

PREA Facility Audit Report: Final

Name of Facility: Bartholomew County Community Corrections

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/14/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Bridgette M. Collins	Date of Signature: 04/14/2021

AUDITOR INFORMATION	
Auditor name:	Collins, Bridgette
Email:	confinementsafety@gmail.com
Start Date of On-Site Audit:	03/01/2021
End Date of On-Site Audit:	03/02/2021

FACILITY INFORMATION	
Facility name:	Bartholomew County Community Corrections
Facility physical address:	540 1st Street, Columbus , Indiana - 47201
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Rob Gaskill
Email Address:	rgaskill@bartholomew.in.gov
Telephone Number:	812-565-5906

Facility Director	
Name:	Rob Gaskill
Email Address:	rgaskill@bartholomew.in.gov
Telephone Number:	812-565-5906

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

Facility Characteristics	
Designed facility capacity:	82
Current population of facility:	28
Average daily population for the past 12 months:	35
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	20-65
Facility security levels/resident custody levels:	DOC Work Release, Work Release, Residential Treatment
Number of staff currently employed at the facility who may have contact with residents:	30
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Bartholomew County Court Services
Governing authority or parent agency (if applicable):	
Physical Address:	507 3rd Street, Columbus, Indiana - 47201
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Rob Gaskill	Email Address:	rgaskill@bartholomew.in.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The process for the PREA audit begins many months prior to the actual onsite portion. Conversations/emails between the facility and auditor take place to review the contractual agreement, present and accept fees and what each party will be responsible for. In this particular instance, it was August of 2020 when initial contact was made.

Because the online audit system (OAS) requires the contracting agency to upload documentation proof of all standards, it can be time consuming depending on the size of the organization, number of staff, volunteers/contractors/mentors and residents and how policies are written. This auditor requires that the contracting agency be given at least 4 weeks/1 month to initiate the audit and then give the auditor at least 4 weeks/1 month to do the pre-audit phase.

During the pre-audit phase, the auditor reviews all the documentation uploaded into OAS and makes contact with community partners verifying the validity of the information provided. The auditor also reviews websites for the required reports being present per the PREA policies. This is the time for the auditor to look for deficiencies, make notes of things to look for during the physical tour, get clarification for incomplete information and present any allegations received via residential correspondence. The auditor is completing the audit during this phase also for the things that have been proven with the understanding that more information can be added afterwards.

The auditor scheduled 4 days for the actual onsite audit knowing it may not take the entire time but ensuring that the process would not be rushed. Because the population was less than half the allotted population, the auditor was only onsite a total of 2 days. The Director was very organized, had all paperwork in stacks and set up in a space for the auditor to review at her leisure. Very little had to be asked for specifically because it was voluntariness provided.

On the first day, the auditor arrived, spoke with the Director at length and then toured the facility in its entirety. This meant reading posted flyers, observing camera footage, meeting staff and getting a feel of what each of them does.

Next the auditor began interviewing staff and residents based on availability in an effort to avoid disrupting their day if possible. This took place on both March 1st and 2nd. The auditor was conscientious of count times, meal times, groups, counseling and appointments.

Custodial officers work 6a-6p and 6p-6a. The commissary officer works 6a-3p and the lead officer works 3p-11p. The auditor ensured that either she was on grounds during those slotted times or staff were allowed to come in off schedule to conduct interviews per the permissions of the Director of Community Corrections.

Currently there is a total of 13 full time residential officers, 2 PRN officers, 3 vacant part-time residential officers, 2 lead officer supervisors, 1 residential supervisor, 7 case managers, 1 community corrections

supervisor, 2 field officers, 1 administrative staff, 1 director and 2 contract employees. It should be noted that Home Detention employees are included in the organizational chart and staffing totals, however; not all work in the residential portion of Bartholomew County Community Corrections.

A total of 14 staff were interviewed including a contractor with Centerstone. Of those interviewed 4 were considered specialized staff and the others were a random sample per the compliance audit instruments. The range of years of service went from 16 months to 20+ years of employment either in the work release specifically or within the county criminal justice system. Eight staff were male and six were female.

During the interview, the auditor conducts an introduction, explaining what a PREA audit is, what the standards are and how it is determined whether the facility is in compliance or not. The auditor explains that the interview is anonymous, however as a mandatory reporter, any allegations must be reported for an investigation. All are given the opportunity to decline the interview but none did. Before asking the questions directly from the questionnaire, all are asked if they feel safe in the facility. This question will either be responded to emphatically or there will be hesitation which will alert the auditor that there may be an issue. No one reported feeling unsafe, no one hesitated to answer the question and everyone trusts the supervisory staff, policies and potential for allegation investigations at Bartholomew County Community Corrections.

Of the 10 random samples of staff, it was a mix of case managers, field officers and residential officers. Staff interviews confirmed that PREA is a regular topic at staff meetings and trainings alike. The ability to provide reporting methods, and identify signs of abuse was easily recalled. Most of the staff mentioned the pink folder in the control center that has PREA paperwork with standard operating procedures for quick recall as this is not a practice they apply on a regular basis. Same sex searches are the only option and staff do not conduct strip or body cavity searches. Announcing themselves when entering a space occupied by the opposite sex is the expectation to which every follows.

The 4 specialized staff consisted of a residential supervisor, lead residential supervisors, and a clinical coordinator. The reasons for being specialized include being staff who perform screening for risk of victimization and abusiveness and/or for being a volunteer or contractor who may have contact with residents.

Three of the staff are trained to conduct the intake process on new residents in the absence of the designated staff. All reported only doing this a few times in the last couple years. All reported being trained in PREA prior to assuming their roles based on employment. Because they are custodial staff, they participate in the monthly meetings where PREA is almost always one of the agenda items, so they are consistently reminded of their duties as supervisors. On the topic of the use or need for an interpreter, staff reported having bilingual staff if available but that the agency has access to interpreter services if the need is greater than their abilities. None of them reported ever having the need for a translator.

The dynamics of the facility are very compartmentalized in that typically staff only provide services they have been specifically hired to do, so there is not a lot of cross-training between the positions. The contractor reported being trained in PREA prior to being given access to the residents. He was able to define PREA, discuss the facilities policies (to the extent in which he is responsible) and the different reporting methods. Because he is not a custodial first responder, he would simply notify the Director of the allegations in writing immediately and allow the facility to take over from there.

Everyone has been trained on how to properly welcome a transgender/intersex/transitioning resident into

the facility. It is understood that nothing is to be done until the Director has had a chance to do the intake interview and determine which sex staff will be responsible for all searches and urinalysis collection during that incarceration period.

Because Bartholomew County Community Corrections is a small entity, the PREA Coordinator is also the Director of Community Corrections, the retaliation monitor and the agency head. The interview conducted included questions from each of the designated compliance audit instruments for each position per PREA requirements.

The Director was able to answer all questions, provide any requested documentation and explain the processes in detail. He has been in this position since the facility opened and has been the only Director since the August 2016 PREA audit. He has the authority to create/update policies, enforce PREA standards requirements and request court modifications from the sentencing Judge. He is the liaison between the work release, other Bartholomew County Criminal Justice agencies, community partners, IDOC and the Community Corrections Advisory Board.

Prior to the inception of the PREA standards, Bartholomew County did a pilot program to aid in finalizing the standards. He regularly contacts this PREA auditor and the IDOC PREA Manager when questions arrive in between audits.

While the facility operates at a capacity of 64, on both days of the onsite audit, the count was 28, 19 males and 9 females. The auditor was given a daily roster that provided the names, component, date admitted, level information, bed/locker number, case manager and number of days in the program based on the pod assignment. The auditor was provided a classroom to conduct interviews with any resident who was in the building during the time of the onsite portion of the audit. Nine male REALM participants, 1 IDOC male, and 8 female WRAP participants were interviewed for a total of 18. Of the 18 interviewed, 4 residents admitted to reporting sexual abuse from their childhood prior to incarceration and 1 resident identified as part of the lesbian, bisexual, gay, transgender, questioning (LBGTQ+) community. No residents reported having a disability or english proficiency barrier.

Prior to beginning the interview, the auditor explains what a PREA audit is, what the standards are and how it is determined whether the facility is in compliance or not. The auditor explains that the interview is anonymous, however as a mandatory reporter, any allegations must be reported. All are given the opportunity to decline the interview but none did. Before asking the questions directly from the questionnaire, all were asked if they feel safe in the facility. Every resident stated that they felt safe in the facility and had no concerns that if there was an allegation that it wouldn't be properly investigated.

Each resident was able to give no less than 3 reporting methods, even for the persons who admitted that they didn't pay full attention because they have no concerns for their safety in the facility. The residents knew that flyers were hung throughout the facility with instructions if they forgot what options were available. All reported having PREA education immediately upon entrance to the facility prior to being given access to the secured area. All that had been in the facility 30 days or more, agreed that they are frequently questioned about their perception of safety and are not in need modifications to housing or programming. Residents understood that reports could be made by 3rd parties as well as anonymously. A couple residents admitted to being in the system frequently and stated that of all the facilities they have been in, this one is always the most safe.

As of this report, the auditor has not received any confidential correspondence from any residents or staff of the facility to the designated PO BOX.

Once all staff and residents that were available were interviewed, the auditor began reviewing staff files

to verify hiring and promotion practices as well as the process for securing contractors/volunteers and mentors. Every file reported had the appropriate paperwork including criminal background checks, within the 5 year time frame as required by PREA. Many of them will be due to updates the latter part of 2021, however no one's paperwork was late. A total of 43 files were reviewed in their entirety to look for the presence of specified paperwork, signatures and dates. Custodial files were a total of 21 (8 female, 13 male), there was one of each sex for contractors, 11 female volunteer files and 6 female/3 male case manager files.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Bartholomew County Community Corrections is a program within the Bartholomew County Court Services Program. The work release program is its own entity, however it is connected to the Bartholomew County Jail, located in Columbus, Indiana. The facility has been in operation at this location since 9/23/09 and was built to be a work release facility.

The facility houses males and females who have been sentenced by the courts to a condition of probation. This means they can serve their sentence on electronic monitoring, work release or probation without the direct specifications from the court. The courts do decipher who is sentenced to complete the specific programs within the work release.

The facility has a housing capacity of 82 adult residents, 48 males and 34 females, however based on bed space it operates with 64 being the population total. This is broken down into 4 different programs, male work release (24), male residential (15), female work release (10) and female residential (15). There is a contract between Bartholomew County and the Indiana Department of Correction (IDOC) to maintain 9 IDOC work release beds. The residents are housed with same gender peers within 4 different pods. The facility is handicap accessible for the residents. No one under the age of 18 is allowed to participate in any of the programming.

Pod A is for male work release, Pod B is the REALM program, Pod C is the WRAP program and Pod D is female work release. Each of the pods are secured but have windows to see directly into the space as well as have cameras throughout the area. Each pod has a corresponding restroom and shower amenities that are all individualized and off camera. There is signage hung to notify residents the area in which they cannot be in a state of undress. The residents have assigned bunk beds and totes for personal effects. The common areas of each pod contain tables for writing and eating, a TV and homewave telephones with facetime capabilities. There are bulletin boards, flyers hung, communication areas throughout the facility for easy access by the residents. Each dorm has a connected outside area that was once used for smoke breaks that required staff monitoring in person as well as on camera. That space is not currently being used.

There is a curtain hung to prohibit the male and female residents from communicating with each other when entering and exiting their perspective pods.

Upon arrival, all residents undergo an intake process where they are given written documentation, meet with staff and given the expectations of the facility. Intakes take place Monday-Friday typically between the hours of 8a and 4pm unless there is an extenuating circumstance. The facility lead officer conducts all intakes but there are secondary staff trained and prepared to conduct intakes if necessary.

The residential programs are gender specific and each lasts 6 months with an additional 6 months of aftercare. These participants are not allowed to leave the facility and seek employment in the community. They are required to complete their assigned program successfully before being placed on a secondary criminal justice component to finish out the remainder of their sentence. Male residents

complete the Recovery Enables a Life for Men (REALM) program. Females complete the Women Recovering with a Purpose (WRAP) program. Each resident is given a program specific manual at intake.

The staffing plan allows for 13 full time residential officers, 2 PRN officers, 3 part time residential officers (currently vacant), 2 lead supervisors, 1 residential supervisor, 7 case managers, 1 case manager supervisor, 2 field officers, 1 administrative staff, 1 Director for a total of 33 staff. There is also 2 contractual staff facilitators for the REALM/WRAP programs that are employees of Centerstone, a local mental health organization.

All of the facilities cameras are monitored in live time by a staff in the control center. This person is also responsible for ensuring all doors are secured throughout the agency. The cameras are set up so that the screens are in sequential order based on the physical plant, allowing you to see a persons movement from point A to point B.

Once a resident enters the facility, their temperature is taken (COVID-19) and then they are escorted into the secured area. They enter a hallway with camera monitoring for a pat/frisk search before being allowed to secure their personal effects in the locker room. Never is more than one resident in this space at a time as there is no camera. Once this action is completed, they step back into the hallway and are wanded to ensure nothing from their lockers is being brought into the secured area. From there, they blow into a Portable Breathalyzer Test to ensure they have not consumed alcohol. If there is a need for urinalysis testing, it is conducted by a same sex staff in a restroom and then they are escorted to their respective pod.

There are laundry facilities throughout the facility that are secured and only allow for one resident to use the machines at a time. The laundry room has a camera and there is a gender specific day schedule for accessing the washers and dryers.

There is a commissary/medication dispensing room that is on camera and within the visual field of the control center staff.

The case managers offices are found within 2 different hallways and all doors have a glass panel that allows any activity within the space to be viewed without interruption. There are cameras in each of the hallways.

Meals are prepared by the jail and delivered to the residents for consumption in the dayrooms of their respective pods. All recreational activities take place within this area as well.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

There were two standards that exceeded the expectations: 115.211 and 115.251

There were four standards that were marked as meets the expectation but in reality were not applicable. However in the report, it was explained why these standards were not applicable and therefore found to be in compliance. They were : 115.212, 115.234, 115.235 and 115.266.

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: Exceeds Standard
	Auditor Discussion
	<p>Bartholomew County Community Corrections has a written PREA Policy that mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly. The policy is 134 pages and is broken down into specific subsections based on subject area. They are listed as prevention planning, responsive planning, training and education, screening for risk of sexual victimization and abusiveness, reporting, official response following a resident report, investigations, discipline, medical and mental care, data collection and review, audits, auditing and corrective action, and state compliance. Each subject area has the expected practices and protocols to be in compliance with that portion of the policy.</p> <p>The agency has a designated upper-level, PREA Coordinator, who is also the Director of Community Corrections and has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. Based on the Organizational Chart provided, as the PREA Coordinator/Community Corrections Director, all employees of the work release report to him.</p> <p>The policy defines the prohibited behaviors under 3 subsections; sexual misconduct, sexual assault and sexual harassment. There is also zero tolerance for all forms of sexual abuse, sexual misconduct and sexual relationships that could occur between offenders, staff, volunteers, contractors, visitors or any other participant.</p> <p>The subsection on discipline is broken down into standards depending on who is involved in the violation. There are disciplinary sanctions for staff and residents and corrective action for contractors and volunteers.</p> <p>The residents of Bartholomew County Corrections are also to be free from fear of retaliation if the victim or witness of sexual abuse. All allegations will be thoroughly investigated.</p> <p>The culture of the organization, standard operating procedures, expectations and management of PREA related allegations are very thorough, precise and maintained. PREA is not just a 3 year audit that is reviewed on a cycle, it is a living expectation for the staff and residents housed within.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There currently are no contracts for the housing of participants any place other than in Bartholomew County Community Corrections, therefore this standard is not applicable.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The actual staffing plan that gave definitive expectations as to how the facility is to be staffed at capacity or half capacity, assessing the need for video monitorings systems/technologies or resources to ensure adequate staffing levels was not provided during the pre-audit phase. During the on-site portion of the audit, an updated staffing plan was given that provided the required information per the standard. The staffing plan will be reviewed annually or as needed based on the current climate with the pandemic.</p> <p>Copies of Community Corrections Agenda's, Meeting Minutes, staffing schedules and notes regarding the effects of COVID on the operations of the facility were provided. In an effort to allow for more social distancing, the ability to quarantine if necessary and reduce the number of people being exposed or exposing others to the virus potentially, the population totals were reduced as well as the use of volunteers. Instead of operating with 82 beds per the capacity, they are operating with a cap of 64.</p> <p>Because this auditor conducted the 2016 PREA Audit, some suggestions were made based on the physical plant, staffing levels and standard operating procedures on ways to increase security of the institution and its inhabitants. Since that time, additional cameras have been installed in places previously reliant on human visualization at all times. The auditor was able to see the actual cameras in place and what they monitor from the residential officers post.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Cross-Gender strip searches and visual body cavity searches are not allowed at Bartholomew County Community Corrections in any circumstances. It is the policy that all searches will be conducted by same sex staff or the staff assigned in the case of a transgender/intersex/transitioning resident. Body Cavity Searches must be authorized by the sentencing Judge and can only be performed by trained medical personnel.</p> <p>The PREA Policy under Prevention Planning outlines that the residents must be able to shower, perform bodily functions and change clothing without nonmedical 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. All showers and toilets are individualized with visual barriers and are located in a manner the residents cannot be viewed in a state of undress from the Control Center or by Video Monitoring. Staff of the opposite sex must announce themselves prior to entering the pod. The auditor was able to observe these accomodations while on the facility tour.</p> <p>Signs are posted in each pod designating that participants are not to be in a state of undress past a certain point. Being in a state of undress in a non-designated area shall be considered a major offense and is subject to a major consequence, up to and including removal from Residential or Work Release Programs. This information can be found in the resident manuals for each of the different programs as well as through signage hung on the walls.</p> <p>In accordance with this, staff of the opposite gender are required to announce themselves if entering a space where this type of viewing could occur. Staff are required to notify the Community Corrections Director immediately if they observe a resident of the opposite gender in a state of undress. The auditor saw this practice in place during the onsite tour.</p> <p>Because the population capacity exceeds 50, this is not the initial PREA audit and it is dated after 8/20/15, it is the expectation that cross-gender pat-down searches of female residents will only occur in exigent circumstances and must be documented per the standards. Bartholomew County Work Release policy prohibits searches of any kind that are cross-gender. There are no exigent circumstances wherein this would be appropriate. Training records were provided and reviewed regarding training for all staff who may be responsible for conducting a search of a person and all of it states same sex only.</p> <p>Female residents are not restricted access to regularly available programming or other outside opportunities in an effort to comply with this standard. The female work release residents who are allowed to leave the premises confirmed that they have never been restricted community opportunities due to staffing searching needs.</p> <p>The policy states that transgender or intersex residents shall not be searched for the sole purpose of determining the residents genital status. It says that if the genital status is unknown, it may be determined through 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.</p>

Upon hire, the residential officer orientation check list has PREA training as an expectation. It has to be initialed by the staff who received the training as well as the staff who facilitated or observed the training. The training curriculum provided was from The Moss Group Inc on the prevention and detection of sexual abuse and harassment.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 115.216, Prevention Planning for residents with disabilities and residents who are limited English Proficient provides the expected practices and protocols of this standard. It states that interpreters will be provided for residents so that information can be expressed effectively, accurately, and impartially both receptively and expressively using any necessary specialized vocabulary.</p> <p>Written materials will be provided in formats or methods to ensure effective communication with residents whose first language is not English, who are blind or have low vision. If the resident who is blind or has low vision is not able to get a clear understanding using their hearing, the facility as the ability to access an interpreter service that provides translations in braille. There is not a Memorandum of Understanding in place as this service is offered through the courts and to be used by all criminal justice entities under the Bartholomew County umbrella.</p> <p>For Non-English speaking program participants beyond Spanish, the participant manual and PREA Resources will be translated into their native language using www.translate.google.com. For participants with limited reading abilities, a staff member will read the participant manual and PREA Resources to them.</p> <p>The agency does not rely on resident interpreters, resident readers or other types of resident assistants except in limited circumstances wherein an extended delay in obtaining an effective interpreter could compromise the residents safety, the performance of first-response duties or the investigation of the resident's allegations.</p> <p>Bartholomew County Work Release does employ bilingual staff that can aid in translations when Spanish is the primary language.</p> <p>They shall work to provide reasonable accommodations to any participant with a disability and when reasonable accommodations cannot be made, Bartholomew County shall work with the referring Court to get the appropriate interpreter or to recommend placement on another Community Corrections Component, such as electronic monitoring or day reporting instead of in the Work Release.</p> <p>Per the PREA standard, the agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in the regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Policy 115.217 on prevention planning regarding hiring and promotion decisions addresses the need to do thorough criminal and civil background checks including verification with previous correctional employers. It states that they shall not hire or promote anyone who will have contact with residents, including contractors that have engaged in sexual abuse in any correctional setting; been convicted of engaging or attempting to engage in sexual activity in the community by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in any of these activities. Incidents of sexual harassment shall also be considered with hiring, promoting or enlisting the services of any contractor.</p> <p>All new hires are required to complete the PREA Questionnaire which has 4 yes/no questions regarding previous employment in correctional environments and being investigated civilly or criminally for engaging in sexual abuse or sexual harassment both professionally and personally. They also complete a PREA acknowledgement form which is a condensed version of the policy that provides education, prevention, detection, definitions and responses to allegations of sexual abuse and sexual harassment.</p> <p>Prior to being an employee, hiring or enlisting the services of contractors, criminal background records checks and 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 shall be performed. Anyone who may have contact with residents directly will be asked specifically about previous misconduct in written applications, interviews for hiring or promotions as well as written self-evaluations conducted as part of reviews of current employees. There is a continuing affirmative duty to disclose any such misconduct. Failure to provide the requested information or providing false information shall be grounds for termination.</p> <p>Criminal Background records checks shall be completed at least every 5 years for current employees and contractors through the Bartholomew County Emergency Dispatch Center. The Director of Residential Services shall request the background checks for prospective staff/volunteers/contractors at the Community Corrections Center and the Assistant Chief Probation Officer shall request background checks for perspective staff/volunteers/contractor at the Court Services Building.</p> <p>While onsite, the auditor was able to review the files of 30 staff, 2 Centerstone Contractors and 11 volunteers. All of which included a criminal background check within 5 years, a PREA questionnaire and a PREA acknowledgement Form.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>There have been no acquisition or designing of a new facility and or planning any substantial expansion or modification of existing facilities. This portion of the standard is non-applicable.</p> <p>The facility did have a PREA audit within the last 5 years and since that time, they have acquired 17 new cameras throughout the facility. The auditor was able to see the physical location of the new cameras as well as their visual output from the Director's office and the Control Center.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bartholomew County is responsible for investigating allegations of sexual abuse to the extent necessary to have a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. There is a 2 page step-by-step Sexual Assault First Responder Checklist that outlines staff responsibilities once made aware of an alleged assault.</p> <p>It should be noted that there have been no instances of Sexual Assault that resulted in the need for a criminal or administrative investigation within the past 12 months.</p> <p>The actions to be taken by staff in the event of a PREA investigation are to be developmentally appropriate for youth where applicable, however it should be noted that the facility does not house youthful offenders, only adults over the age of 18.</p> <p>Victims of sexual abuse will be given access, without financial cost, to forensic medical examinations, where evidentiarily or medically appropriate. These examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs are not available, the examination can be performed by another qualified medical practitioner with documented effort to provide SAFEs and SANEs.</p> <p>The Sexual Assault First Responder checklist that was provided listed Columbus Regional Health, a 225 -bed not-for-profit hospital as the community partner wherein victims of sexual assault would receive medical care. On 1/11/21, the auditor contacted the main phone line and the emergency room of Columbus Regional Health and confirmed that SAFEs and SANEs are employed within the hospital and are available through the emergency room 24/7 and have received the necessary trainings to work in this capacity.</p> <p>Because the SAFEs/SANEs are practicing medical professionals, it is assumed they have received the education concerning sexual assault and forensic examination issues in general and are qualified to do so. The national protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents states that treatment should be timely to minimize the trauma they may experience and promote their healing. This will also increase the likelihood that evidence collected will aid in criminal case investigation, resulting in perpetrators being held accountable and further sexual violence prevented. The examination process should include-initial contact, triage and intake, documentation by health care personnel, the medical forensic history, photography, exam and evidence collection procedures, alcohol and drug-facilitated sexual assault, sexually transmitted infection (STI) evaluation and care, pregnancy risk evaluation and care, discharge and follow-up, and examiner court appearances.</p> <p>Originally Turning Point Domestic Violence was the agency of choice to use as a victim advocacy organization for victims of sexual assault and rape. Their mission is to work toward the prevention and the elimination of domestic and dating violence. They offer non-residential services such as outreach staff providing intervention services for victims, and their families, of domestic violence and sexual assault who are not currently seeking shelter. There is also a</p>

25-bed emergency shelter for adult women, men and their dependent children who are victims of domestic violence and/or sexual assault. They provide assistance with filing protective order petitions, supporting clients throughout court process, including attending hearings with clients; providing general information about divorce, child custody and child support. They also provide prevention education to all ages and types of groups in an effort to stop domestic violence in the next generation.

Residents who are in crisis, were given the phone number to the Turning Point Crisis Hotline at 1 800 221 6311. On 1/11/21, the auditor called and it was immediately answered by an advocate who was prepared to provide assistance in any way needed. It was confirmed that the phone is manned 24/7 by a human and that the advocates who answer the phones have the ability to do referrals to other agencies if the crisis requires more services than readily available.

It is the expectation that if the victim requests the victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany and support them through the forensic medical examination process, and investigatory interviews, that it will be provided. They may also be asked to provide emotional support, crisis intervention, information and referrals.

There was not an MOU in place for this organization and in the end, a decision was made to create a relationship with Community Downtown. Currently, there is an MOU in place that provides the responsibilities of both agencies in the event of a PREA related allegation. The MOU was signed on 3/15/21 by Bartholomew County and 4/1/21 by Community Downtown. All policies and paperwork have been updated to reflect the change in primary victim advocacy conduct and provided to the auditor.

Based on the chain of command as presented in the policy, once a sexual abuse allegation has been made that presents the potential for administrative or criminal investigations, the Bartholomew County Prosecutors Office is made aware for further action. They then determine which faction of law enforcement is to do the criminal investigation whether it be the Sheriff's Dept, Columbus Police Department or Indiana State Police.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 573">PREA policy 115.222 is on subject area responsive planning to ensure referrals of allegations for investigations. The expected practice is that all administrative or criminal investigations will be conducted regarding allegations of sexual abuse and sexual harassment. Bartholomew County refers allegations of sexual abuse and sexual harassment that are criminal to the Prosecutors Office for investigation. That information is clearly conveyed in the policy that is made accessible to the public through the County website.</p> <p data-bbox="252 618 1452 864">The protocols of the policy describes the responsibilities of both Bartholomew County Community Corrections and any law enforcement agency that conducts the actual investigation. Because allegations of sexual abuse and sexual harassment that present as criminal are only investigated by law enforcement or prosecutors offices, they must abide by state statutes and expectations including a policy governing the conduct of such investigations.</p>

115.231	Employee training
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1471 741">PREA policy 115.231 requires that all employees are trained and educated on the agency's zero-tolerance for sexual abuse and sexual harassment. The training provided is through the Moss Group and instructs staff on how to fulfill their responsibilities for prevention, detection, reporting and responding. The residents rights to be free from sexual abuse/sexual harassment and retaliation are a part of the curriculum. The dynamics and common reactions to sexual abuse and sexual harassment in confinement is also expressed. Avoidance of inappropriate relationships with residents and how to communicate effectively and professionally with residents who identify as lesbian, gay, bisexual, transgender, intersex or gender nonconforming (LGBTI+) is expected practices. Staff are also trained to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p data-bbox="252 786 1471 943">Because Bartholomew County Community Corrections is coed with both residents and employees, the training provided presents education for both genders. There is no need to conduct two different trainings because the staff can be used in any capacity as seen fit by the Director.</p> <p data-bbox="252 987 1471 1234">Policy requires that all staff who have not received training shall be trained upon hire and that the agency shall provide each employee with refresher training every two years. This allows staff to remain educated on the agency's current sexual abuse and sexual harassment policies and procedures. In the years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p data-bbox="252 1279 1471 1570">The auditor was given copies of all employees training records. Also it was obvious from the staff interviews that training had taken place and that they knew the standard operating procedures once an allegation has been vocalized or a notification has been received. There is a pink folder in the Control Center that houses all the required documentation for any first responder that is involved in the initial notification of a PREA allegation. All staff and contractors acknowledged that this information is to be acted upon immediately upon notification after ensuring the victim and/or perpetrator are secure and separated.</p> <p data-bbox="252 1615 1471 1727">Staff were able to verbalize common signs that signify potential trauma and also all the different methods in place for residents, staff and 3rd parties to raise allegations including within the facility, with community partners and contacting law enforcement specifically.</p> <p data-bbox="252 1771 1471 1973">There are monthly meetings that occur with custodial staff wherein PREA is a part of the agenda almost everytime. The culture of the staff and residents support that PREA is taken very seriously in this environment and that sexual safety is a priority. Everyone verbalized feeling safe in this environment and that investigations would be conducted as expected in the policy.</p>

115.232	Volunteer and contractor training
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1444 526">All volunteers and contractors are required to forego a Criminal Background Records check and complete a packet which consists of 6 different forms including the PREA acknowledgement, Volunteer Agreement, Volunteer Checklist, Volunteers Questions, Volunteer Application and a release of information. The expectation is that the background check be completed at least every 5 years.</p> <p data-bbox="252 571 1468 817">The auditor was able to review the files of all volunteers and contractors and it was confirmed that all required documentation was properly signed, dated and stored within the confines of this standard. Because COVID-19 began almost a year ago exactly, no volunteers have had access to the facility since March 2020. It is the expectation that once they are allowed to resume normal activity, refresher training shall be provided as it may have been more than 2 years since initial training for some.</p> <p data-bbox="252 862 1476 1187">The PREA Acknowledgement Form is a 4 page document that requires the date and printed name and signature of the volunteer and a witness. It explains what PREA is, how to report, definitions on sexual misconduct, sexual assault and sexual harassment and accountability for false allegations. It has a disclaimer that states I have read the above PREA policies, I understand my obligations under the PREA Law and I understand that the participant is always the victim with an employee or volunteer regardless of their willingness to participate and if a participant makes a notification, I will immediately notify the Director of Residential Services.</p> <p data-bbox="252 1232 1484 1433">The volunteer agreement is a one page document that bulletpoints 6 volunteer expectations and requires the date, printed name and signature of the volunteer and that of the Residential Services Director. It provides the disclaimer that if they are uncertain about anything, they should ask a staff member and also that their involvement as a volunteer is at the discretion of Community Corrections and may be terminated for any reason and at any time.</p> <p data-bbox="252 1478 1484 1635">The volunteer checklist requires the completion of application and background documentation. It states the type of approval or denial being self-help group, bible study, church ministry or an internship. It also provides the date training was provided and when that person was approved along with the signature of the Director.</p> <p data-bbox="252 1680 1452 1971">The volunteer questionnaire is 4 yes or no questions about previous engagement in sexual abuse in a previous correctional institution, convictions of engagement or attempted engagement, civil or administrative adjudications and any substantiated findings in previous employment. The disclaimer states that they affirm that the answers are accurate and truthful. They also understand that material omissions or false information can result in dismissal or removal from the facility. They are also affirming the continued duty to disclose any such misconduct.</p> <p data-bbox="252 2016 1452 2128">The volunteer application and release of information are generalized forms that would be presented to anyone applying for a position with any organization. It asks for specific demographic information including previous employment, education/military experience and</p>

gives Bartholomew County permission to contact anyone listed for follow up information.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Residents of Bartholomew County Community Corrections are placed in one of four programs, the male/female work release program, recovery enables a life for men (REALM), women recovering with a purpose (WRAP) and Department of Correction (DOC) work release program. Depending on how the resident is assessed at intake, they are given the respective handbook which all begin with providing education on PREA, the facilities zero-tolerance policy, how to report and their responsibilities to ensure the residents safety from sexual abuse, sexual harassment and retaliation.</p> <p>Interviews with residents confirmed that the education on PREA occurs immediately upon entry within the facility. The auditor was able to review the files and obtain the signed acknowledgement forms for any resident who entered the facility within the last 12 months.</p> <p>Because Bartholomew County doesn't have any contract facilities, there is no such thing as refresher information regardless of whether the person comes from prison, jail or the community. Every new intake receives the same information in an effort to provide continuity of education, including those that have been previously sentenced to the facility. Each resident has to sign an acknowledgement of receipt of education and that they understand it as explained.</p> <p>Residents with visual disabilities or literacy issues will be read the materials by a staff member. Documentation was provided for persons whose first language is Spanish. If the resident needs translation in another language, that can be accomplished through interpreter services or there may be a request for a court hearing to see if this component is the best one based on their needs.</p> <p>There are posters in English and Spanish that are available throughout the facility in common areas. The facility has staff who are bi-lingual in Spanish to aid in communication efforts. The facility also has access to an interpreter service if necessary.</p> <p>The facility is prepared to accommodate any residents whose ability to be educated and comprehend the expectations of the facility require additional modifications. If the need is too great, the sentencing court will be notified for further instructions.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard is non-applicable because all administrative or criminal sexual abuse investigations are conducted by law enforcement. Therefore it is the responsibility of that agency's department head to ensure that the detectives investigation PREA related allegations has had specialized training for interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training documentation shall also be maintained by the specific law enforcement agency based on their policies and procedures.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard is non-applicable as there are no full or part time medical or mental health care practitioners employed by Bartholomew County Community Corrections.</p> <p>However it should be noted that the staff of the facility have had training on how to detect and assess signs of sexual abuse and sexual harassment. They also understand the process for preserving physical evidence of sexual abuse and the expectations for responding effectively and professionally to the victim. Reporting instructions for allegations and suspicions are also included in that training. While their training may not be as in depth as a medical or mental health care practitioner, it is enough to raise the awareness and use community resources to ensure that allegations are handled properly.</p> <p>Forensic examinations will be performed by SANEs or SAFEs at Columbus Regional Health.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA policy on the screening for risk of sexual victimization and abusiveness is a 3 page document with expected practices and protocols. Bartholomew County requires that all residents shall be assessed within 72 hours of arrival at intake for their risk of being sexually abused by other residents or being sexually abusive toward other residents. The Sexual Violence Assessment Tool (SVAT) is the 2-page objective screener used for each intake that is broken down into potential victim factors and potential aggressor factors .</p> <p>The information to complete the SVAT shall be ascertained through conversations with the resident during the intake process, medical/mental health screenings, during classification assessments and by reviewing court records, case files, behavioral records and any other relevant documentation from the residents file.</p> <p>This information has appropriate controls on the dissemination within the facility to ensure that sensitive information is not exploited to the participants detriment by staff or other participants. The SVAT is then placed in the participants file.</p> <p>There are 11 questions on the victim screener with the option to check either yes or no depending on the residents history. They are flagged as likely a PREA victim if they answer yes to the first question or have a total of 6 or more yes' throughout the document.The SVAT potential victim tool looks at the following criteria to assess the residents risk:</p> <ol style="list-style-type: none"> (1) Prior victim of sexual abuse; (2) Prior victim of physical abuse; (3) LGBTI or Gender Non-Conforming; (4) Youthful age under 21 or elderly over 65; (5) Convictions for sex offense against a child or adult; (6) Small Stature/Build (<5'5", 140lbs male, <5', 100lbs female); (7) Current development disability/mental illness; (8) Physical disability; (9) Offender expresses fear for personal safety; (10) First time in a correctional facility; and, (11) Criminal history non-violent only. <p>There are 7 questions on the aggressor screener with the option to check either yes or no depending on the residents history. They are flagged as likely a PREA aggressor if they answer yes to the first question or have a total of 3 or more yes' throughout the document.The SVAT potential aggressor tool looks at the following criteria to assess the residents risk:</p>

- (1) Perpetrator of sexual abuse during incarceration;
- (2) Conviction for a sex offense against an adult or child;
- (3) Prior conviction for violent offense;
- (4) History of assaultive conduct in DOC last 5 yrs;
- (5) STG (security threat group/gang) identification/activity/involvement;
- (6) Imposing/Large Build; and,
- (7) Institutional conduct history for consensual sex act last 5 yrs.

There is a 30 day participant safety check-in that is conducted to reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It is a 9 question document that gives the option to answer between strongly agree to strongly disagree on the first 6 questions. The last 3 questions ask for the resident to fill in the answers based on their opinions of their experience thus far.

The facility policy also states that a resident's risk shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. However, residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during these assessments.

The auditor was given copies of all of the signature pages for any new resident within the last 12 months that was sentenced to the facility. All resident interviews confirmed that PREA was the first information received upon entry to the facility and that it occurred prior to them being placed in a the housing pod. Because intakes typically are only Monday-Friday between 8a-4p, there is always staff present to conduct this process.

Residents also reported having their safety reviewed every 30 days since their arrival or after any event that may be cause for their previous views to change. They trust the process and believe that staff of the facility want to ensure their sexual safety at all times.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The information that is obtained from the Sexual Violence Assessment Tool (SVAT) that is completed within 72 hours of arrival is used in conjunction with medical documentation and input from the residential supervisor and director of court services to make a determination about what is best for the resident that allows the safety and the security of the institution to not be compromised. Decisions about housing, bed, work, education and program assignments are made with the goal of keeping residents are risk of being sexually victimized separated from those at risk of being sexually abusive. While both populations shall not interact, there is not intention to create a victim or abuser pod.</p> <p>Bartholomew County will make individualized determinations about how to ensure the safety of each resident. All documentation is signed and dated by the Community Corrections Director.</p> <p>Staff have been trained on the proper searching techniques for transgender/intersex/transitioning residents. Both the curriculum and training records were provided to the auditor during the onsite portion of the audit.</p> <p>In deciding whether to assign a transgender or intersex resident to a male or female pod and any other housing and programming assignments, it shall be considered on a case-by-case basis. The transgender or intersex resident is allowed to provide their own perspective on the views of his or her own safety and it is given serious consideration. They are also given the opportunity to shower separately from other residents. Because all of the showers and toilets are in individual stalls, the concern about communal access is not a hindrance. However if this didn't suffice and either party felt additional precautions need to be taken, the facility is prepared to designate showering times to restrict movement based on the individuals needs.</p> <p>There is not a designated unit or wing for housing residents who identity as lesbian, gay, bisexual, transgender or intersex (LGBTI+). Neither is their identification as part of the LGBTI+ community an indicator of likelihood of being sexually abusive. During the resident interviews, very few residents even knew what the acronym LBGQTQ+ stood for and once it was explained, they were completely unphased. The residents who identified as belonging to the community didn't feel that they were treated any differently than their counterparts and felt safe.</p>

115.251	Resident reporting
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 488">Bartholomew County Community Corrections provides the residents with multiple different internal and external methods for privately reporting sexual abuse/harassment and retaliation. This information is found in the different facility handbooks as well as on posters hung throughout the facility in the common areas.</p> <p data-bbox="252 533 1474 775">Reports can be made by notifying a staff member, case manager, probation officer or parole officer. Residents may file a grievance directly with the Director of Residential Services or dial *812 from the pod phones to speak to a sheriff detective or call the verified PREA Hotline. They may also file a report at the Columbus Police Department or the Bartholomew County Sheriff's Department with each respective address provided. All of these reporting methods can be done anonymously.</p> <p data-bbox="252 819 1474 1106">Interviews with the residents confirmed that education on PREA, reporting and how to protect themselves was disseminated immediately upon arrival and prior to being given access to the facility or housing units. They were able to communicate that anonymous reports would be accepted no matter what reporting method selected. Every resident reported feeling safe in the facility and trust with no hesitation that if someone is the victim of a PREA event, it would be investigated, they would receive the necessary follow up medical and mental health treatment and that the facility would support them in any manner necessary.</p> <p data-bbox="252 1151 1426 1267">The auditor was provided copies of the handbooks for all 4 programs as well as visual verification of flyers/posters hung throughout the facility that provides a definition of PREA, contact information for outside agencies and reporting instructions.</p> <p data-bbox="252 1312 1474 1473">Memorandums of Understanding (MOU) exist between Bartholomew County Court Services and both local law enforcement as well as the sheriff's department. The MOU's express what responsibility each organization has once made aware of allegations that present as sexual abuse or sexual harassment in nature.</p> <p data-bbox="252 1518 1474 1715">The staff are required to accept reports made verbally, in writing, anonymously and from third parties and shall be promptly documented on an incident report and turned in prior to leaving at the end of the shift. Staff are expected to notify the Director immediately upon notification. Staff interviews confirmed that this is the expected practice and that they understand their obligations concerning this standard.</p> <p data-bbox="252 1760 1474 1877">The policy also states that staff or residents can report staff neglect or a violation of responsibilities that may have contributed to the allegations. This can be done using all of the previously stated reporting methods, along with the ability to do it anonymously.</p> <p data-bbox="252 1921 1474 2074">Staff interviews also confirmed that the culture of the facility is one of safety for everyone within its confines. All staff agreed without hesitation that reports would be taken seriously, investigations would be launched and consequences would be given, if warranted, including criminal prosecution.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bartholomew County Community Corrections has a grievance policy that allows residents to file reports anonymously, directly to the Director and without any time limitations. Residents are not required to present the grievance to a staff member that may be the subject of the complaint, nor is that grievance referred to the staff member who may be the subject of the complaint. Residents are notified of using a grievance as a reporting method through the facility posters that are hung in the common areas.</p> <p>The auditor was provided a copy of the grievance and verified that the forms are available in each pod.</p> <p>In regard to time limits on grievances, only the portion of a grievance that is not pertaining to allegations of sexual abuse are subjected. There is no requirement to use any informal grievance process or to attempt to resolve it with staff. It is required that a final agency decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing. This 90-day period doesn't include the time consumed by the resident in preparing any administrative appeals. If an extension is needed, the agency may have up to 70-days if the normal time period for response is insufficient to make an appropriate decision. It is required that the resident be notified in writing of any such extension and be provided a date by which a decision will be made. At any level of this process, if the resident doesn't receive a response, within the time allotted for a reply, including an extension, the resident may consider the absence of a response to be a denial at that level.</p> <p>Third parties, including fellow residents, staff members, family members, attorneys and outside advocates are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and are permitted to do so on behalf of the resident. If a third party files a request on behalf of the resident, Bartholomew County requires that the alleged victim agree to have the request filed and to personally pursue any subsequent steps in the administrative remedy process. If the resident declines the request on their behalf, it shall be documented with the resident's signature.</p> <p>A copy of the declination of investigation for 3rd party allegations was provided to the auditor. It asks information as to the details of the allegations, all parties involved, whether the report was personal or anonymous and gives the resident the opportunity to ask for an investigation to be conducted or for it to be treated as unfounded and end at that moment. Both the resident and Director must sign and date the form to prove validity.</p> <p>Residents are allowed to file an emergency grievance alleging a substantial risk of imminent sexual abuse. That grievance will immediately be forwarded to a staff in which immediate corrective action may be taken and shall provide an initial response within 48hours and shall issue a final agency decision within 5 calendar days. The initial response and the agency's final decision documentation provides the determination about whether the risk of imminent sexual abuse is substantial and the action taken in response to the emergency grievance.</p>

Bartholomew County only disciplines a resident for filing a grievance related to alleged sexual abuse where it can be demonstrated that it was done in bad faith.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the pre-audit phase, the designated outside victim advocacy program was Turning Point Domestic Violence Center, but there was no Memorandum of Understanding (MOU) in Place. After discussion with the auditor during the onsite phase, the Director decided to seek out a different agency to aid in compliance with the PREA standards. Now Community Downtown is the chosen partner to provide victim advocacy services. All policies, documentation, handbooks, flyers and any other written notifications have been updated to provide updated contact information.</p> <p>Community Downtown is an initiative of the Community Church of Columbus wherein services are provided by marriage, family, recovery and individual issues. There is an off-site facility that houses counseling and various support groups for the community and provide counseling that is both Biblical and clinically effective. Services are offered, on a limited basis, in Spanish, Korean and Mandarin Chinese.</p> <p>On 4/13/21, the auditor called the provided contact number to ensure the validity of the program and its operational standards. The call was answered by a voicemail giving multiple options for making a connection including speaking to specified staff or leaving a message for a receptionist to call you back.</p> <p>The MOU provides the expectations of Bartholomew County Community Corrections as well as that of Community Downtown. Bartholomew County agrees to make aftercare/advocacy services available at no cost to the victim with the understanding that they will cover payment of services if no insurance is available. There is an agreement that referrals will be made for services and that administrative investigations will be conducted to determine if law enforcement needs to be notified. Transportation will be provided by the facility and that communication efforts will be reasonable and as confidential as possible.</p> <p>Community Downtown agrees to provide advocacy services to the residents of the facility. They agree to accept reports of abuse verbally, in writing, anonymously and from 3rd parties in connection with Bartholomew County Community Corrections. All allegations shall be reported within 48 hours to the facility director. All billing beyond that covered by insurance shall be forwarded to the agency for payment.</p> <p>The memorandum will be reviewed bi-annually and updated as deemed necessary and requires a signature from a representative of both agencies.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bartholomew County extends 6 ways for a third party to report sexual abuse and sexual harassment by making the PREA poster available on the facility website as well as throughout the facility. All third parties can report by telling a staff member, calling the BCCC PREA Hotline, or making a report directly to Columbus Police Department and/or the Bartholomew County Sheriff's Department. Staff and resident third party reporters can file a grievance with the Director or dial *812 from the pod phones to speak with a Sheriff Detective.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 618">The training provided to all staff gives detailed instructions as to their responsibility once being made aware of potential or confirmed sexual assault or sexual harassment. Staff are required to report immediately any suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred within the facility, regardless of whether or not it is part of the agency. Staff are required to report retaliation towards residents or staff who reported the incident and or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="252 663 1476 819">Information is only disseminated on a need to know basis. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report unless it is necessary to make treatment, investigation and other security and management decisions.</p> <p data-bbox="252 864 1388 931">Because there are no medical or mental health practitioners employed by Bartholomew County Community Corrections, this portion of the standard is non-applicable.</p> <p data-bbox="252 976 1476 1133">All of the staff understand their obligations as mandatory reporters regardless of the status of the person for whom the abuse is being reported. If a resident shares that they believe abuse is happening beyond the facility, the staff notified will be required to make a formal report with child or adult protective services or any other agency necessary for a proper investigation.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Once the facility is made aware that a resident is subject to a substantial risk of imminent sexual abuse, immediate action to protect the resident shall occur. During the interviews, all staff understood what imminent danger meant and that they are to immediately act upon it based on the information provided. Staff stated that their first step would be to ensure the protection and comfort of the resident who is concerned for their safety and that isolating them or removing them from the pod or potential danger would be the first action. Staff also articulated that if the 2 highest ranking staff of the facility were the source of the fear, that they could reach out to the Director of Court Services for further instructions.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>If during intake or anytime during the incarceration period, a resident reports being victimized in a previous confined facility, the Director of Residential Services will notify the head of that facility in writing within 72hours of being made aware. This is done with the expectation that the secondary agency shall ensure that the allegations are investigated based on these standards.</p> <p>It is also the expectation that if the Director of Bartholomew County Residential Services receives written notification from a secondary department head alleging that abuse took place within the work release on a resident who is no longer in custody, that an investigation will ensue.</p>

115.264	Staff first responder duties
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1452 436">The PREA policy on the official response following a resident report with staff first responder duties outlines the expectations for security staff members, volunteers, contractors and the director.</p> <p data-bbox="252 481 1484 683">Security Staff members are required to fill out the Sexual Assault First Responder Checklist which is a pre-printed 2 page document that is broken down into three columns; task, first responder initials/date and time completed and comments. The first page is the responsibilities of the first responder with a place to sign and date, the second page is the responsibility of the Director or Residential Supervisor, with the corresponding signature and date.</p> <p data-bbox="252 728 702 761">The first responders tasks include:</p> <ul data-bbox="295 828 1452 1209" style="list-style-type: none"> • Separate victim and abuser and place both in a safe location that maintains confidentiality; • Advise victim and abuser not to take any actions that could destroy physical evidence: washing, showering, brushing teeth, chewing gum, changing clothes urinating, defecating, smoking, drinking, or eating; • Preserve and Protect the crime scene until evidence can be collected; • Notify the Director of Residential Services or in the Directors absence, notify the Residential Supervisor; and, • Complete Incident Report and place it in a sealed envelope in the Directors mailbox. <p data-bbox="252 1243 965 1276">The Director/Residential Supervisor Checklist includes:</p> <ul data-bbox="295 1344 1452 1937" style="list-style-type: none"> • Ensure that the victim and abuser have been separated; • Preserve and protect the crime scene until evidence can be collected; • Instructions in the event the victimization took place in the past 96 hours to preserve biological evidence; • Contact Columbus Regional Health to initiate a sexual assault nurse exam (SANE) for the purpose of forensic evidence collection; • Transport the victim to Columbus Regional Health; • Notify victim of advocate services, at no cost, through Community Downtown; • If victim requests the victim advocate, contact Community Downtown and advise that their services are needed; • Contact the Prosecutors office to initiate the investigation; • Notify the Director of Court Services; • Notify the referring Judge; and, • Complete Incident Report. <p data-bbox="252 1971 1460 2139">If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. This information is conveyed through trainings and PREA acknowledgement forms.</p>

115.265	Coordinated response
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1455 488">There is a written institutional plan that coordinates the actions to be taken by staff first responders and facility leadership. This plan does not include expectations for medical and mental health practitioners or investigators because they are not employees of Bartholomew County Community Corrections.</p> <p data-bbox="252 533 1477 734">The institutional plan requires everything to be properly documented and disseminated on a need to know basis. It is imperative that both the victim and abuser are kept safe, under surveillance and to preserve biological as well as environmental evidence while preserving the scene. Once established that a sexual assault did occur, law enforcement, sexual assault forensic exams and victim advocacy partners are contacted.</p> <p data-bbox="252 779 1465 813">This information can be found in the facility PREA policy and on the first responders checklist.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard is non-applicable as there are no current or renewed collective bargaining agreements in place. In the event the agency does enter into a contract, nothing in this standard shall restrict the conduct of the disciplinary process or whether a no-contact assignment imposition pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following an allegation what was not substantiated.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA policy provides protection for all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations of this nature from retaliation by other residents or staff. The Director is the designated staff who is charged with monitoring retaliation. Some potential protection measures include housing changes, transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with the victim and emotional support services for residents or staff who fear retaliation for reporting or cooperating with investigations.</p> <p>For at least 90 days following a report of sexual abuse, Bartholomew County Community Corrections shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, individuals who cooperated with the investigation who express fear and or resident victims to see if there are changes that may suggest possible retaliation so that it can be immediately remedied. Items monitored will include resident disciplinary reports, housing or program changes, negative performance reviews or reassignments for staff. If necessary, the monitoring can go beyond the 90day minimum if warranted. This will also include periodic status checks with the termination of obligation if the allegation is unfounded.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>When allegations of sexual abuse and sexual harassment investigations are conducted by Bartholomew County Community Corrections, they are to be done so promptly, thoroughly and objectively for all including third-party and anonymous reports. If the allegations are sexual abuse in nature, it will be transferred to Law Enforcement for a thorough investigation. Staff of the work release will preserve all biological evidence from the victim and/or perpetrator as well as environmental evidence through securing the scene until investigators are present to take over.</p> <p>Investigators are to have specialized training in sexual abuse so that they are able to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. They will interview alleged victims, suspected perpetrators and witnesses as well as reviewing any available electronic monitoring data. Prior complaints shall be reviewed and any reports of sexual abuse involving the suspected perpetrator.</p> <p>When the quality of the evidence appears to support criminal prosecution, the agency will only conduct compelled interviews after consulting with prosecutors as to whether they may be an obstacle for subsequent criminal prosecution.</p> <p>The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. A resident who alleges sexual abuse shall not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation of such an allegation.</p> <p>Criminal investigations are to be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence with attached copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. All written reports shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for termination of an investigation. Any state entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. When an outside agency investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>For administrative investigations, an effort to include a determination of whether staff actions or failures to act contributed to the abuse shall be a part of the process. Furthermore, the investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There will be no imposition of a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.273	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Following an investigation into a resident's allegation of sexual abuse suffered in the facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Substantiated means that evidence was provided that supported or proved the truth of the allegation. Unsubstantiated means that the evidence was not proven to be true or supported. Unfounded means having no foundation or basis in fact. If the investigation was conducted outside of the organization, the agency shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>Allegations against staff members of sexual abuse against a resident requires the agency to inform the resident (unless it has been determined to be unfounded) whenever:</p> <ul style="list-style-type: none"> ● The staff member is no longer posted within the residents unit; ● The staff member is no longer employed at the facility; ● It is learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or ● It is learned that the staff member has been convicted on a charge related to sexual abuse within the facility. <p>Following a resident's allegation that they were sexually abused by another resident, Bartholomew County will inform the alleged victim whenever:</p> <ul style="list-style-type: none"> ● The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or ● The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p>All notifications or attempted notifications shall be documented. The obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA policy on disciplinary sanctions for staff provides the expected practices should a staff be found to be in violation. Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policy, with termination being the presumptive disciplinary sanction for staff who engage in sexual abuse. The sanctions for violations of policy relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Based on the policy on corrective action for contractors and volunteers, any person who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Appropriate remedial measures shall be taken to consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Residents are 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 following a criminal finding of guilt for the same. The sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p>Resident discipline for sexual contact with staff occurs only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute a false report, an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>All sexual activity between residents are prohibited and are considered misconduct and a violation of the work release rules. The activity does not constitute sexual abuse if it is determined that it was not coerced. Any substantiated acts of sexual misconduct between residents will result in the immediate incarceration of involved participants in the Bartholomew County Jail.</p> <p>This information is found in each of the different program handbooks. All include information on PREA and the disciplinary process if found to be in violation. The handbook provides definitions for the different types of offenses and violations as well as expected consequences. It describes the disciplinary hearing process and their rights.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Resident victims of sexual abuse are to receive timely, unimpeded access to emergency medical treatment through Columbus Regional Health Hospital and crisis intervention services through Community Downtown. The nature and scope of services are to be determined by the medical and mental health practitioners employed by these two agencies according to their professional judgment.</p> <p>Because there are no medical or mental health practitioners employed through Bartholomew County Community Corrections, security staff first responders will take the preliminary steps to protect the victim and will immediately notify the appropriate agency that services are needed.</p> <p>Resident victims of sexual abuse will be offered timely information about sexually transmitted infection prophylaxis and access to emergency contraception, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A resident who has been victimized by sexual abuse in any prison, jail, lockup or juvenile facility shall be offered medical and mental health evaluations by community partners as appropriate. It shall be consistent with the community level of care. The evaluation and treatment of victims could include 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.</p> <p>Because there are female residents, victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and timely, comprehensive information about all lawful pregnancy-related medical services.</p> <p>All gender victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The facility shall 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.</p> <p>Per policy, if the allegation involves another program participant, immediate action shall be taken by the Director to remove the alleged perpetrator by filing a petition with the referring court to revoke probation/placement in Bartholomew County Court Services. The Prosecutors office shall be contacted for appropriate criminal charges if applicable. The alleged victim shall be notified if any criminal charges have been filed.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Because there have been no reports or allegations of sexual abuse within the past 12 months, the policy has to be used as the guideline for what is to occur in the event of an investigation with substantiated or unsubstantiated outcomes. An incident review will be conducted by upper-level management officials, with input from line supervisors, at the conclusion of every sexual abuse investigation within 30days. The review team will consider the need for a policy update to practice better prevention, detection or response to sexual abuse. It will also consider whether the incident or allegation was motivated by race; ethnicity; gender identity, LBGTI+ identification, status or perceived status, gang affiliation or was motivated or caused by other group dynamics at the facility.</p> <p>The physical barriers in the area wherein the abuse alleged to have occurred would be examined for the potential to enable abuse. The adequacy of staffing levels during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff. A report is to be prepared including determinations based on the fact findings and any recommendations for improvement. Due to the fact that this is a singular agency, the facility head/PREA Coordinator would be a part of the process and be aware of the report. It is expected that the facility will implement the recommendations for improvement or shall document its reasons for not doing so.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bartholomew County collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and a set of definitions. This data is aggregated annually and made available to the public through the facility website. The data collected includes the minimum requirements of the Survey of Sexual Violence conducted by the Department of Justice. All data shall be maintained, reviewed and collected from all available incident based documents including reports, investigation files and sexual abuse incident reviews. Upon request, the agency shall provide all data from the previous calendar year to the Department of Justice not later than June 30.</p> <p>The statistical information covers all events from 2011 through 2019. It provides definitions for sexual assault, sexual harassment and staff sexual misconduct as well as substantiated, unsubstantiated and unfounded. The report separates the number of events depending whether it was resident on resident or staff on resident allegations. It is broken down into reports/investigations/results of investigation or whether it is ongoing. Some demographic information is provided between both males and females based on the population on 12/31 of that year, new intakes and the average daily population.</p> <p>Because there are no private facilities under contract for the confinement of its residents, this portion of the standard is not applicable.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bartholomew County Community Corrections shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including:</p> <ul style="list-style-type: none"> • Identifying problem areas; • Taking correction action on an ongoing basis; and • Preparing an annual report of its findings and corrective actions. <p>The report shall include a comparisons of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. This report is approved by the Director and is made readily available to the public through its website.</p> <p>The original reports on the website were missing some required information but have since been updated to reflect the deficiencies. The 5 year aggregation of statistical information for both 2020 and 2021 were updated to include details about allegations, the outcomes of the allegations, corrective actions and the statement regarding the right to redact material that would present a clear and specific threat to the safety and security of the facility.</p> <p>There is now a PREA comparison of 2018, 2019 and 2020 that is a report separate from the statistical chart. Because there have been no allegations during this last 12month period, it was simply a matter of spelling the information out in word form rather than just terms and numbers of events.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	All data collected is securely retained and maintained for at least 10 years after the date of the initial collection. The aggregated sexual abuse data is readily available to the public annually through its website.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The last PREA onsite audit was conducted on August 11, 2016, by this auditor. The process to schedule the audit began in spring/summer 2020 but due to Government Offices being closed to the public due to COVID-19 and policy changes to reduce unnecessary contact, it was scheduled for February 2-5, 2021.</p> <p>The Director provided the auditor picture proof on 12/18/2020 of the notifications hung approximately throughout the facility advertising the upcoming PREA audit. This was approximately 6 weeks prior to the scheduled onsite portion of the audit. Interviews with residents confirmed that they were aware over a month prior to the auditors arrival. The notifications provided contact information for the auditor as well as describing the purpose of the audit and that reports could be accepted anonymously.</p> <p>On 1/29/21, the Director contacted the auditor due to a couple new positive cases of COVID-19 in the facility and the need to quarantine those individuals. It was decided not to do the audit until it was safe for both staff and residents of Bartholomew County Community Corrections and the auditor to meet all the requirements of the standards including the onsite portion. An inability to personally interview residents/staff/volunteers/contractors, conduct an in-person physical plant observation and review files randomly at the auditors selection would have been a violation of the standards and therefore not acceptable.</p> <p>Once the residents were returned to general population, the auditor and Director decided on a new date of March 1-3, and new notifications replaced the original flyers.</p> <p>The auditor was provided all requested documentation, access to any digital or technological footage, a tour of the facility in its entirety including personal offices and storage rooms. There was no prohibition or hesitation in fulfilling any requests by the Director for the auditor.</p> <p>The auditor was placed in a classroom to conduct in-person, confidential interviews. All requested interviewees agreed to speak to the auditor. The auditor intentionally met with any staff or residents available on a 24 hour clock. This ensures that staff and residents who are not in the building during typical business hours had the same access to resources afterhours and on weekends.</p> <p>The auditor has continued to verify that no mail has been received in connection to this agency and its policies regarding PREA.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	On 1/15/21, the auditor was able to find the previous 2016 PREA Audit final report on the Bartholomew County Website using the search option.

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

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

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	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 less than 50 residents)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

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

	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?	
	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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

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

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above).	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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
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)).	na
	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)).	na
	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)).	na
	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)).	na
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).)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

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

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

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

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	no
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

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

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

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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

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

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

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

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes