaining on the agency's behalf to enter into or renew a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

	While the facility has a bargaining agreement between Corrections Officers and Professionals Guild of Ohio, the agreement defines the Corrections Officers as unclassified civil servants. As such, bargaining unit employees are employed at the pleasure of the Employer. The Employer reserves the right, at its sole discretion, to impose discipline upon bargaining unit employees. The facility provided the auditor with a copy of the agreement. The type of discipline includes: • verbal warnings • written warnings • suspension from duty without pay • working suspension with pay • fines • debit future vacation accrual • demotion in position and/or salary • termination These forms of discipline are not intended to be progressive in nature. The Employer reserves the right, at its sole discretion, to implement any form of discipline, including termination, without consideration to the progressiveness of the discipline. During the onboarding process, Correction Officer staff sign an acknowledgement of Ohio Revised Code 124.12, Unclassified Service Explanation. The acknowledgement includes these statements: • Employees in the unclassified civil service of the State of Ohio serve at the pleasure of the appointing authority and may be removed from their unclassified position at any time and for any reason • Staff acknowledge and understand that the Correctional Treatment Facility may, at its discretion and at any given time, provide the staff with corrective measures, and can terminate such corrective action measures at any time, solely at its discretion • The use of corrective action, including by not limited to progressive discipline, will not change a Corrections Officer's at will, unclassified employment status During employee file reviews, the auditor was able to verify signed and dated acknowledgements of the employee's at will status. Review: Policy and procedure Bargaining agreement Unclassified Service Explanation and Acknowledgement

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires the facility to have procedures in place to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The requirements include: • Use multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional supportive services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations • For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff shall act promptly to remedy any such retaliation The PREA Coordinator states that the facility will make housing changes or place staff on administrative leave in order to facilitate protective measures. The PREA Coordinator or designee with be responsible for ninety (90) day retaliation monitoring. This includes conducting status checks on resident reporters. Policy states that all monitoring for retaliation must include reviewing: • Disciplinary reports • Housing or program changes • Negative performance reviews • Staff reassignments The PREA Coordinator states that he or his designee will meet with the resident or staff member periodically and address any issues, problems, or concerns they may have. The PREA Coordinator also reviewed the protection plan for a current resident who alleged sexual harassment. The resident was not in fear of imminent abuse, but is receiving check-ins. The PREA Coordinator would document any concerns. The watch will terminate once the resident is released from the program. Policy allows for the retaliation monitoring to end if the allegation is determined to be unfounded. Review: Policy and procedure Retaliation memo

	Interview with PREA Coordinator

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires the facility conduct an administrative investigation into all allegations of sexual abuse and sexual harassment, thoroughly, and objectively for all allegations, including third-party and anonymous reports. All administrative investigations are to be conducted by a trained investigator who will: • Gather and preserve direct and circumstantial evidence • Collect physical and electronic data • Interview alleged victims, suspected perpetrators, and witnesses • Review prior complaints and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator • Conduct credibility assessments not based on the status of resident or staff • Determine if staff actions or failures to act contributed to the abuse • Document the investigation in a written report Where sexual assault, abuse, or harassment is alleged, the facility will use investigators who have received specialized training in sexual abuse and sexual harassment investigations. Investigators will assess the credibility of an alleged victim suspect, or witness, and it will not be based on the person's status as a resident or staff. The policy does not all the facility to require the resident who alleges sexual abuse, assault, or harassment to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The facility had one allegation of sexual harassment during the past twelve months. The investigation report includes: • Date and time incident was reported • Type of allegation • Alleged victim’s name • Alleged abuser’s name • Alleged abuser’s status (resident or staff) • How allegation was reported • Separation measures • Type of evidence • Witness’ names • Statements • Advocate services

	• Medical services • Allegation determination • Criminal investigation referral The auditor was provided with the administrative investigators training certification. Training was appropriate enough to meet standard 115.231. The auditor reviewed investigation reports from the allegations during the past twelve months. Please see standard 115.222 for a summary of the investigations. The investigators report that they have investigated several allegations over the years. These include reports of inappropriate behavior by staff and residents. They report the investigative process includes interviewing people, reviewing video footage, and checking for previous reports. The investigators report that if an allegation rises to the level of a potential crime, the facility will contact law enforcement. While the facility has an MOU with the Ohio Highway Patrol, the Sheriff's Office or the Toledo Police Department can also respond. Law enforcement and medical personnel are responsible for the collection of physical evidence and DNA. The facility will facilitate evidence preservation and assist in the investigation as directed by the legal authorities. The Executive Director or PREA Coordinator will maintain communication with the police department in order to remain informed on the progress of the investigation. The PREA Coordinator who is also an administrative investigator stated that he is responsible for making allegation determinations. The Coordinator is also responsible for maintaining all written reports and other documentation related to an investigation for as long as the person is incarcerated or employed by the facility, plus five years. Review: Policy and procedure Investigation summary Administrative investigator training certificate MOU with Ohio Highway Patrol Interview with investigators Interview with Executive Director

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Agency policy imposes a standard of preponderance of evidence or lower standard when determining whether allegations of sexual abuse or sexual harassment can be substantiated. The PREA Coordinator makes all administrative investigation outcome determinations and confirms that the standard of proof is a preponderance of evidence or 51%. The auditor reviewed the allegations from the past twelve months to verify the standard of proof used. All allegations were determined with that standard. Review: Policy and procedure Investigation report Interview with PREA Coordinator

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator is responsible for informing residents of the outcome of the investigation. If there was a criminal investigation, policy requires the facility to request all relevant information from the Ohio Highway Patrol, and provide the investigation outcome to the resident. The obligation to report investigation outcomes ends with the alleged victim is released from the agency's custody. The policy states that the notification for substantiated allegations will include: • If the alleged staff member is no longer posted in the resident's facility • If the alleged staff member is no longer employed with the agency • If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility • If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility The auditor reviewed the notice provided to the only allegation during the past

	twelve months. The notice informs the resident that the allegation was investigated and determined to be substantiated. It also informs the resident that the abuser has been removed from the facility. The auditor was able to interview the resident that alleged sexual harassment during the onsite visit. The resident confirms that the facility spoke to him about the outcome of the investigation and provided him with a written notification. Review: Policy and procedure Investigation report Notification report Interview with resident

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy states that any staff found to have substantially sexually abused or sexually harassed a resident will be subject to disciplinary sanctions up to and including termination. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Staff who violate agency policies relating sexual abuse or sexual harassment excluding engaging in sexual abuse, will face disciplinary sanctions that are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Policy also states that all staff who have been terminated or would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The agency provides all staff members with a policy and procedure manual, employee handbook, PREA disclosure, and zero tolerance acknowledgment during onboarding. The auditor reviewed employee files during the onsite visit. All files reviewed had signed and dated acknowledgments of receiving the information. The handbook states that if disciplinary action against an employee is warranted, the facility's disciplinary process will be followed. Staff state that they are trained to avoid actions are behaviors that could compromise their professional role or create a perception of favoritism or impropriety. Specific examples of training include responding to attempts by residents to develop personal relationships and identifying and avoiding situations that could lead to a breach of professional boundaries. Staff report that during

	annual training, they are informed of the potential consequences, including possible termination and criminal charges, for substantiated allegations of sexual misconduct. It is agency practice to place staff on administrative leave during the course of an investigation. Should the investigation determine that the staff member substantially committed an act of sexual abuse or sexual harassment, the agency will terminate employment or contract service. The facility did not have an allegation of sexual abuse or sexual harassment against a staff member during the past twelve months. Review: Policy and procedure Employee handbook Zero tolerance acknowledgments Employee files Investigation report Interview with staff

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The policy states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with resident and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. A contractor that violates the facility's sexual harassment policies will be prohibited from further contact with the residents. The PREA Coordinator reports that the facility has not had an allegation of sexual abuse or sexual harassment against a contractor or volunteer. Review: Policy and procedure Investigation reports Interview with PREA Coordinator

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy states residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or harassment or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy states: • Sanctions will be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories • The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motives for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits • The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact • For the purpose of disciplinary action, a report of sexual abuse or harassment make in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate an allegation • Consensual sexual activity between residents, while prohibited by agency rules, does not constitute sexual abuse, unless coercion was used The PREA Coordinator states that the facility does not offer therapy or counseling for residents who commit sexual abuse. Residents found to have substantially sexually abused another resident will be terminated from the program and returned to their parent agency. All other types of violations would be subject to discipline according to the progressive disciplinary policy laid out in the resident handbook. The auditor was provided a copy of the resident handbook. The handbook states: • Residents are subject to disciplinary actions for violations described in the handbook, as well as those actions which are against local, state, or federal law. If a resident breaks a rule, they will be subject to disciplinary action. If by breaking a rule, the resident also commits a crime, charges may be filed against the resident in court. This is especially true for violent crimes such as assaults, sexual attacks, etc.

	Major rule violations include: • Sexual harassment of residents, visitors, or staff • Indecent exposure • Sexual contact of any type with other residents, staff, or visitors • Fraternization with the opposite sex Disciplinary sanctions for major rule violations include: • Extra household chores • Loss of privileges • Doom restriction/Dayroom restriction • Administrative segregation • In house program suspension • Program regression • Recommendation for termination from CTF The auditor was able to review resident files and verify acknowledgement of receipt of the handbook. The PREA Coordinator is one of the staff members also responsible for resident discipline. He reports that staff in charge of discipline will have a sit-down hearing with the resident and determine the most appropriate sanction. He states that the facility does not generally punish residents for filing grievances or PREA complaints. However, if a resident is found to have knowingly fabricated a PREA allegation, they can be disciplined. Residents interviewed reported receiving discipline in line with the agency's policies outlined in the resident handbook. No resident, interviewed, reported being disciplined inappropriately. The facility had one substantiated resident-on-resident sexual harassment allegation in the past twelve months. Due to ongoing issues with the resident, the resident was terminated from the facility. Review: Policy and procedure Resident handbook Investigation report Resident files Interview with residents Interview with PREA Coordinator

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The policy requires the facility to provide medical and mental health treatment services to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The policy requires the facility to offer: • Emergency medical treatment and crisis intervention services • Information about and access to sexually transmitted infections prophylaxis and emergency contraception • Medical and mental health evaluation and treatment • Evaluation, treatment and follow-up services • Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody • Case and services consistent with the community level of care • Test for sexually transmitted infectious disease • Pregnancy testing and comprehensive access to pregnancy related medical services The facility has MOUs with Toledo Hospital and the YWCA Rape Crisis Center to provide medical and advocate services. The hospital and the YWCA Rape Crisis Center work together to provide victims of sexual abuse/assault rape crisis intervention, advocacy, and emotional supportive services. The MOU makes clear that the services are offered free of charge. The PREA Coordinator states that the scope of services, length of services, and types of services are at the discretion of the medical, mental health, or advocate provider. The Coordinator states that every effort is given to provide a victim advocate from the YWCA Rape Crisis Center. The auditor reviewed the services provided by the hospital (see standard 115. 221) and the rape crisis center (see standard 115.221 and 115. 253) to ensure the services meet the requirements stated in policy. The facility has not made a referral to a medical or mental health provider for services due to a sexual abuse incident during this audit cycle. Review: Policy and procedure MOU with The Toledo Hospital MOU with YWCA Rape Crisis Center Interview with PREA Coordinator

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy states that the agency will ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The agency will ensure that medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This includes providing ongoing 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, including but not limited to: • Follow-up services • Treatment plans • Referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody, when necessary The policy calls for the facility to provide such victims with, or makes, appropriate referrals for medical and mental health services consistent with the community level of care. If pregnancy results from such abuse, resident victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60-days of learning of such abuse history and offer treatment, when deemed appropriate by mental health practitioners. The facility has a MOU with community services providers to provide medical and rape crisis services free of charge. The auditor was able to review the MOU with Toledo Hospital and YWCA Rape Crisis Center. These agencies would provide to resident victims. The facility provided the auditor with documentation of residents receiving community mental health services. The facility has not had a resident request services related to previous sexual victimization. Review: Policy and procedure MOU with YWCA Rape Crisis Center MOU with The Toledo Hospital Counseling notes

	Interview with PREA Coordinator

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator reports that the team consist of himself, the Executive Director, the Clinical Director, the Operations Director, and any other staff determined as needed. The team will review: • Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to allegations of sexual abuse • Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse • Assess the adequacy of staffing levels in the area during different shifts • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff The team will prepare a report of its findings and any recommendations for improvement. The PREA Coordinator will ensure that the facility implements recommendations within thirty days after the SART publishes its findings, or reasons why the recommendations were not implemented. The facility has not had an allegation of sexual abuse during the past twelve months. The PREA Coordinator reports that after a substantiated or unsubstantiated allegation of sexual abuse. The SART team will review: • Investigation report and supplemental documentation • Staffing plan • Physical barriers/blind spots • Video monitoring • Motivation for the incident The Executive Director reports that the facility has not made any changes to policy, procedure, practice, or training based on an allegation of sexual abuse or sexual harassment. Review:

	Policy and procedure Investigation report Interview with PREA Coordinator Interview with Executive Director

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires the PREA Coordinator to collect and maintain accurate, uniform data for every allegation of sexual abuse using a standardize instrument and set of definitions. The incident based data will be collected annually, and 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. This information includes definitions of PREA sexual victimization and incident outcomes. The information on the form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://lucascountycommonpleas.com/-wp-content/uploads/2025/08/PREA-2025.pdf. 2024 PREA Investigation Outcomes:

	Unfounded	**Unsubstantiated**	**Substantiated**	**Ongoing Investigation**
Resident-Resident Sexual Harassment	0	0	0	0
Resident-Resident Sexual Abuse	0	0	0	0
Staff-Resident Sexual Harassment	0	0	0	0
Staff-Resident	0	0	0	0

Sexual Abuse				

The PREA Coordinator reports that the facility has not been requested by the Department of Justice to provide incident based information.

Review:

Policy and procedure

Annual PREA report 2023, 2024

Agency website

Interview with PREA Coordinator

115.288 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

The PREA Coordinator is responsible for reviewing annual data collected and aggregate it in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training to include:

- Identifying problem areas
- Tracking corrective action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each building

The PREA Coordinator must also include in the report a comparison of the current year's data and corrective actions with those from prior years, and provide an assessment of the facility's progress in addressing sexual abuse. The report must be published on the agency's website.

The auditor reviewed the agency's website, https://www.co.lucas.oh.us/1326/Correctional-Treatment-Facility, to verify that the annual report was posted and that it contained the required information. The report contains:

- Background information
- Definitions
- Reporting incident numbers and outcomes
- Third-party reporting information
- Investigation policy (administrative and criminal)
- Review areas of concern or improvement

	As per policy, the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility. Review: Policy and procedure PREA annual report Agency website

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy requires the facility to ensure that data collected pursuant to standard 115.287 is securely retained for at least ten years after the date of the initial collection, unless Federal, State, or local law requires otherwise. This includes electronic copies of all investigation reports and related documentation, annual report data, and tracking documents and outcome measures. The PREA Coordinator states that he is responsible for ensuring the documentation is retained for at least ten years. The auditor accessed the agency's website at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://lucascountycommonpleas-.com/wp-content/uploads/2025/08/PREA-2025.pdf, to ensure the facility has posted its annual report. The annual report is completed based on a calendar year. The agency provided the auditor with a copy of the report for calendar year 2023 and 2024. The PREA Coordinator states that he collects the information at the end of each year and compiles that information into an annual report. The report is made available to the public through the agency website. The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report. Review: Policy and procedure Agency website Annual report Interview with PREA Coordinator

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor was given full access to the male facility and access to all areas related to the female resident (the female residents are housed in a building with various other programs) during the onsite visit. The PREA Coordinator, Clinical Director, and Operations Director escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm areas, group rooms, recreation areas, dining hall, kitchen, staff offices, control centers, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in both buildings to conduct staff and resident interviews. The PREA Coordinator provided the auditor with documentation during the onsite visit. The auditor was also provided information post onsite visit as requested. Due to the PREA Online Audit System being temporarily shut down, the facility provided the auditor with paper documentation to demonstrate compliance with the standards. The auditor was able to review resident files, employee files, and investigation reports during the onsite visit. Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for residents, staff, and visitors. The auditor did not receive any confidential correspondence from a staff member or resident prior to the onsite visit, nor did anyone request to speak to the auditor during the onsite visit.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has not had a PREA audit since 2019. The facility completed a construction project during 2022 and transferred the female residents to the newly constructed housing unit connected to the male unit and administration area. The auditor discussed with the PREA Coordinator the audit report posting requirement. The PREA Coordinator states that the facility will post the final report of this current audit on its website. Review: Agency website Interview with PREA Coordinator

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	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.)	na
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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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