

PREA Facility Audit Report: Final

Name of Facility: Community Assessment & Treatment Services Main Campus

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/22/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Lori McGrady	Date of Signature: 10/22/2024

AUDITOR INFORMATION	
Auditor name:	McGrady, Lori
Email:	lori.mcgrady2021@gmail.com
Start Date of On-Site Audit:	09/09/2024
End Date of On-Site Audit:	09/10/2024

FACILITY INFORMATION	
Facility name:	Community Assessment & Treatment Services Main Campus
Facility physical address:	8411 Broadway Avenue, #3932, Cleveland , Ohio - 44105
Facility mailing address:	Ohio

Primary Contact

Name:	Geof Allan
Email Address:	gallan@communityassessment.org
Telephone Number:	2162065210

Facility Director	
Name:	Louis LaMarca
Email Address:	llamarca@communityassessment.org
Telephone Number:	216.206.5205

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

Facility Characteristics	
Designed facility capacity:	211
Current population of facility:	85
Average daily population for the past 12 months:	104
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:	19-72
Facility security levels/resident custody levels:	Community Confinement
Number of staff currently employed at the facility who may have contact with	73

residents:	
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:	8

AGENCY INFORMATION	
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Name of agency:	Community Assessment & Treatment Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	8411 Broadway Avenue, Cleveland, Ohio - 44105
Mailing Address:	
Telephone number:	216-441-0200

Agency Chief Executive Officer Information:	
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Name:	John Scalish
Email Address:	jscalish@communityassessment.org
Telephone Number:	216-206-5212

Agency-Wide PREA Coordinator Information			
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Name:	Geoff Allan	Email Address:	Gallan@communityassessment.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-09-09
2. End date of the onsite portion of the audit:	2024-09-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>Outreach</p> <p>As part of the auditor's outreach efforts, communication was initiated with community-based organizations and victim advocates to gain insights into the conditions of the facility. On September 18, 2024, the auditor reached out to the Cleveland Rape Crisis Center and Cornerstone of Hope, both of which have a Memorandum of Understanding (MOU) with the agency.</p> <p>The Cleveland Rape Crisis Center confirmed that they provide advocates to assist victims during investigations and Sexual Assault Nurse Examiner (SANE) examinations for cases of sexual assault. They assured the auditor that this support is available to all victims. Additionally, the Cornerstone of Hope offers grief counseling services to clients at CATS and confirmed that they would extend these services to instances of sexual assault as well.</p> <p>The Agency Head noted that all clients are transferred to local SANE units, which operate 24 hours a day. The auditor verified through internet research that there are multiple 24-hour SANE units available in the area, ensuring access to critical services for clients in need.</p>
<p>AUDITED FACILITY INFORMATION</p>	
<p>14. Designated facility capacity:</p>	<p>211</p>
<p>15. Average daily population for the past 12 months:</p>	<p>124</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>4</p>

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>80</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	6
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>During the onsite audit, the auditor conducted targeted interviews with five residents to gain insight into the characteristics of the facility's population over the past 12 months. Among those interviewed, one resident identified as having limited English proficiency, one resident had a cognitive disability, and one resident identified as gay. Additionally, two residents reported experiences of sexual victimization during the intake screening process, while another resident disclosed an instance of sexual harassment. To meet the minimum interview requirements, the auditor also conducted additional random interviews with other residents. These interviews highlight the diverse needs and vulnerabilities within the resident population, indicating areas where targeted support and resources may be necessary to ensure the safety and well-being of all individuals in the facility.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>92</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>As of the first day of the onsite portion of the audit, the auditor formally interviewed 12 staff members and 1 intern. Many staff members held multiple roles within the facility, contributing to a diverse range of responsibilities. The agency employs a total of 91 individuals, with varying roles and availability between full-time and part-time positions. In addition to the formal interviews, the auditor conducted several informal interviews during walkthroughs of the facility to gain a deeper understanding of facility processes and operations. This approach allowed for a more comprehensive insight into the characteristics and dynamics of the staff present at the facility.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>To ensure a geographically diverse sample of random inmate/resident/detainee interviewees, the auditor utilized a systematic approach during the interview process. This involved selecting individuals from various housing units and dormitories within the facility to capture a broad representation of the population. By randomly choosing residents from different areas, the auditor aimed to include those who may have varied experiences and perspectives based on their specific locations within the facility. Additionally, the auditor ensured that interviews covered a range of demographics, including different age groups, backgrounds, and circumstances, to further enhance the diversity of the sample. This approach facilitated a more comprehensive understanding of the residents' experiences and needs.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor did conduct additional random interviews in order to gain a deeper understanding and ensure a diverse representation of the population.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>To determine the presence of the targeted population in the audited facility, the auditor employed a range of corroboration strategies. This included conducting several formal and informal interviews with both clients and staff during the walkthrough. These interactions aimed to elicit information regarding the existence of specific resident categories that required targeted interviews. Despite these efforts, the auditor found no residents who fit the identified categories, and the facility also confirmed that they had not identified any residents within this demographic. This suggests that, as of the audit period, the targeted population was not represented in the facility.</p>

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>To determine the presence of the targeted population in the audited facility, the auditor employed a range of corroboration strategies. This included conducting several formal and informal interviews with both clients and staff during the walkthrough. These interactions aimed to elicit information regarding the existence of specific resident categories that required targeted interviews. Despite these efforts, the auditor found no residents who fit the identified categories, and the facility also confirmed that they had not identified any residents within this demographic. This suggests that, as of the audit period, the targeted population was not represented in the facility.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>To determine the presence of the targeted population in the audited facility, the auditor employed a range of corroboration strategies. This included conducting several formal and informal interviews with both clients and staff during the walkthrough. These interactions aimed to elicit information regarding the existence of specific resident categories that required targeted interviews. Despite these efforts, the auditor found no residents who fit the identified categories, and the facility also confirmed that they had not identified any residents within this demographic. This suggests that, as of the audit period, the targeted population was not represented in the facility.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>To determine the presence of the targeted population in the audited facility, the auditor employed a range of corroboration strategies. This included conducting several formal and informal interviews with both clients and staff during the walkthrough. These interactions aimed to elicit information regarding the existence of specific resident categories that required targeted interviews. Despite these efforts, the auditor found no residents who fit the identified categories, and the facility also confirmed that they had not identified any residents within this demographic. This suggests that, as of the audit period, the targeted population was not represented in the facility. However, the auditor did interview one resident who reported sexual harassment.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This is not applicable. This facility does not have segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>In selecting targeted inmates/residents/detainees, the auditor encountered several considerations and challenges. While the goal was to ensure a representative sample, certain populations, such as those who reported sexual victimization during screening were oversampled to gain deeper insights into their unique experiences. However, barriers to completing interviews included the unavailability of some residents due to participation in programs or medical appointments, which limited the ability to conduct interviews with all selected individuals. The auditor did conduct additional random interviews in order to gain a deeper understanding and ensure a diverse representation of the population.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

When selecting random staff interviewees, the auditor considered several key characteristics to ensure a comprehensive and representative sample. These included the length of tenure in the facility, shift assignment, work assignment, and rank. Additionally, gender was a significant factor in the selection process, particularly in a co-ed facility. It was essential to interview both male and female staff members to effectively assess compliance with PREA standards related to cross-gender viewing and search protocols. This approach ensured that the auditor gathered diverse perspectives and insights from staff across various roles within the facility.

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>While selecting and interviewing random staff, the auditor aimed to capture a diverse range of perspectives across different roles and responsibilities within the facility. However, due to the limited number of available staff during the onsite audit, there was a necessity to conduct interviews primarily with those present at the time. This may have inadvertently led to an oversampling of certain roles, particularly those with greater availability during the audit period. Additionally, the auditor faced challenges in accessing contracted staff, such as the nurse and doctor, who were not onsite. Despite these barriers, the auditor was able to engage with a variety of staff members, ensuring a breadth of insights regarding the facility's operations and compliance with PREA standards.</p>
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Specialized Staff, Volunteers, and Contractor Interviews

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

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>19</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

79. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	<p>In addition to the standard interviews, the auditor engaged with a variety of specialized staff roles, including training staff, food services staff, grievance staff, IT staff, mailroom staff, and maintenance staff. Furthermore, informal interviews were conducted with all staff involved in these processes to ensure a thorough understanding of their roles and functions within the facility. This approach facilitated a more accurate and holistic perspective on the facility's compliance with PREA standards.</p>
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The agency identified two contractors, a nurse and a doctor, who were unfortunately unavailable during the onsite audit. However, the auditor was able to interview their supervisor and the Agency Head to ensure compliance with PREA standards related to their roles. Additionally, the agency identified one current intern, classified as a volunteer, who was present and interviewed during the audit. No other current volunteers were identified by the agency or identified by the auditor while onsite.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the site visit, the auditor observed the intake process from start to finish, gaining insight into the procedures and interactions involved. Additionally, the auditor was able to witness a search being conducted and received a thorough overview of the enhanced search protocols in place. Throughout the onsite audit, several informal conversations were held with both staff and residents, contributing to a deeper understanding of the facility's operations and dynamics.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The auditor conducted a comprehensive review of various documentation, including client files, staff files, and investigative files. Each staff file contained essential elements such as reference checks, thorough background checks, PREA-related questions from the interview process and application, as well as training records for all personnel. Client records provided insights into screening results, intake information acknowledgments (including handbook reviews), and client orientation records. Since the agency did not have any investigations during the 12-month lookback period, the auditor requested to review all investigations conducted since the last audit. This resulted in the review of five investigative files, which encompassed response initiatives, investigatory interviews, outcomes, disciplinary records, notifications, and sexual abuse incident reviews. The thoroughness of the documentation reviewed ensured a comprehensive understanding of the agency's adherence to PREA standards.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

Since the agency did not have any investigations during the 12-month lookback period, the auditor proactively requested to review all investigations conducted since the last audit. This approach was taken to ensure a thorough understanding of the agency's investigative processes and compliance with PREA standards. The agency willingly provided three sexual abuse investigative files, all of which involved resident-on-resident incidents. In addition, none of the cases reviewed are still ongoing, were referred for criminal prosecution, or resulted in indictments, convictions, or acquittals. This thorough documentation review allowed the auditor to assess the effectiveness of the agency's response protocols and adherence to PREA standards comprehensively.

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The agency did not have any sexual abuse investigations during the audit lookback timeframe. However, at the auditor's request, they provided three sexual abuse investigations conducted during the audit cycle. All three cases involved resident-on-resident incidents. The outcomes of these investigations were as follows: one was classified as unfounded, one as unsubstantiated, and one as substantiated. This information helped to assess the agency's handling of sexual abuse allegations and adherence to PREA standards.

Sexual Harassment Investigation Outcomes

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

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

Since the agency did not have any investigations during the 12-month lookback period, the auditor proactively requested to review all investigations conducted since the last audit. This approach was taken to ensure a thorough understanding of the agency's investigative processes and compliance with PREA standards. The agency willingly provided two sexual harassment investigative files, all of which involved resident-on-resident incidents. In addition, none of the cases reviewed are still ongoing, were referred for criminal prosecution, or resulted in indictments, convictions, or acquittals. This thorough documentation review allowed the auditor to assess the effectiveness of the agency's response protocols and adherence to PREA standards comprehensively.

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The agency did not have any sexual harassment investigations during the audit lookback timeframe. However, at the auditor's request, they provided two sexual harassment investigations conducted during the audit cycle. Both cases involved resident-on-resident incidents. The outcomes of these investigations were as follows: one was classified as unfounded, and one as unsubstantiated. This information helped to assess the agency's handling of sexual abuse allegations and adherence to PREA standards.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

3

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

Yes

No

NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>When selecting and reviewing sexual abuse and sexual harassment investigation files, the auditor focused on ensuring a comprehensive understanding of the agency's investigative processes and adherence to PREA standards. Each file was examined for key elements such as the thoroughness of the investigations, the adequacy of evidence collection, and the implementation of appropriate corrective actions following the findings.</p> <p>Furthermore, the auditor noted the importance of reviewing the agency's documentation practices, including how outcomes were communicated to involved parties and any subsequent actions taken against staff or residents. The availability of clearly defined policies and procedures for conducting investigations also played a crucial role in this review. Overall, the selection and review process aimed to evaluate the agency's commitment to maintaining a safe environment and addressing incidents of sexual abuse and harassment effectively.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Staff Training Files 3. Client Handbook Acknowledgements 4. Client Orientation Acknowledgements 5. Client Training Materials 6. Staff Training Materials 7. Organization Chart

Interviews:

1. PREA Coordinator/CQI Director
2. Random Staff and Inmates

Observations:

1. Postings in Facility
2. Surveillance throughout facility

Findings (by provision):

115.211(a)

The agency demonstrates substantial compliance with PREA Standard 115.211, which requires the establishment of a zero-tolerance policy regarding sexual abuse and sexual harassment in accordance with the PREA Standards. The agency's policy, labeled 115.211 under the section "Prevention Planning" and subject "Zero Tolerance and PREA Coordinator," explicitly outlines the organization's commitment to preventing sexual abuse and harassment. This policy addresses the requirements of PREA Standard 115.211(a) by defining prohibited behaviors, outlining procedures for responding to allegations, and detailing prevention strategies. It also aligns with PREA definitions and mandates.

During the interviews, the PREA Coordinator, who also serves as the CQI Director, confirmed their role in overseeing the agency's compliance with PREA standards. They detailed their efforts to implement and monitor the zero-tolerance policy, emphasizing initiatives such as staff training and client education. Staff members demonstrated an understanding of the zero-tolerance policy and could articulate their responsibilities in preventing and reporting sexual abuse and harassment. They confirmed that they receive annual training on PREA rules and regulations. During client interviews, individuals acknowledged being aware of the agency's zero-tolerance policy and mentioned that they were informed about it through the handbook provided at intake. They confirmed receiving the handbook; however, several clients had difficulty recalling whether the information was directly addressed with them in a manner that ensured clear understanding. This indicates that while the zero-tolerance policy is documented and distributed, there may be a gap in effective communication to ensure all clients fully comprehend the policy and their rights.

The agency has implemented the basic policies and procedures outlined in their documentation. Staff receive annual training on PREA standards, with records maintained, and clients are educated on their rights during intake, though some clients may not fully understand this information. Electronic monitoring systems supervise interactions between staff and clients, and an open-door policy is intended to encourage communication. Procedures for reporting and investigating accusations are defined, and the agency removes any staff or clients found to have violated the zero-tolerance policy. The PREA Coordinator oversees compliance

efforts, including policy implementation, staff training, and coordinating responses to incidents, conducting reviews to align with PREA standards.

Based on the policy documentation, designation of a PREA Coordinator, and implementing essential procedures for prevention and response to sexual abuse and harassment, it is evident that the facility substantially complies with the required PREA standards.

115.211(b)

The agency demonstrates compliance with PREA Standard 115.211(b), which requires the designation of an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The agency's policy, as previously referenced under section 115.211 titled "Prevention Planning" and subject "Zero Tolerance and PREA Coordinator," identifies the CQI Director as the PREA Coordinator. The agency provided an organizational chart that illustrates the PREA Coordinator's position within the agency hierarchy, demonstrating his authority to enact necessary changes related to PREA compliance.

Interviews with the PREA Coordinator confirmed that he has sufficient time and authority to develop, implement, and oversee the agency's PREA compliance efforts. He detailed his responsibilities, which include overall compliance with all agency audit standards, coordinating responses to incidents, and conducting regular reviews to ensure alignment with PREA standards. Interviews with the CEO and Clinical Director further confirmed the PREA Coordinator's authority. They acknowledged his role in overseeing PREA initiatives and affirmed that he has the organizational support and resources needed to fulfill his duties. Staff and clients interviewed expressed respect for his authority, indicating an awareness of his role within the agency.

Observations during the onsite visit provided additional evidence that the PREA Coordinator possesses the authority required by the standard. His active engagement in facility operations and interactions with both staff and clients underscore his ability to influence practices and ensure compliance with PREA standards.

Based on the policy documentation and designating an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to oversee compliance efforts across the organization, it is evident that the facility substantially complies with the required PREA standards.

Recommendation:

Enhancing direct education during intake and orientation could improve clients' understanding and awareness, ensuring they are adequately equipped to recognize and report any concerns related to sexual abuse and harassment.

Based on the evidence provided, the facility meets this standard.

	<p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212(a)</p> <p>PREA Standard 115.212(a) states: "A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards."</p> <p>The agency does not contract with other agencies for the confinement of clients. Therefore, PREA Standard 115.212(a) is not applicable to this agency.</p> <p>Conclusion:</p> <p>Since the agency does not engage in contracting for the confinement of clients with private agencies or other entities, compliance with PREA Standard 115.212(a) is not required.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Staffing Plans 3. Meeting Minutes

Interviews:

1. CMS Supervisor
2. Random Staff and Inmates

Observations:

1. Observations of Staffing during Onsite
2. Surveillance throughout facility

Findings (by provision):

115.213(a)

The agency demonstrates substantial compliance with PREA Standard 115.213(a), which requires the development and documentation of a staffing plan to ensure adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. The facility's policy, outlined under the Prevention Planning section with the subject "Supervision and Monitoring," provides clear guidelines on staffing levels, video monitoring, and how the agency considers factors such as facility layout, resident composition, and prior incidents of sexual abuse. The facility provided staffing plans and meeting minutes from 2022 through 2024 to demonstrate their commitment to regularly reviewing and adjusting their staffing needs to maintain a safe environment for residents.

Interviews with the CMS Supervisor confirmed that the staffing plans are reviewed regularly and are designed to ensure sufficient staff coverage to meet the safety and security needs of both staff and residents. The CMS Supervisor noted that the staffing plan is based on key considerations, such as the physical layout of the facility and any incidents of sexual abuse or harassment that have occurred. The Supervisor further emphasized that the review process includes input from various departments to ensure that the plan is comprehensive and tailored to the facility's specific needs.

During the onsite audit, the auditor observed that staffing levels were adequate throughout the facility. Staff and residents consistently reported that the staffing plan ensures sufficient oversight, with female staff working exclusively on the female floor and male staff confirming that they do not work in these areas. The observations during the facility walkthrough further supported the assertion that adequate staffing was maintained in all areas and shifts, in alignment with the agency's documented staffing plan.

Based on the review of policy, staffing documentation, and interviews with key personnel, the facility meets the basic requirements of PREA Standard 115.213(a).

115.213(b)

The facility demonstrates substantial compliance with PREA Standard 115.213(b), which requires that any deviations from the staffing plan be documented and justified. The facility provided confirmation that no deviations from the staffing plan have occurred during the audit period. Policy documents, under the section titled "Supervision and Monitoring," emphasize that any staffing shortages must be immediately addressed, with staff being required to stay over or called in as needed to ensure that adequate staffing levels are maintained at all times.

Interviews with the CMS Supervisor and facility management confirmed that in the rare event of a staffing issue, staff members are expected to cover shifts by staying late or coming in early to maintain compliance with the established staffing plan. The CMS Supervisor indicated that the facility has a system in place to handle staffing adjustments, ensuring that security and safety standards are consistently upheld. Random interviews with staff supported the fact that they are aware of this protocol and have been informed about their responsibilities to cover shifts when necessary.

Although no formal deviations from the staffing plan have been documented during the audit period, the facility has procedures in place to ensure staffing remains adequate even in unforeseen circumstances, the facility is in compliance with PREA Standard 115.213(b).

115.213(c)

The facility demonstrates compliance with PREA Standard 115.213(c), which requires that the facility assess and document whether adjustments are needed to the staffing plan, staffing patterns, video monitoring systems, and available resources at least once per year. The agency provided multiple staffing plans from 2022 to 2024, along with meeting minutes confirming that the staffing plan was reviewed annually. These reviews considered the facility's current staffing patterns, deployment of monitoring technologies, and available resources to ensure adequate staffing levels.

During interviews, the PREA Coordinator, CEO, and CMS Supervisor confirmed that the annual review process was completed in accordance with policy requirements. They detailed the steps taken to evaluate staffing needs and adjustments and noted that no significant changes were required during the last review period. The review process includes assessing the adequacy of video monitoring systems and staffing in areas where incidents of sexual abuse may occur.

Based on the annual review of the staffing plan and monitoring technologies, the facility meets the basic requirements of PREA Standard 115.213(c).

Recommendation:

Formalize the review process further by documenting considerations related to any PREA incidents in a more structured review document to strengthen compliance and ensure all relevant factors are consistently evaluated during future assessments.

	<p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Clinical Director 3. Random Staff and Inmates <p>Observations:</p> <ol style="list-style-type: none"> 1. Observations of Search Process 2. Observation of Search Area 3. Review of Documentation of Approval of Exigent Circumstances 4. Observations of Dorm and Restrooms 5. Observations of Announcements during Walkthrough <p>Findings (by provision):</p> <p>115.215(a)</p> <p>The facility demonstrates compliance with PREA Standard 115.215(a), which prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The agency's policy, under the section "Prevention Planning" and subject "Cross-Gender Searches," explicitly states that cross-gender strip searches are not permitted unless in exigent circumstances. This policy aligns with the requirements of the PREA standard, ensuring that such searches are conducted appropriately and only when absolutely necessary.</p>

Interviews with the PREA Coordinator and Clinical Director confirmed that staff are not permitted to perform strip searches on clients of the opposite gender. Both staff members emphasized that any strip searches conducted in exigent circumstances must be approved by the Clinical Director. Additionally, interviews with random staff reinforced that cross-gender strip searches are not performed and that staff are trained to adhere to this protocol. Random client interviews also corroborated this practice, as clients reported that strip searches are only conducted when there is suspicion of contraband, and in these cases, two same-gender staff members are always present.

During the onsite audit, the auditor was given a detailed walkthrough of the intake and search process. The auditor observed the areas where searches are conducted and was provided with documentation confirming that strip searches are performed only by staff of the same gender as the client. The search areas were appropriately private, ensuring the dignity of the clients during the process.

Based on their policies and adherence to protocols that prohibit cross-gender strip searches, the facility meets the requirements of PREA Standard 115.215(a). The auditor's review of documentation and observations during the site visit, along with staff and client interviews, confirmed that cross-gender searches are not conducted.

115.215 (b)

The facility demonstrates substantial compliance with PREA Standard 115.215(b), which prohibits cross-gender pat-down searches of female residents, absent exigent circumstances, and mandates that facilities not restrict access to programming for female residents to comply with this provision. The agency's policy, Section "Prevention Planning" under the subject "Cross-Gender Searches", confirms that cross-gender searches of female residents are not permitted and that female residents are granted full access to all available programming without restriction to comply with the standard.

During interviews with female clients, all confirmed that they have never been subject to cross-gender pat-down searches. Additionally, male staff members interviewed stated they would never conduct searches on female clients, as they understand the policy strictly limits such searches to female staff. The female staff interviewed also confirmed that they are solely responsible for searching female clients, as per the facility's policy.

During the onsite visit, the auditor was shown the areas where searches take place and was provided with a detailed overview of the search process. This process aligns with the agency's policy and ensures compliance with PREA Standard 115.215(b), providing female clients with adequate privacy and protection during searches, while maintaining their access to all regularly available programming.

Based on the Agency prohibition of cross-gender pat-down searches of female residents and ensuring that no restrictions are placed on their access to programming as a result of compliance with this provision, the facility adheres to PREA Standard 115.215(b). The agency's policy is documented and consistently

followed, as confirmed through client and staff interviews. The auditor's observation of the search process and facilities further supports that the facility has implemented appropriate measures to meet this standard

115.215 (c)

The facility demonstrates substantial compliance with PREA Standard 115.215(c), which requires the documentation of all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female residents. The agency's policy, Section "Prevention Planning" under the subject "Cross-Gender Searches," mandates the documentation of all cross-gender searches in the event they occur. Although this section of the questionnaire was inadvertently left incomplete, the policy explicitly states that such searches must be documented in all instances.

Interviews with the PREA Coordinator and Clinical Director confirmed that no cross-gender searches have taken place due to a lack of exigent circumstances. However, they provided assurance that the process for documenting these searches is in place, should the need arise. Additionally, they demonstrated that same-gender strip searches, when conducted in exigent circumstances for safety and security reasons, are also documented, further underscoring the facility's commitment to transparency.

During the onsite audit, the auditor was shown documentation of same-gender searches that occurred in exigent circumstances, aligning with the facility's policy and procedures. This confirms that the facility maintains records of such events, as required.

Based on the policy, staff training, and documentation practices, the facility complies with PREA Standard 115.215(c). Although no cross-gender searches have occurred, the facility has demonstrated a readiness to document all relevant searches, ensuring compliance with the standard.

115.215 (d)

The facility demonstrates substantial compliance with PREA Standard 115.215(d), which requires policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their private areas, except in exigent circumstances or during routine cell checks. The agency's policy, Section "Prevention Planning" under the subject "Cross-Gender Searches," ensures privacy for clients, and the process for announcing staff presence when entering areas where clients may be undressed.

Interviews with the CMS Supervisor, PREA Coordinator, staff, and clients confirmed that opposite-gender staff consistently announce their presence, and clients feel adequately protected in private situations such as showering and changing. Clients also reported the availability of privacy measures, such as restroom doors and shower curtains, while staff reported full understanding of their responsibilities regarding privacy. Staff confirmed that they announce themselves upon entering

areas of the opposite gender, and this was observed during the audit.

Onsite observations supported the interviews, confirming that restroom and shower areas are configured to prevent inappropriate viewing, and the facilities were found to provide sufficient privacy for clients. The auditor confirmed that staff make appropriate announcements, and the overall system provides clients with a safe environment where they can maintain their privacy.

Based on the Agency policy ensuring that residents are provided with adequate privacy for personal activities, with staff consistently announcing their presence and policies in place to protect client privacy, the facility complies with PREA Standard 115.215(d). Recommendations for further enhancements to privacy are noted but not required for compliance.

115.215 (e)

The facility demonstrates substantial compliance with PREA Standard 115.215(e), which prohibits the search or physical examination of a transgender or intersex resident solely for the purpose of determining the resident's genital status. The agency's policy on Prevention Planning, specifically addressing Transgender/Intersex Searching and Opposite Gender Searching training, outlines that such searches are not permitted.

Interviews with the intake staff, PREA Coordinator, and Clinical Director confirmed that transgender or intersex clients are not subject to searches intended to determine genital status. Staff further affirmed that search protocols for transgender and intersex clients are based on the individual's comfort and views, ensuring that their preferences are respected when determining search procedures and housing placements.

Although no transgender or intersex clients were available for interviews during the onsite audit, staff members were able to demonstrate a thorough understanding of the policies in place and expressed a commitment to upholding the standards of respect and privacy for transgender and intersex individuals.

Based on the prohibition of inappropriate searches of transgender or intersex clients and ensuring that staff adhere to policies designed to respect the rights and dignity of these individuals, the facility complies with PREA Standard 115.215(e) . While no transgender or intersex clients were present during the audit, staff interviews and policies indicate an understanding and adherence to the standard.

115.215 (f)

The facility demonstrates substantial compliance with PREA Standard 115.215(f), which requires training security staff in conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, with the least intrusion possible while maintaining security needs. The agency's policy on Prevention Planning, including sections on Transgender/Intersex Searching and Opposite Gender Searching, outlines these training requirements and

	<p>expectations for staff.</p> <p>The facility provided training logs, confirming that all security staff have received this specialized training. Interviews with staff corroborated that this training was administered during the onboarding process and that annual refresher training is provided.</p> <p>Based on the policy providing that all security staff are trained in the appropriate techniques for conducting cross-gender and transgender/intersex searches, the facility complies with PREA Standard 115.215(f). The policy, training logs, and staff interviews confirm that the necessary training is provided both at onboarding and annually.</p> <p>Recommendations:</p> <p>Although the facility complies with the standard, additional privacy measures for urinals could enhance the environment, as there are some viewable sightlines from dorm areas. Additionally, increasing the proximity of staff announcements to restroom areas would give clients more advanced notice, further supporting their privacy.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Intake Information 3. Client Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Intake Staff

3. Client with LEP

Observations:

1. Observations of Intake Process
2. Observation of PREA Video at Intake

Findings (by provision):

115.216 (a)

The facility demonstrates substantial compliance with PREA Standard 115.216(a), which mandates 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. The agency's Policy Section on Prevention Planning, specifically addressing Disabilities & Limited English, outlines that the agency uses NIC videos for clients who cannot read or have limited English proficiency and provides access to professional interpreters as necessary. The policy also explicitly prohibits the use of other clients as interpreters.

During staff interviews, it was confirmed that the Program Managers or designees are responsible for making interpreter referrals as needed, and the Clinical Directors approve such services. Intake staff are tasked with showing the NIC video to all clients. The auditor interviewed a client with limited English proficiency, who confirmed that while he struggled with reading, the staff assisted him in understanding key information. The auditor also interviewed a client with a cognitive or mental health disability, who confirmed that they understood the PREA information and knew how to report instances of sexual abuse or harassment.

Onsite observations revealed that a PREA video is continuously displayed in the intake area, ensuring that all clients are exposed to this crucial information. However, it was noted that the facility could improve the intake and orientation process by more explicitly calling attention to the PREA video and information, ensuring clients with disabilities or language barriers fully understand their rights.

115.216 (b)

The facility demonstrates substantial compliance with PREA Standard 115.216(b), which requires the agency to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment for residents who are limited English proficient (LEP). The agency's policy, as outlined in the same Prevention Planning section regarding Disabilities & Limited English, specifies that professional interpreters will be used as necessary to provide accurate and impartial interpretation services. The policy also states that other clients are not permitted to interpret for LEP clients, ensuring confidentiality and proper understanding of important information.

Interviews with the Program Managers and Clinical Directors confirmed that they are responsible for ensuring interpreter services are provided when necessary. Staff at

intake show the NIC PREA video to all clients, and the intake process includes efforts to make sure LEP clients understand their rights and the reporting process for sexual abuse and harassment. The auditor interviewed one client with limited English proficiency. That client confirmed that while he has difficulty reading, staff provided support in reviewing and understanding the paperwork.

During the onsite audit, the auditor observed the intake area where the NIC PREA video is shown and confirmed that it is used to provide an additional layer of information for LEP clients.

Based on the Agency's implementation of reasonable steps to ensure meaningful access to PREA-related information for clients with limited English proficiency, the facility meets the basic requirements of the standard. Policies are in place to provide professional interpretation services, and clients are supported in understanding the information provided during intake and orientation.

115.216 (c)

The agency demonstrates compliance with PREA Standard 115.216(c), which prohibits the reliance on resident interpreters, readers, or assistants, except in limited circumstances where a delay in obtaining an interpreter could compromise resident safety, first-response duties, or the investigation of allegations. The agency's policy, outlined in the "Prevention Planning" section, specifically states that professional interpreters will be utilized when necessary, and other clients are not permitted to serve as interpreters or assistants.

During interviews with staff, all confirmed that they do not rely on other clients to interpret for clients. In situations where interpretation is needed, staff indicated that they either use professional interpreter services or leverage bilingual staff members to assist, particularly for Spanish-speaking clients.

The agency's confirmation of the use of professional interpreter services and staff to assist in communication ensures compliance with this standard. There were no reported instances of client interpreters being used.

Based on the policy to not relying on resident interpreters except in emergencies, The facility substantially complies with this standard. The staff's confirmation of this policy, combined with the availability of professional interpreters, reinforces the agency's commitment to maintaining proper communication protocols in situations involving limited English proficiency.

Recommendation:

The auditor recommends that the facility adopt a more direct approach during intake and orientation by emphasizing the PREA video and providing a clearer explanation of PREA Information. This will help ensure that all clients, especially those with disabilities, are fully aware of and understand the protections available to them under PREA.

Based on the evidence provided, the facility meets this standard.

	<p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Staff Employment Records 3. Application for Employment <p>Interviews:</p> <ol style="list-style-type: none"> 1. HR Director 2. PREA Coordinator 3. Random Staff <p>Observations:</p> <ol style="list-style-type: none"> 1. Overview of Hiring Process and Practices <p>Findings (by provision):</p> <p>115.217 (a)</p> <p>The agency demonstrates compliance with PREA Standard 115.217(a), which requires not hiring or promoting individuals or contracting services with those who have engaged in sexual abuse or related offenses. The agency's policy, detailed in the "Prevention Planning" section under "Hiring & Promotions," aligns with PREA standards and ensures that individuals with histories of sexual abuse or related offenses are excluded from employment or service.</p> <p>Interviews with the HR Director and Assistant confirmed that the agency screens all potential employees and contractors for sexual abuse convictions or related offenses. The HR Director detailed the process, which includes annual background checks with Ohio sources and comprehensive FBI checks every five years. Additionally, the application for employment explicitly asks about any sexual offenses, and the policy states that individuals with such offenses are ineligible for employment or housing at the facility.</p>

The facility's location across from a school adds an extra layer of scrutiny, as they are not permitted to hire or house sex offenders due to their proximity to educational institutions. The agency's strict hiring practices, including thorough background checks and clear policies prohibiting the employment or housing of sex offenders, reflect their commitment to maintaining a safe environment.

The Agency provides in policy that it has implementing hiring and contracting procedures that prevent individuals with a history of sexual abuse or related offenses from being employed or housed. Therefore, the facility substantially complies with this provision. Their additional measures, including the prohibition related to their location near a school, further support their requirement to ensuring a secure environment for all clients.

115217 (b)

The agency meets the requirements of PREA Standard 115.217(b) by considering any incidents of sexual harassment when determining hiring, promotion, or contracting decisions for individuals who may have contact with residents. The agency's policy, outlined in the "Prevention Planning" section under "Hiring & Promotions," stipulates that the HR Director screens all candidates for any history of sexual harassment in addition to sexual abuse.

During interviews, the HR Director and Assistant confirmed that the agency reviews any past incidents of sexual harassment as part of their hiring and promotion processes. They stated that this consideration is integrated into their background checks, which include questions about any past allegations or findings of sexual harassment. The HR Director explained that such incidents are taken seriously and can impact an individual's eligibility for employment or promotion within the facility.

The facility's policy and procedures ensure that any history of sexual harassment is evaluated alongside other background information to make informed decisions about hiring and promoting staff or contracting services. The auditor reviewed four staff files of individuals who had been promoted to confirm compliance with these procedures. This approach aligns with PREA requirements and reflects the agency's commitment to maintaining a safe and respectful environment for clients.

In summary, the agency effectively complies with PREA Standard 115.217(b) by incorporating considerations of any incidents of sexual harassment into their hiring, promotion, and contracting decisions.

115.217 (c)

The agency substantially complies with PREA Standard 115.217(c) requiring procedures for background checks before hiring new employees who may have contact with residents. The policy outlined in the "Prevention Planning" section under "Hiring & Promotions" mandates that criminal background checks are performed and that efforts are made to contact all prior institutional employers for information on any substantiated allegations of sexual abuse or resignations during pending investigations.

During interviews, the HR Director confirmed that the agency follows these protocols, conducting both State and nationwide background checks for all new hires, contractors, and volunteers. They also make diligent efforts to reach out to previous institutional employers to gather information on any relevant history of sexual abuse or related misconduct.

The agency's practices are consistent with the policy requirements, as evidenced by the auditor's review of 10 employee files, including an intern. The auditor found that 7 files of new hires had criminal record background checks completed in the last 12 months. It was noted that the reported number of 0 on the questionnaire was an error. All files included the required background checks, confirming that the agency is in compliance with the standard's requirements for criminal background checks and verification of prior institutional employment history.

In summary, the agency effectively meets the requirements of PREA Standard 115.217(c) by conducting criminal background checks and making efforts to contact prior institutional employers for relevant information.

115.217 (d)

The agency adheres to PREA Standard 115.217(d) by ensuring that a criminal background records check is performed before enlisting the services of any contractor who may have contact with residents. The policy, detailed in the "Prevention Planning" section under "Hiring & Promotions," specifies that criminal background checks are required for all contractors.

During interviews, the HR Director and PREA Coordinator confirmed that all contractors are subjected to criminal background checks and are always escorted through the facility. They provided documentation demonstrating that the intern also underwent a background check in accordance with the agency's policy.

The agency's practices are consistent with the outlined policy requirements. The auditor confirmed through documentation that background checks for contractors are performed as required, supporting the agency's adherence to PREA Standard 115.217(d) and ensuring that no contractors have unsupervised access to clients.

In summary, the agency meets the requirements of PREA Standard 115.217(d) by conducting background checks for all contractors before they have contact with clients and ensuring their supervision while on site.

115.217 (e)

The agency complies with PREA Standard 115.217(e) by conducting criminal background records checks every five years for current employees and contractors who may have contact with residents. The policy, detailed in the "Prevention Planning" section under "Hiring & Promotions," outlines the requirement for periodic background checks and includes a system for capturing relevant information on current employees.

During interviews, the HR Director confirmed that the agency adheres to this policy

by performing background checks at least every five years and conducting annual Ohio record checks. They verified that the agency maintains up-to-date information on employees and contractors who interact with clients.

The auditor reviewed 10 employee files and confirmed that one employee, who had been with the agency for over five years, had an updated background check on file. Additionally, the agency's practice of conducting annual Ohio record checks supports their compliance with the standard.

In summary, the agency meets the requirements of PREA Standard 115.217(e) by ensuring that criminal background checks are conducted at least every five years for employees and contractors, with regular updates provided through annual Ohio record checks.

115.217 (f)

The agency demonstrates compliance with PREA Standard 115.217(f) by incorporating procedures to address prior misconduct in their hiring and promotion processes. The policy outlined in the "Prevention Planning" section under "Hiring & Promotions" mandates that all applicants and employees who may have contact with residents are asked directly about any previous misconduct described in paragraph (a) of this section. This requirement is reflected in written applications, interviews for hiring or promotions, and written self-evaluations conducted as part of employee reviews.

The HR Director confirmed that the agency enforces this requirement by including questions about prior misconduct in both the application process and interviews. They also emphasized that employees have an ongoing obligation to disclose any such misconduct. Interviews with random staff members corroborated this practice, with individuals recalling that they were asked about previous misconduct during the application or hiring process.

A review of 10 employee files verified that the application forms include questions about prior misconduct, and all employees are required to answer these questions before employment. This documentation supports the agency's adherence to the standard's requirements.

In summary, the agency meets the requirements of PREA Standard 115.217(f) by ensuring that questions about previous misconduct are included in written applications, interviews, and self-evaluations. The policy is effectively implemented, as confirmed by interviews and file reviews, demonstrating that the agency upholds its affirmative duty to address and monitor potential misconduct among its employees.

115.217 (g)

The agency complies with PREA Standard 115.217(g) by enforcing strict policies regarding material omissions and the provision of false information related to misconduct. The policy outlined in the "Prevention Planning" section under "Hiring &

Promotions" specifies that any material omissions or provision of materially false information regarding prior misconduct are grounds for termination.

The HR Director confirmed that the agency takes any misrepresentation or omission of relevant misconduct information seriously and that such behavior can lead to immediate termination. This policy is communicated to all employees during the hiring process.

The auditor's review of 10 employee files did not reveal any instances of material omissions or false information, indicating that the agency's enforcement of this policy is effective. The auditor was not provided any terminated files of former employees who were terminated due to material omission(s) discovered during the hiring process, or any time during employment. All employees are informed of these expectations, and the adherence to the policy is reflected in the agency's employment practices.

In summary, the agency meets the requirements of PREA Standard 115.217(g) by implementing policies that treat material omissions or false information regarding misconduct as grounds for termination.

115.217 (h)

The agency adheres to PREA Standard 115.217(h) by committing to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer. The policy, as detailed in the "Prevention Planning" section under "Hiring & Promotions," states that the agency will disclose such information, provided it is not prohibited by law.

The HR Director confirmed that the agency is prepared to provide information about substantiated allegations if requested by institutional employers. This includes responding to inquiries about former employees who have applied to work at other institutions. The HR Director emphasized that while there have been no recent substantiated allegations or requests for information, the agency is fully prepared to comply with this requirement should such requests arise.

Although there have been no recent requests for information or substantiated allegations, the agency's policy and the HR Director's confirmation demonstrate that the agency has established practices to meet the standard's requirements.

In summary, the agency substantially meets the requirements of PREA Standard 115.217(h) by having a policy in place to provide information on substantiated allegations of sexual abuse or harassment to institutional employers upon request.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Questionnaire Responses 2. Facility Maps 3. Application for Employment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. Facility Head <p>Observations:</p> <ol style="list-style-type: none"> 1. Facility Walkthrough <p>Findings (by provision):</p> <p>115.218 (a)</p> <p>The agency complies with PREA Standard 115.218(a) by ensuring that considerations for protecting residents from sexual abuse are integrated into the design, acquisition, expansion, or modification of facilities. This requirement is outlined in the "Prevention Planning" section under "Facility and Technology Upgrades." The agency confirmed that they have not engaged in designing new facilities or making substantial modifications to existing facilities recently. Interviews with the Agency head, the facility head, and the PREA Coordinator affirmed that PREA considerations would be integrated into the planning process for any future facility changes.</p> <p>The agency confirmed that there have been no new facilities or recent modifications to existing facilities. However, interviews with the Agency Head, Facility Head, and the PREA Coordinator affirmed that, should such developments occur, PREA considerations would be integral to the planning process. This approach ensures that any changes or expansions would be evaluated for their impact on the safety and security of clients.</p> <p>In summary, the agency meets the requirements of PREA Standard 115.218(a) by being prepared to consider the impact of facility designs and modifications on client safety. Although no new facilities or modifications have occurred recently, review of</p>

	<p>Agency policy and interviews with key personnel confirm their commitment to integrating PREA considerations into future planning to ensure effective protection against sexual abuse.</p> <p>115.218 (b)</p> <p>The agency complies with PREA Standard 115.218(b) by considering how video monitoring systems, electronic surveillance systems, or other monitoring technology can enhance the agency's ability to protect residents from sexual abuse. This requirement is detailed in the "Prevention Planning" section under "Facility and Technology Upgrades." The agency's policy outlines the importance of evaluating how such technology can improve client safety. Recent updates included the installation of additional cameras throughout the facility to address blind spots and enhance overall surveillance.</p> <p>Interviews with the Agency head, Facility head, and PREA Coordinator confirmed that new cameras were installed throughout the building as part of a recent upgrade. These updates were specifically aimed at eliminating blind spots and improving the facility's ability to monitor all areas effectively. The facility map provided during the audit indicated the locations of the new cameras, and the walkthrough included an overview of how these technological enhancements contribute to the facility's PREA compliance efforts.</p> <p>In summary, the agency effectively meets the requirements of PREA Standard 115.218(b) by integrating PREA considerations into the installation and upgrading of monitoring technology. The auditor's review and interviews confirm that PREA standards were a key factor in the decision-making process for these technological upgrades.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Investigative Reports

3. MOU with Cleveland Rape Crisis Center

Interviews:

1. PREA Coordinator
2. Clinical Coordinator
3. Random Staff
4. Contact with Cleveland Rape Crisis Center

Observations:

1. Review of Investigative Reports

Findings (by provision):

115.221 (a)

The agency demonstrates compliance with PREA Standard 115.221(a), which mandates that agencies responsible for investigating allegations of sexual abuse must follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Agency's Policy on Prevention Planning, specifically under the subject of Evidence Protocol & Forensic Exams, clearly states that the agency adheres to a uniform evidence protocol and emphasizes that staff must not touch anything until police arrive.

Interviews conducted with the PREA Coordinator and various staff members confirmed adherence to this policy. Staff indicated that their primary responsibility is to secure the scene for police and that they refrain from collecting evidence unless absolutely necessary for safety reasons. The PREA Coordinator reiterated that while the agency conducts administrative investigations, it does not take responsibility for criminal investigations, which are referred to local law enforcement.

Although the agency did not have any investigations of sexual abuse during the 12-month period preceding the audit, they provided documentation of previous investigations from earlier periods. This documentation illustrated their practice of promptly referring cases to the police when necessary.

In summary, the agency effectively meets the requirements of PREA Standard 115.221(a) by implementing and adhering to a uniform evidence protocol that ensures the proper handling of evidence in cases of sexual abuse.

115.221 (b)

The agency is not required to comply with PREA Standard 115.221(b) as it does not house youth offenders. Consequently, the protocol related to sexual abuse investigations and evidence collection specifically designed for youth is not applicable to the facility. The agency's policies and procedures focus on the adult population, and there are no protocols or adaptations related to youth development that need to be addressed.

In summary, since the facility does not accommodate youth offenders, PREA Standard 115.221(b) is not applicable, and there are no requirements for developmentally appropriate protocols for youth within the agency's operations.

115.221 (c)

The agency demonstrates compliance with PREA Standard 115.221(c) by ensuring that all victims of sexual abuse have access to forensic medical examinations at no financial cost, whether conducted on-site or at an outside facility. The agency's policy, outlined in the "Prevention Planning" section under "Evidence Protocol & Forensic Exams," specifies that while the agency does not conduct medical forensic exams, clients in need of such examinations are transported to a local emergency room that provides Sexual Assault Nurse Examiner (SANE) services and are provided at no cost to the victim.

During interviews, the PREA Coordinator confirmed that all clients requiring forensic exams are referred to the local hospital equipped to conduct SANE exams. Although there have been no referrals in the past 12 months, the agency has documented its procedures and maintains a list of facilities providing SANE services at all relevant locations, ensuring that clients are informed of their options.

Additionally, the auditor reviewed past investigative files to confirm that no referrals were necessary, but the agency is prepared to act in accordance with its policies should the need arise.

In summary, the agency meets the requirements of PREA Standard 115.221(c) by providing access to forensic medical examinations for victims of sexual abuse and documenting the referral process to local hospitals equipped to conduct such exams.

115.221 (d)

The agency demonstrates compliance with PREA Standard 115.221(d) by ensuring that victims of sexual assault have access to victim advocacy services. The agency's policy, outlined in the "Prevention Planning" section under "Evidence Protocol and Forensic Exams," mandates that all victims of sexual assault are referred to the local rape crisis center for comprehensive victim advocacy services. This includes support during the forensic examination process, assistance during investigatory interviews, emotional support, crisis intervention, and information on available resources.

Interviews with the Clinical Coordinator and PREA Coordinator confirmed that they actively refer victims to the local rape crisis center for advocacy services. Although the agency has crisis counselors on staff, they rely on the rape crisis center to provide these specialized services. The auditor contacted the Cleveland Rape Crisis Center on September 18, 2024, and verified the established relationship with the agency. The center confirmed their commitment to assist victims and stated they would facilitate transport to local 24-hour SANE units as needed. Additionally, the auditor reviewed the Memorandum of Understanding (MOU) between CATS and the local rape crisis center, which specifies that the center will provide all necessary services related to sexual assault assistance for clients at CATS.

In summary, the agency effectively fulfills the requirements of PREA Standard 115.221(d) by facilitating access to victim advocacy services through established partnerships with local rape crisis centers. Documentation and interviews support the agency's proactive approach to ensuring that victims receive the necessary support and resources to navigate the aftermath of sexual assault.

115.221 (e)

The agency demonstrates compliance with PREA Standard 115.221(e) by ensuring that victims of sexual assault have access to support from qualified advocates. The policy outlined in the "Prevention Planning" section under "Evidence Protocol and Forensic Exams" specifies that a victim advocate from the local rape crisis center shall accompany and support the victim throughout the forensic medical examination and investigatory interviews.

Interviews with the Clinical Coordinator and PREA Coordinator confirmed that victims are encouraged to have a victim advocate present during these processes. The agency has established procedures for referring victims to the local rape crisis center, where trained advocates are available to provide the necessary support. The Cleveland Rape Crisis Center has affirmed their commitment to accompany victims during forensic exams and interviews, ensuring that they receive comprehensive assistance.

In summary, the agency fulfills the requirements of PREA Standard 115.221(e) by facilitating access to victim advocates who provide essential support during forensic medical examinations and investigatory interviews.

115.221 (f)

The agency demonstrates compliance with PREA Standard 115.221(f) by establishing procedures for referring allegations of sexual abuse to the appropriate investigating agency. The policy outlined under "Responsive Planning" in the section "Referrals of Allegations for Investigation" states that all allegations of sexual abuse or sexual harassment that involve criminal behavior will be referred to the Cleveland Police Department. This policy ensures that the agency effectively communicates its responsibility to seek external investigations when necessary.

During interviews, the PREA Coordinator confirmed that any behavior clearly deemed criminal will be referred to the Cleveland Police for investigation. Although the Cleveland Police have verbally agreed to assist with criminal cases, there is currently no formal Memorandum of Understanding (MOU) in place to solidify this collaboration.

In summary, the agency complies with the requirements of PREA Standard 115.221(f) by ensuring that allegations of sexual abuse are referred to the Cleveland Police for investigation.

115.221 (h)

N/A: The agency does not require a qualified agency staff member or qualified community-based staff member to serve in this role, as it attempts to make a victim advocate from a rape crisis center available to victims in accordance with PREA

	<p>Standard 115.221(d). Since the agency prioritizes utilizing certified rape crisis professionals for victim advocacy, this standard is not applicable.</p> <p>In summary, the agency's practice of engaging certified professionals from rape crisis centers for victim support fulfills the intent of this standard, making it unnecessary to designate qualified internal staff for this role.</p> <p>Recommendation:</p> <p>The auditor recommends that the agency continue to engage with the Cleveland Police Department on an annual basis to reaffirm their commitment to investigating such allegations and to document these efforts for clarity and accountability.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Investigative Reports 3. Investigative Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator/Investigator 2. Clinical Director/Investigator <p>Observations:</p> <ol style="list-style-type: none"> 1. Review of Investigative Reports <p>Findings (by provision):</p> <p>115.222 (a)</p> <p>The agency demonstrates compliance with PREA Standard 115.222(a) by ensuring that all allegations of sexual abuse and sexual harassment are thoroughly</p>

investigated. The agency's policy under Responsive Planning, specifically the section on Referral of Allegations for Investigations, mandates that all criminal investigations be referred to the Cleveland Police Department, while all allegations are directed to Facility Investigators.

During interviews, the PREA Coordinator and the Clinical Director confirmed that there are five facility investigators responsible for conducting administrative investigations. Both the PREA Coordinator and the Clinical Director serve as investigators and confirmed that they receive and investigate all allegations within the facility. They noted that there were no sexual abuse or sexual harassment allegations reported during the one-year lookback period. However, they provided five investigations from the previous year for review, which the auditor assessed to confirm that none of those cases required referral for criminal investigation.

In summary, the agency effectively fulfills the requirements of PREA Standard 115.222(a) by maintaining a policy for investigating allegations, with designated personnel ensuring that all incidents are appropriately addressed. The absence of recent allegations indicates a proactive approach to preventing and managing potential incidents of sexual abuse and harassment.

115.222 (b)

The agency demonstrates compliance with PREA Standard 115.222(b) by having a policy in place that ensures allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, as outlined in their policy under Responsive Planning, specifically the section on Referral of Allegations for Investigations. This policy stipulates that all allegations involving potentially criminal behavior will be directed to the Cleveland Police Department for appropriate investigation.

Both the PREA Coordinator and Clinical Director confirmed during interviews that they are responsible for documenting any referrals to local law enforcement for criminal investigations. The agency's investigative forms include a section dedicated to referrals, allowing staff to document when a referral was made and which agency responded. The auditor reviewed five investigatory files from the previous year and found that none required or documented a referral to local law enforcement, indicating that all investigated allegations did not involve potentially criminal behavior.

The auditor also reviewed the agency's website, which provides detailed procedures for administrative investigations and specifies the referral process for any sexual assault allegations to the appropriate law enforcement agency for investigation and potential prosecution.

In summary, the agency meets the requirements of PREA Standard 115.222(b) by maintaining a policy for the referral of allegations involving sexual abuse or harassment to the appropriate investigative authority.

115.222 (c)

The agency complies with PREA Standard 115.222(c) by ensuring that its published

	<p>materials outline the responsibilities of both the agency and the entity responsible for conducting criminal investigations. The agency's website contains comprehensive information stating that all allegations of sexual conduct will be promptly, thoroughly, and objectively investigated. Upon completion of an investigation, each allegation is classified as Substantiated, Unsubstantiated, or Unfounded, with findings communicated in writing to the parties involved.</p> <p>Specifically, the publication emphasizes that allegations of sexual abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution. Furthermore, it states that all substantiated allegations of sexual abuse or sexual harassment will lead to appropriate disciplinary actions against the Employee, Contractor, Volunteer, or Inmate involved, and, when warranted, referral for prosecution will be pursued.</p> <p>In summary, the agency substantially meets the requirements of PREA Standard 115.222(c) by providing information regarding the investigative process and responsibilities related to allegations of sexual abuse and harassment.</p> <p>115.22(d)(e)</p> <p>The auditor is not required to audit these provisions.</p> <p>Recommendation: The auditor recommends that the facility should enhance the investigator information on the website by providing a more detailed overview of the administrative investigation process. It should provide more information about what is provided in the policy regarding 115.171. The criminal investigation process is provided but since many investigations are not referred to local law enforcement it is beneficial to provide more details about the administrative investigation procedure to ensure an understanding of the difference between administrative and criminal investigations on the website.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action: No corrective action is recommended.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents:

1. CATS PREA Policies
2. Staff Training Files
3. Staff Training Materials

Interviews:

1. PREA Coordinator/CQI Director
2. Random Staff
3. Staff who Implement Staff Training/Compliance Manager

Observations:

1. PREA Training Powerpoint

Findings (by provision):

115.231 (a)

The agency demonstrates compliance with PREA Standard 115.231(a) by implementing comprehensive training for all employees who may have contact with residents. The policy outlined in the "Training and Education" section under "Employee Training" specifies that all employees will receive training on the ten subject areas mandated by the standard, including the zero-tolerance policy for sexual abuse and harassment, residents' rights, and how to detect and respond to signs of abuse.

During interviews, staff members confirmed their awareness of the training requirements and articulated their responsibilities regarding prevention, detection, and reporting of sexual abuse and harassment. While many staff were new and had not yet completed the annual training, it was noted that this training typically occurs in the last quarter of the year, with refresher training required every two years.

The auditor observed the PowerPoint presentation used for PREA onboarding training, which addressed all required topics in detail.

Based on the policy documentation, staff training, and review of the onboarding process observed during the audit, it is evident that the agency meets the requirements of PREA Standard 115.231(a).

115.231 (b)

The agency complies with PREA Standard 115.231(b) by ensuring that training is tailored to the gender of the residents within the facility. The policy in the "Training and Education" section under "Employee Training" specifies that all staff receive cross-training on gender-related topics, acknowledging the presence of both male and female residents in the facility, which are housed on separate floors.

Interviews with staff confirmed their understanding of gender-specific issues and the

training provided to them regarding these topics. This approach ensures that employees are adequately prepared to address the needs of residents of all genders.

Based on the policy documentation and staff interviews, it is evident that the agency effectively meets the requirements of PREA Standard 115.231(b) by providing tailored training that addresses the gender dynamics within the facility.

115.231 (c)

The agency demonstrates compliance with PREA Standard 115.231(c) by ensuring that all current employees receive training on the agency's policies regarding sexual abuse and sexual harassment within one year of the effective date of the PREA standards. The policy outlined in the "Training and Education" section confirms that refresher training is provided every two years, ensuring that all staff remain informed about the agency's current policies and procedures.

The Training Coordinator confirmed these requirements and is responsible for monitoring training compliance. He stated that all PREA policies are reviewed annually, and he provided the auditor with multiple training records for staff, which included internal PREA training documentation, training certificates from the MOSS Group, certificates from the NIC, and records of policy reviews. All staff who have been employed for longer than one year confirmed their participation in the annual training requirements, while many of the newer staff acknowledged that they were aware of the annual policy review requirement that had just been assigned. The auditor reviewed 10 employee files to verify that each file contained the necessary training information.

Based on the training policies and documentation reviewed, it is clear that the agency meets the requirements of PREA Standard 115.231(c) by ensuring all employees receive timely training and refresher courses to maintain their knowledge of sexual abuse and harassment policies.

115.231 (d)

The agency complies with PREA Standard 115.231(d) by documenting that employees understand the training they have received on sexual abuse and sexual harassment policies. The policy outlined in the "Training and Education" section mandates that all employees must acknowledge their understanding of the training through either a signature or electronic verification.

During the review, the Training Coordinator confirmed that documentation is maintained for all training sessions, ensuring that each employee's acknowledgment is recorded. The auditor reviewed employee files and observed that signatures or electronic confirmations of training completion were present in all sampled files. This process provides assurance that employees are not only receiving the necessary training but also comprehending the material covered.

In summary, the agency effectively meets the requirements of PREA Standard 115.231(d) by maintaining thorough documentation of employee understanding of training through signed or electronically verified acknowledgments.

	<p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Contractor/Volunteer Files 3. Training Materials <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator/CQI Director 2. Volunteer <p>Observations:</p> <ol style="list-style-type: none"> 1. PREA Training Powerpoint <p>Findings (by provision):</p> <p>115.232 (a)</p> <p>The agency demonstrates compliance with PREA Standard 115.232(a) by ensuring that all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The agency's policy under "Training and Education," specifically in the section on Contractor Training, outlines that all contractors and volunteers receive training on the agency's zero-tolerance policy and the protocols for reporting incidents of sexual abuse and harassment.</p> <p>The Agency Head confirmed during an interview with the auditor that contractors and volunteers rarely have contact with residents, as most responsibilities are managed by internal employees. However, for those who do have unmonitored access to clients, they are required to undergo the same training as employees during their orientation. The auditor interviewed one intern, identified as a</p>

volunteer, who had just begun their role. The intern was able to confirm the training requirement and accurately recited relevant portions of the PREA training received during orientation.

Based on the policy documentation, staff training, and the interview with the intern, it is evident that the agency substantially complies with PREA Standard 115.232(a) by ensuring that all volunteers and contractors are trained on their responsibilities related to sexual abuse and harassment.

115.232 (b)

The agency complies with PREA Standard 115.232(b) by ensuring that the level and type of training provided to volunteers and contractors is tailored to the services they provide and their level of contact with residents. The agency's policy under "Training and Education," specifically in the Contractor Training section, stipulates that all volunteers and contractors who have contact with residents are informed about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.

During the orientation process, these individuals receive training on how to report incidents of sexual abuse and harassment, ensuring they understand their responsibilities in maintaining a safe environment for residents. The Agency Head confirmed in interviews that while volunteers and contractors rarely interact with clients, those who do are trained accordingly. The auditor was able to interview a volunteer intern who was able to confirm the training requirement and accurately recited relevant portions of the PREA training received during orientation.

Based on policy documentation and interviews, it is evident that the agency effectively meets the requirements of PREA Standard 115.232(b) by providing appropriate training to all volunteers and contractors, ensuring they are aware of the zero-tolerance policy and reporting procedures.

115.232 (c)

The agency complies with PREA Standard 115.232(c) by maintaining documentation that confirms volunteers and contractors understand the training they have received. The policy under "Training and Education," specifically related to Contractor Training, outlines the requirement for documentation of training completion.

During the audit, the auditor reviewed the volunteer file for the intern, confirming that the necessary documentation of training was present in the file. This documentation indicates that the intern was informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and was trained on how to report such incidents.

Based on the reviewed documentation and the agency's adherence to training protocols, it is evident that the agency effectively meets the requirements of PREA Standard 115.232(c) by ensuring that all volunteers and contractors have documented proof of their training and understanding of the agency's policies.

	<p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. Client Handbook 3. Client Handbook Acknowledgements 4. Client Orientation Acknowledgements 5. Client Training Materials <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator/CQI Director 2. Intake Staff 3. Client Education Staff 4. Random Clients <p>Observations:</p> <ol style="list-style-type: none"> 1. Observation of Intake 2. Review of Orientation 3. PREA Video <p>Findings (by provision):</p> <p>115.233 (a)</p> <p>The agency demonstrates compliance with PREA Standard 115.233(a) by ensuring that residents receive comprehensive information during the intake process regarding the agency's zero-tolerance policy for sexual abuse and sexual harassment. The policy outlined in the Training and Education section under</p>

"Resident Education" mandates that all clients receive training that includes details on how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from such incidents, and the agency's response procedures.

Interviews with 17 clients revealed that 11 clients recalled receiving PREA information during intake. However, six clients could not recall the specifics; when probed, some remembered the handbook but not the details of the PREA information. Less than half of the clients remembered the video being played in the intake area. Intake staff confirmed that they review the client handbook and PREA information with all clients at intake. The Agency did provide the auditor onsite with all Client Handbook Acknowledgments to confirm that clients do acknowledge receipt of the PREA Information in the Handbook at Intake.

The auditor observed the intake process and noted that the PREA video was playing on a loop in the intake waiting area. Staff pointed out the PREA information to clients during this process. However, there is an opportunity for improvement in ensuring clients fully understand the information provided.

Based on the policy documentation, client interviews, and observations during the intake process, it is evident that the agency is meeting the basic requirements of PREA Standard 115.233(a), but there is room for improvement in how the information is communicated to clients during intake.

115.233 (b)

The agency demonstrates compliance with PREA Standard 115.233(b) by ensuring that all clients receive essential information regarding the agency's zero-tolerance policy for sexual abuse and sexual harassment during the intake process, including clients who may be transferring from other facilities. The agency's policy outlines that all individuals entering the facility are treated as new intakes, which encompasses those who are transferring.

Interviews with the PREA Coordinator and intake staff confirmed that all clients, regardless of their previous facility status, are provided with the same intake information upon arrival. This includes details about how to report incidents, their rights, and agency response procedures.

Based on the agency's policy documentation and staff interviews, it is clear that the agency effectively meets the requirements of PREA Standard 115.233(b) by treating all incoming clients as new intakes and providing them with the necessary information to understand their rights and the agency's policies.

115.233 (c)

The agency demonstrates compliance with PREA Standard 115.233(c) by ensuring that resident education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents with limited reading skills. The agency's policy titled "Training and Education" under the subject "Resident Education" confirms its commitment to providing accessible client education.

Interviews with the intake staff revealed that they utilize various formats to communicate essential information and address any communication issues during the intake process. The intake staff confirmed that they assess individual needs to ensure that clients understand the information provided.

The auditor interviewed a client with limited English proficiency and another client with a cognitive disability, both of whom indicated that they received information in a manner they could understand. The client with limited English proficiency expressed that, despite difficulties in reading, staff effectively read the information to him, ensuring comprehension. Additionally, the auditor noted that the PREA video displayed includes subtitles for clients who are deaf, and intake staff confirmed their willingness to read information for visually impaired residents.

Based on policy documentation, staff interviews, and client feedback, it is evident that the agency effectively meets the requirements of PREA Standard 115.233(c) by providing accessible education to all residents.

115.233 (d)

The agency demonstrates compliance with PREA Standard 115.233(d) by maintaining documentation of resident participation in educational sessions related to sexual abuse and sexual harassment. The agency's policy outlined in the "Training and Education" section under "Resident Education" specifies that documentation of client participation in these education sessions will be maintained.

The auditor reviewed the Client Handbook Acknowledgments, which confirm that clients have received and understood the PREA information provided during orientation. Additionally, the agency supplied ten samples of client acknowledgments indicating their participation in the orientation sessions, where they confirmed receipt of PREA information as part of the safety procedures overview.

Interviews with the staff responsible for conducting client orientation corroborated that all pertinent information, including PREA-related content, is reviewed during these sessions. However, the auditor recommends that the documentation for client orientation specifically reference the PREA information to ensure clarity and facilitate client acknowledgment.

Based on the documentation provided and staff interviews, the agency meets the basic requirements of PREA Standard 115.233(d) by maintaining records of client participation in educational sessions while ensuring that all relevant information is covered during orientation.

115.233 (e)

The agency demonstrates compliance with PREA Standard 115.233(e) by ensuring that key information regarding sexual abuse and sexual harassment is continuously and readily available to residents. The agency's policy, outlined in the "Training and Education" section under "Resident Education," specifies that key information will be made accessible through various formats, including posters and resident handbooks.

	<p>Interviews with the Intake staff and the PREA Coordinator confirmed that clients receive Client Handbooks containing essential PREA information, which is always available for clients. Additionally, the auditor observed that posters with PREA-related information were prominently placed throughout the facility, enhancing visibility and access for clients. In interviews with clients, many directly acknowledged the posters as a resource where they would go to find PREA information or refer to their handbook.</p> <p>Based on the policy documentation, staff interviews, and onsite observations, the agency meets the basic requirements of PREA Standard 115.233(e) by providing continuous access to key information regarding sexual abuse and harassment.</p> <p>Recommendations:</p> <p>The auditor recommends that staff take additional steps to directly review all sections of the PREA information with clients during intake and emphasize the importance of the video being played to enhance client understanding of the material received.</p> <p>The auditor also recommends that the facility have the client sign off specifically on review of the PREA Information at Intake and not just the Client Handbook to provide further proof of information being reviewed and enhanced understanding for the clients.</p> <p>To enhance clarity, the auditor suggests that the agency implement a specific reference to PREA information in the orientation documentation for client signature, ensuring that clients acknowledge their understanding of their rights and the agency's policies regarding sexual abuse and harassment.</p> <p>The auditor recommends increasing the number of informational posters and strategically placing them near payphones to ensure residents can easily access key information while utilizing these facilities.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p>

1. CATS PREA Policies
2. Investigatory Training Materials
3. Investigators Training Certificates

Interviews:

1. Compliance Manager responsible for Staff Training
2. Agency Investigators
3. PREA Coordinator

Observations:

1. Review of Training Materials

Findings (by provision):

115.234 (a)

The agency demonstrates compliance with PREA Standard 115.234(a) by ensuring that its investigators receive specialized training in conducting sexual abuse investigations within confinement settings. The agency's policy, outlined in the "Training and Education" section under "Specialized Education: Investigations," confirms that the agency conducts administrative investigations and that all investigators are trained specifically for this purpose.

Interviews with three of the six agency investigators revealed that they are required to complete specialized training on PREA and the nuances of conducting investigations in a confinement environment. These investigators have received training from multiple sources, including the MOSS Group, the NIC Training Institute, and investigatory training conducted through the Ohio Department of Rehabilitation and Corrections. Each investigator articulated their understanding of the procedures and protocols necessary for effectively investigating allegations of sexual abuse.

Based on the policy documentation, staff training, and the interviews conducted, it is evident that the agency substantially complies with the required PREA standards for training investigators in sexual abuse investigations.

115.234 (b)

The agency demonstrates compliance with PREA Standard 115.234(b) by providing specialized training to investigators that encompasses essential techniques for effectively interviewing sexual abuse victims, the proper application of Miranda and Garrity warnings, and the collection of sexual abuse evidence within confinement settings. The agency's policy, outlined in the "Training and Education" section under "Specialized Education: Investigations," specifies these training requirements.

During interviews, three of the agency investigators confirmed that their training included instruction on the critical aspects outlined in the standard. They emphasized their preparation in interviewing techniques tailored to victims of

sexual abuse, ensuring a sensitive and appropriate approach. The training also covered the proper use of legal warnings and evidence collection procedures specific to confinement environments.

The auditor has reviewed the curriculum provided from all three sources, including the MOSS Group, the NIC Training Institute, and training conducted through the Ohio Department of Rehabilitation and Corrections, and it sufficiently covers the training required in the standards.

Based on the policy documentation and interviews with investigators, it is evident that the agency effectively meets the requirements of PREA Standard 115.234(b) by providing comprehensive specialized training that equips investigators with the necessary skills and knowledge to conduct thorough investigations of sexual abuse allegations.

115.234 (c)

The agency demonstrates compliance with PREA Standard 115.234(c) by maintaining thorough documentation of the specialized training completed by its investigators in conducting sexual abuse investigations. The agency's policy, as referenced in the "Training and Education" section under "Specialized Education: Investigations," stipulates that training certificates are to be kept in the employee files.

The agency identified six investigators and provided the auditor with the Specialized Training Certificates for all individuals, confirming that they have completed the required training. Interviews with the agency investigators further corroborated that they have undergone extensive training through multiple sources, including the MOSS Group, the NIC Training Institute, and the Ohio Department of Rehabilitation and Corrections.

Based on the policy documentation and the training certificates reviewed, it is evident that the agency complies with the requirements of PREA Standard 115.234(c) by ensuring that all agency investigators receive and document the specialized training necessary for conducting effective investigations into allegations of sexual abuse.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. CATS PREA Policies
2. Staff Training Materials
3. Staff Training Files

Interviews:

1. Compliance Manager responsible for Staff Training
2. Mental Health Staff
3. PREA Coordinator

Observations:

1. Review of Training Materials

Findings (by provision):

115.235 (a)

The agency demonstrates compliance with PREA Standard 115.235(a) by ensuring that all full- and part-time medical and mental health care practitioners receive comprehensive training related to the detection, assessment, and response to sexual abuse and sexual harassment. The agency's policy under "Training and Education," specifically the subject of specialized training for medical and mental health staff, outlines that while the agency does not employ medical practitioners, it does employ 15 mental health professionals who are required to complete the same training as all staff.

Interviews with two mental health staff confirmed that they underwent the same onboarding training and annual refresher courses, which include training on how to detect signs of sexual abuse, preserve physical evidence, respond to victims, and report allegations. Additionally, an interview with the staff responsible for training confirmed that these requirements are consistently met across the agency.

The auditor reviewed ten random staff files, all of which contained documentation verifying completion of the required training. The training materials reviewed by the auditor confirmed that all relevant topics mandated by the standard are covered.

Based on the policy documentation, interviews, and file reviews, it is evident that the agency fulfills the requirements of PREA Standard 115.235(a) by ensuring that all mental health practitioners are adequately trained to handle incidents of sexual abuse and harassment effectively.

115.235 (b)

The agency does not apply to PREA Standard 115.235(b) as it does not employ

medical staff who conduct forensic examinations. Interviews with the PREA Coordinator and Agency Head confirmed that the agency solely employs mental health professionals and does not have medical staff on-site. Consequently, this standard is not applicable to the agency's current operations.

115.235 (c)

The agency demonstrates compliance with PREA Standard 115.235(c) by maintaining documentation that confirms medical and mental health practitioners have received the necessary training. The agency's policy on Training and Education, specifically under the subject of Specialized Training for Medical and Mental Health, outlines that all mental health professionals are required to complete training on detecting and assessing signs of sexual abuse and harassment, preserving physical evidence, responding effectively to victims, and reporting allegations.

During interviews, the auditor spoke with two mental health staff members who verified they received this training during onboarding and continue to participate in annual refresher courses. Documentation of training was reviewed, including training certificates, for ten random staff files, confirming that all mental health practitioners meet the training requirements specified in the standard.

In summary, based on the policy documentation, staff training, and the maintained records reviewed during the audit, it is evident that the agency substantially complies with the required PREA standards.

115.235 (d)

The agency determines that PREA Standard 115.235(d) is not applicable, as all mental health care practitioners are employees of the agency and not contractors or volunteers. Therefore, they are required to complete the training mandated for employees under § 115.231.

The agency's policy on Training and Education outlines that all mental health professionals must undergo the same training as other staff, which includes instruction on sexual abuse and harassment prevention, detection, and response. During interviews, both the PREA Coordinator and the Agency Head confirmed that mental health practitioners receive comprehensive training in line with agency policies.

Based on the policy documentation, staff training records, and interviews conducted during the audit, it is clear that the agency complies with the required PREA standards related to training for employees.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. PREA Screening Checklist 3. Samples of Client Screens 4. Client Intake Acknowledgements 5. Individualized Treatment Plan Review <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator/CQI Director 2. Random Clients 3. Intake Staff 4. Classification Staff <p>Observations:</p> <ol style="list-style-type: none"> 1. Observations of Intake Process 2. Review of File Storage Process <p>Findings (by provision):</p> <p>115.241 (a)</p> <p>The agency demonstrates compliance with PREA Standard 115.241(a) by conducting assessments for all residents during the intake screening process and upon transfer to another facility to evaluate their risk of being sexually abused by other residents or being sexually abusive toward others. The agency's policy, outlined in the "Screening for Risk" section under "Screening for Risk of Victimization and Abusiveness," mandates that all clients are assessed within 72 hours of arrival at the facility using an objective screening tool.</p> <p>During the audit, the auditor reviewed the screening tool, which effectively identifies whether a client is a potential victim or perpetrator and outlines the necessary protective measures for each client. A sample of ten client files was examined, all of which included the completed intake screening checklist. The auditor also interviewed 17 clients, all of whom confirmed they recalled being asked</p>

screening questions upon entry into the facility. Interviews with intake staff confirmed their understanding of the intake process and the requirement to complete the screening immediately upon intake.

Onsite observations during the intake process further supported compliance, as the PREA video was playing in the intake area while clients awaited their screening. The intake assessments were conducted promptly in the office by intake staff, ensuring that all necessary evaluations were completed as part of the intake process.

115.241 (b)

The agency complies with PREA Standard 115.241(b) by ensuring that intake screenings are conducted within 72 hours of a resident's arrival at the facility. According to the agency's policy outlined in the "Screening for Risk" section under "Screening for Risk of Victimization and Abusiveness," all clients undergo an assessment during this timeframe to evaluate their risk of being sexually victimized or being sexually abusive toward others.

The auditor's review confirmed that the intake screening tool is utilized effectively and that staff adhere to the 72-hour requirement. The auditor examined a sample of ten client files, all of which contained completed intake screening checklists within the specified period. Interviews with intake staff reinforced their commitment to conducting screenings promptly upon intake, with confirmations that assessments are completed immediately as part of the intake process.

Onsite observations during the intake process further supported compliance, intake assessments were conducted promptly in the office by intake staff, ensuring that all necessary evaluations were completed as part of the intake process.

Based on the policy documentation, review of client files, and observation of the intake process, it is evident that the facility substantially complies with the required PREA standards.

115.241 (c)

The agency demonstrates compliance with PREA Standard 115.241(c) by conducting assessments using an objective screening instrument during the intake process. The policy titled "Screening for Risk of Victimization and Abusiveness" outlines that an objective screening tool is utilized for all clients upon their arrival at the facility. The PREA Coordinator confirmed that the screening tool consists of standardized questions designed to assess whether a client is at risk of being a victim or an abuser. This information is crucial for classification staff to make informed decisions about housing, bed assignments, work, education, and any necessary protective measures.

The PREA Coordinator confirmed that clients are asked the same questions upon intake to determine potential victimization or abusive behaviors. This objective assessment informs classification staff regarding housing, bed assignments, work, educational opportunities, and any necessary protective measures.

The auditor reviewed the PREA Screening Checklist, which illustrates the objective

nature of the screening process and verifies adherence to policy requirements.

Based on documentation reviewed, interviews conducted, and observations onsite, the agency effectively meets the requirements of PREA Standard 115.241(c) by utilizing an objective screening instrument to assess the risk of sexual abuse.

115.241 (d)

The facility demonstrates substantial compliance with PREA Standard 115.241(d), which requires that all residents are assessed during the intake screening process for their risk of being sexually abused by other residents or being abusive toward other residents. This standard specifies that assessments must consider various criteria, including mental, physical, or developmental disabilities; age; physical build; previous incarceration; criminal history; prior convictions for sex offenses; perceived or identified LGBTQ+ status; previous experiences of sexual victimization; and the resident's own perception of vulnerability. The agency's policy, "Screening for Risk of Victimization and Abusiveness," outlines these criteria and mandates the use of an objective screening tool.

The auditor reviewed the screening checklist and confirmed that the agency asks specific questions to assess risk factors for being a potential victim. These questions include inquiries about mental, physical, or developmental disabilities; being under age 19; having a small or slight physical build; previous incarceration; exclusively nonviolent criminal history; prior convictions for sex offenses against adults or children; perceived LGBTQ+ status; prior experiences of sexual victimization; and the resident's own perception of vulnerability.

During the onsite audit, the auditor interviewed intake staff responsible for conducting the screenings. The staff confirmed that all screening questions mandated by the standard are uniformly applied to each client upon intake. They also highlighted that this information is utilized to implement protective measures and make informed decisions regarding housing and program assignments based on identified risks.

The auditor observed the intake process in real-time, confirming that the screening tool effectively incorporates all relevant elements required by the standard. The intake screenings were conducted efficiently and thoroughly, with staff engaging residents in face-to-face assessments.

Based on the documentation reviewed, interviews conducted, and observations of the intake screening process, the facility substantially meets the requirements of PREA Standard 115.241(d).

115.241 (e)

The facility demonstrates substantial compliance with PREA Standard 115.241(e), which mandates that the intake screening process considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse when assessing residents for the risk of being sexually abusive. The agency's policy, "Screening for Risk of Victimization and Abusiveness,"

outlines the requirement to incorporate these factors into the assessment.

The auditor reviewed the screening tool and confirmed that it includes specific questions addressing the necessary risk factors. These questions inquire about residents' prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence, and any previous incidents of institutional sexual abuse.

During the onsite audit, the auditor interviewed intake staff who confirmed that all relevant questions regarding abuser risk factors are consistently asked during the screening process. They emphasized the importance of this information in making informed decisions about housing, programming, and safety measures for clients.

Additionally, the auditor observed the intake process and noted that the screening tool was applied efficiently and thoroughly. Staff engaged clients in face-to-face assessments, ensuring that all pertinent information was accurately captured and appropriately utilized.

Based on the documentation reviewed, interviews conducted, and observations of the intake screening process, the facility substantially meets the requirements of PREA Standard 115.241(e).

115.241 (f)

The facility demonstrates compliance with PREA Standard 115.241(f), which mandates that residents' risk of victimization or abusiveness be reassessed within 30 days of their arrival at the facility based on any additional relevant information received since the initial intake screening. The agency's policy, "Screening for Risk of Victimization and Abusiveness," outlines that reassessments will occur during the 30-day review or when warranted due to referrals, requests, incidents of sexual abuse, or new information impacting the resident's risk.

The auditor interviewed the PREA Coordinator, who confirmed that counselors are responsible for conducting Individualized Treatment Plan Reviews within 30 days for each client. The auditor also spoke with a counselor involved in these reassessments, who confirmed that they consider any new PREA-related information during the review process. The treatment plan documentation includes any new information that needs to be addressed, and the counselor is responsible for notifying the PREA Coordinator and CMS Supervisor of necessary programmatic or housing changes.

During client interviews, however, none of the 17 clients recalled being asked reassessment questions directly again. The PREA Coordinator clarified that while they do not directly ask the same questions again, they reassess risk using information from the treatment plans. The auditor reviewed ten client files and found that all included treatment plans reflecting any new PREA information.

In summary, based on the documentation reviewed, interviews conducted, and observations of the reassessment process, the agency is meeting the basic requirements of PREA Standard 115.241(f).

115.241 (g)

The facility demonstrates compliance with PREA Standard 115.241(g), which requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information impacting the resident's risk of sexual victimization or abusiveness. The agency's policy, outlined in "Screening for Risk of Victimization and Abusiveness," specifies that reassessments should occur under these circumstances.

The auditor reviewed the PREA Screening Checklist, which includes a checkbox to initiate reassessment following a sexual abuse incident, referral, request, or additional relevant information. Furthermore, the agency ensures that any reassessments conducted due to sexual abuse cases are attached to the client's case file. The Investigation Form also includes a checkbox to confirm that a reassessment has been completed and attached.

The auditor reviewed five investigatory files, all of which indicated that clients did not require a reassessment in those instances. However, both the PREA Coordinator and the investigator confirmed that reassessments are conducted when necessary.

In summary, based on the documentation reviewed, interviews conducted, and the agency's procedures, the facility meets the basic requirements of PREA Standard 115.241(g).

115.241 (h)

The facility complies with PREA Standard 115.241(h), which mandates that residents cannot be disciplined for refusing to answer, or for not disclosing complete information in response to specific questions related to risk assessment. The agency's policy, outlined in the "Screening for Risk of Victimization and Abusiveness," explicitly states that clients will not face disciplinary action for refusing to answer any risk screening questions.

Interviews with both the Intake Staff and the PREA Coordinator confirmed that residents have the right to refuse to answer these questions, and no disciplinary measures will be taken as a result. During the auditor's observation of the intake process, it was noted that the intake staff member informed the client of their right to refuse to answer, while also explaining that answering the questions could assist in better assessing their program safety.

Based on the policy documentation, staff interviews, and observations during the intake process, it is evident that the facility adheres to the requirements of PREA Standard 115.241(h).

115.241 (i)

The facility demonstrates compliance with PREA Standard 115.241(i), which requires appropriate controls on the dissemination of responses to questions related to the assessment of residents' risk of victimization or abusiveness. The agency's policy, as outlined in the "Screening for Risk of Victimization and Abusiveness," ensures that responses are treated as confidential client information and are disseminated strictly on a need-to-know basis in accordance with HIPAA and privacy guidelines.

	<p>Interviews with the PREA Coordinator confirmed that the Continuous Quality Improvement (CQI) team enters the assessments into a secure, Windows-based database, ensuring that only relevant information necessary for making appropriate referrals is recorded. The PREA Screening Checklist is maintained in each client's file, which is stored in a locked storage area to ensure confidentiality.</p> <p>The auditor observed the screening process, noting that the screening information was properly documented and placed directly into the client file before being sent to the CQI for secure entry and storage. Additionally, the staff responsible for organizing and controlling client files confirmed the secure storage practices and the locked filing process for safeguarding sensitive information.</p> <p>Based on the policy documentation, staff interviews, and observations of the screening process, it is evident that the facility meets the requirements of PREA Standard 115.241(i).</p> <p>Recommendations:</p> <p>The auditor recommends that the facility conduct additional face-to-face assessments to directly address all risk factors, particularly considering clients' own perceptions of their safety.</p> <p>As a best practice, the auditor recommends that the facility conduct a reassessment in all cases of sexual abuse and sexual harassment, as these incidents could provide new information that may impact the risks for victims.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policies 2. PREA Screening Checklist 3. Samples of Client Screens 4. Individualized Treatment Plan Review

5. Transgender and Intersex Accommodation Form

6. Facility Layout

Interviews:

1. PREA Coordinator/CQI Director

2. Intake Staff

3. Classification Staff

Observations:

1. Observations of Intake Process

2. Facility Walkthrough

Findings (by provision):

115.242 (a)

The facility demonstrates substantial compliance with PREA Standard 115.242(a), which mandates that information from risk screenings be utilized to inform housing, bed, work, education, and program assignments to separate residents at high risk of sexual victimization from those at high risk of being sexually abusive. The agency's policy on Screening for Risk, specifically under the subject "Use of Screening Information," clearly outlines the requirement to use risk screening data for making informed decisions regarding residents' assignments and accommodations.

Documentation reviewed by the auditor included the screening checklist, which the Intake Coordinator utilizes to document any necessary protective measures for potential victims or perpetrators. This checklist addresses critical factors such as housing, bed assignments, work, education, program participation, and any required mental health services or other accommodations. The auditor confirmed that all ten client files reviewed contained the completed screening checklists, ensuring that protective measures were documented where applicable.

Interviews with the intake staff clarified the process of conducting screenings directly with clients upon intake. The completed checklist is then passed to the Intake Coordinator, along with Continuous Quality Improvement (CQI) staff, who assess the information to determine necessary protective measures. The classification staff also confirmed that they utilize this information to make decisions regarding clients' assignments. Additionally, the PREA Coordinator and CMS Supervisor emphasized that more vulnerable clients are placed near supervision posts to enhance their safety within the facility. Observations during the intake process confirmed the effective transfer of intake information to classification staff for appropriate decision-making.

Based on the policy documentation, interviews conducted, and observations made during the intake process, it is evident that the facility meets the requirements of PREA Standard 115.242(a).

115.242 (b)

The facility demonstrates substantial compliance with PREA Standard 115.242(b), which requires individualized determinations about how to ensure the safety of each resident. The agency's policy, as outlined in the Screening for Risk section under the subject "Use of Screening Information," states that determinations about how to ensure the safety of each resident shall be individualized.

The auditor reviewed ten random client files that included the screening checklist and individualized determinations documented at the bottom of the checklist. These determinations provided details on housing, bed assignments, programmatic needs, mental health services, and other accommodations based on the residents' assessments.

Interviews with the Continuous Quality Improvement (CQI) and Classification staff responsible for reviewing the screens and making the determinations confirmed that all accommodations are individualized based on the screening information and the specific needs of the client. The auditor observed the screening process and confirmed through interviews with supervisory staff that these accommodations are relayed to them for implementation in the housing units.

Based on the policy documentation, interviews conducted, and observations of the individualized assessment process, it is evident that the facility meets the requirements of PREA Standard 115.242(b).

115.242 (c)

The facility demonstrates substantial compliance with PREA Standard 115.242(c), which mandates that decisions regarding the assignment of transgender or intersex residents to male or female facilities be made on a case-by-case basis. The agency's policy, as outlined in the Screening for Risk section under the subject "Transgender and Intersex Accommodation," specifies that the agency shall consider factors such as the resident's health and safety, potential management or security issues, and the client's own perceptions regarding their safety when making housing and programming assignments.

The auditor reviewed a sample of five client files that included Transgender and Intersex Accommodation Forms. These forms ask specific questions of clients identifying as transgender or intersex, including the client's gender assigned at birth, their gender based on their internal sense of identity, dorm preferences, actual dorm placements, shower accommodations, preferences for the gender of searches, and any safety or security concerns. The forms also provide space to document the accommodations being made based on the assessment, such as housing, bed assignments, work, education, and other programmatic accommodations.

Interviews with the PREA Coordinator revealed that decisions regarding housing placements for transgender and intersex clients are made collaboratively with the PREA Coordinator, Intake Coordinator, and Continuous Quality Improvement (CQI) staff, and require the approval of the Clinical Director. Although the facility did not have any transgender or intersex clients present during the audit, interviews with

random staff and clients confirmed this absence.

Based on the documentation reviewed, interviews conducted, and observations regarding the agency's process for accommodating transgender and intersex residents, it is evident that the facility meets the requirements of PREA Standard 115.242(c).

115.242 (d)

The facility demonstrates substantial compliance with PREA Standard 115.242(d), which mandates that a transgender or intersex resident's own views regarding their safety be given serious consideration in housing and programming assignments.

The agency's policy on Screening for Risk, specifically under the subject "Transgender and Intersex Accommodation," provides for consideration of the individual perspectives of residents in the decision-making process.

The auditor reviewed the Transgender and Intersex Accommodation Forms included in the files of clients identifying as transgender or intersex. These forms seek input from the clients regarding their gender identity and personal safety concerns. They allow the client to express preferences for dorm placements and shower accommodations.

Interviews with the PREA Coordinator confirmed that the agency actively incorporates the views of transgender and intersex clients when making housing and program assignments. The PREA Coordinator also indicated that all clients identifying as transgender or intersex meet individually with the Clinical Director to assess any additional safety concerns. The Clinical Director confirmed that he is responsible for signing off on all determinations made regarding clients' placements in relation to any safety concerns raised. Although there were no transgender or intersex clients present during the audit, the agency's policy and the forms provided indicate that they do take into consideration clients' self-perceptions of safety. The auditor was able to confirm through observations onsite and additional interviews with random clients and staff that there were currently no clients who identified as transgender or intersex.

Based on the documentation reviewed and the agency's policies in place, it is evident that the facility meets the requirements of PREA Standard 115.242(d).

115.242 (e)

The facility demonstrates substantial compliance with PREA Standard 115.242(e), which requires that transgender and intersex residents be given the opportunity to shower separately from other residents. The agency's policy on Screening for Risk under the subject "Transgender and Intersex Accommodation" explicitly states that transgender and intersex residents shall be afforded this opportunity.

The auditor reviewed the Transgender and Intersex Accommodation Forms, which indicated that clients requesting shower accommodations were documented accordingly. This information is relayed to the RA Supervisor, who is responsible for scheduling specific times for clients to shower separately from other clients. Interviews with the RA Supervisor confirmed his role in implementing these

	<p>accommodations and ensuring that the clients' needs are met in a timely manner.</p> <p>Based on the documentation reviewed and the agency's commitment to accommodating the needs of transgender and intersex clients, it is evident that the facility meets the requirements of PREA Standard 115.242(e).</p> <p>115.242 (f)</p> <p>The facility demonstrates substantial compliance with PREA Standard 115.242(f), which prohibits the placement of lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on such identification or status. The agency policy, as stated in the "Screening for Risk" section, provides that the agency shall not maintain a facility, unit or wing for lesbian, gay, bisexual, transgender, or intersex residents.</p> <p>During interviews, the PREA Coordinator confirmed that they do not have any separate housing areas designated solely for transgender or intersex clients. The auditor walked through the facility, observing that all dorms are open bay dorms and there are no separate dorms or wings that could accommodate only transgender or intersex clients. The layout of each dorm provides that all clients are placed in large open bay dorms.</p> <p>Based on the policy documentation, interviews conducted, and observations made during the site visit, it is evident that the facility complies with the requirements set forth in PREA Standard 115.242(f).</p> <p>Recommendations:</p> <p>The auditor recommends that the facility provide additional training for staff on this process to enhance their understanding and ensure they are equipped to support the unique needs of transgender and intersex clients effectively.</p> <p>The auditor suggests adding a section on the Transgender and Intersex Accommodation Form to record the details of these individualized meetings with the Clinical Director, including any safety concerns raised by the client. This proactive approach would enhance the consideration of clients' preferences and ensure a safer environment within the facility.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

1. CATS PREA Policy
2. Client Handbook
3. Client Poster (English and Spanish)
4. Client Roster
5. Agency Website

Interviews:

1. Clients (Targeted and Random)
2. Staff (Targeted and Random)
3. PREA coordinator
4. Orientation Staff

Site Review Observations:

1. PREA signage throughout the facility
2. Staff and Client Interactions

Findings (by provision):

115.251(a)

The facility substantially complies with §115.251(a) requiring the agency to provide multiple internal ways for clients to report sexual abuse and sexual harassment, retaliation, and staff neglect. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.251, section "Reporting", subject "Resident Reporting" shows that the facility has established clear guidelines and multiple reporting channels to ensure client safety and compliance with PREA standards.

During the site visit, auditors conducted interviews with 17 clients (12 male and 5 female). Among the interviewees, 17 were able to articulate multiple ways to report sexual abuse or sexual harassment, demonstrating awareness and understanding of the available reporting mechanisms. Clients mentioned various reporting methods, including submitting complaint/grievance into the box, reporting to their counselor or other trusted staff member, asking a family member to report on their behalf, and utilizing the phone number listed on dorm posters for private reporting. Clients reported feeling comfortable with making a report and confirmed their knowledge of the available reporting methods. Interviews with 18 staff members revealed that they receive annual training on the multiple ways clients can report PREA

allegations. Each staff member demonstrated knowledge of their responsibility to document and promptly report any allegations to their supervisor and the PREA Coordinator.

During the facility site review, the auditor observed posters in both Spanish and English in client dorm areas, common areas, visitation, and programming areas, listing multiple ways clients may report allegations, including contacting external entities. The auditor also noted a PREA reporting number on posters for the Cleveland Rape Crisis Center and the Cuyahoga County ADAMHS Board. The CATS agency website also offered instructions on how family or friends could report on behalf of clients, the option for anonymity, and assurances against retaliation. Staff provided a printout of this Handbook education for the auditor's review, confirming that clients receive this at intake. Orientation staff also report further education during the Orientation Class. Furthermore, the auditor tested the multiple ways to report, including phone numbers, email, and written methods, to ensure all were functional and accessible for clients.

Based on the review of documentation, interviews with clients and staff, and detailed observations during the site visit, the facility substantially complies with §115.251(a). The facility's reporting mechanisms, staff training, and accessible information channels collectively demonstrate a commitment to ensuring client safety and adherence to PREA standards.

115.251(b)

The facility substantially complies with §115.251(b) requiring the agency to inform clients of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports to agency officials, allowing residents to remain anonymous upon request. The facility provides an external reporting entity for clients to report through the Clients Rights Officer at the Cuyahoga County ADAMHS Board, the OHIO PREA Hotline. The facility provided a signed Memorandum of Understanding between CATS and the Cleveland Rape Crisis Center (CRCC) as supportive documentation. The Handbook stated that the CRCC offers no-cost, confidential emotional support services to victims. The facility also provided CATS PREA Policy as additional supportive documentation. The policy states, "CATS shall also inform clients of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request."

During random client interviews, clients knew they could obtain information for outside allegation reporting from the PREA Zero Tolerance posters throughout the facility, in their handbooks which is provided to them during the intake process, or through a staff request.

During the facility site review, the auditor observed PREA Zero Tolerance posters posted around the facility and reviewed the client Handbook. The posters included a phone number, labeled as an outside source, for the Clients Rights Officer at the

Cuyahoga County ADAMHS Board (216-241-3400). It provided the Ohio PREA Hotline number (614-728-3399). It also provides the address where clients can mail a report to the PREA Coordinator or call the National Sexual Assault Hotline at 1-800-656-4673. The auditor tested this method, to ensure it was functional and accessible for clients.

Based on the review of documentation, interviews with clients and staff, and detailed observations during the site visit, it is evident that the facility substantially complies with §115.251(b). The facility's provision of external reporting mechanisms, clear communication of reporting methods, and oversight collectively demonstrate a commitment to ensuring client safety and adherence to PREA standards.

115.251(c)

The facility substantially complies with §115.251(c) requiring staff to accept reports made verbally, in writing, anonymously, and from third parties, and to promptly document any verbal requests. CATS PREA Policy was provided as supportive documentation as well as the Client Handbook. CATS PREA Policy labeled §115.251, section "Reporting", subject "Resident Reporting" states that allegations may be reported to any staff member, as well as to a third party. The policy also states that staff are required to "promptly document any verbal reports." The Zero Tolerance poster includes external options as well as multiple internal options for reporting allegations of sexual abuse.

During client interviews, 17 clients articulated at least one example of how they could report a PREA allegation verbally, in writing, anonymously, and to a third party. Examples included the hotline number on the Zero Tolerance poster, reporting to a friend or family member, and several mentioned telling specific staff members that they trusted directly. Additionally, clients expressed their comfort in utilizing at least one of these reporting mechanisms. All random staff interviewed confirmed that they are required and comfortable accepting PREA reports and were able to articulate their reporting duties in accordance with the facility's policy.

During the facility site review, the auditor observed multiple reporting mechanisms, including posters, providing multiple ways clients may report allegations. Moreover, during the walkthrough, the auditor was able to observe the interactions between staff and clients, noting that interactions appeared respectful and professional, which provides confidence that staff would accept reports appropriately.

Based on the review of documentation, interviews with clients and staff, and detailed observations during the site visit, it is evident that the facility substantially complies with §115.251(c). The facility's reporting mechanisms, staff training, and accessible information channels, complemented by professional staff-client interactions, collectively demonstrate a commitment to ensuring client safety and adherence to PREA standards.

115.251(d)

	<p>The facility substantially complies with §115.251(d), which requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment. Staff provided CATS PREA Policy as supportive documentation, which clearly outlines the reporting procedures. According to the procedure included in the policy, “the CQI Director accepts reports from staff, private or not via in-person, phone, email, letter”. Staff may also privately report sexual abuse and sexual harassment of clients to the CEO or their supervisor. This policy ensures that staff have clear and confidential channels to report any incidents or suspicions of sexual abuse or harassment.</p> <p>During staff interviews, all security and non-security staff expressed their awareness of how to privately report a PREA allegation, indicating a comprehensive understanding of their responsibilities under the policy. The PREA Coordinator noted that all staff undergo training annually. This training includes modules on the ways to report PREA allegations. The review of staff files (10 total) revealed that training certificates were present in all files, confirming that staff have completed the necessary training to recognize and report sexual abuse and harassment. Additionally, staff are required to review the CATS PREA Policy annually and acknowledge that review.</p> <p>During the facility site review, the auditor observed mechanisms in place for staff to report, such as a Zero Tolerance poster prominently displayed outside the control areas and in offices, which provides information on reporting avenues.</p> <p>Based on the review of documentation, interviews with clients and staff, and detailed observations during the site visit, it is evident that the facility substantially complies with §115.251(d). The facility's multiple mechanisms for reporting, coupled with extensive staff training and observed adherence to reporting protocols, collectively demonstrate a commitment to ensuring staff and client safety and adherence to PREA standards.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Recommendation:</p> <p>The auditor has recommended a detailed review of the multiple ways with all clients for reporting and providing an acknowledgement of that information as best practice.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

1. CATS PREA Policy
2. Client Handbook
3. Poster (English and Spanish)

Interviews:

1. Clients (Targeted and Random)
2. Staff (Targeted and Random)
3. PREA coordinator

Site Review Observations:

1. PREA signage throughout the facility

Findings:

115.252(a) - (g)

The facility's specific approach to handling allegations of sexual abuse and sexual harassment demonstrates a clear exemption from the standard requirement of utilizing an administrative review or grievance process for such allegations. According to PREA standards, facilities must have procedures in place to handle reports of sexual abuse and harassment effectively; however, the standards also allow for variations in process if alternative methods achieve compliance and maintain or enhance the protection of clients.

CATS PREA Policy explicitly details the facility's method, which does not involve the traditional grievance process but rather directs all such allegations to be handled through designated procedures. CATS PREA Policy labeled §115.252, section "Reporting", subject "Exhaustion Administrative Remedies" (2 policies total with this title) outlines procedural method that ensures prompt and effective handling of all reports, which is in alignment with the goals of PREA standards to protect clients from sexual abuse and harassment while providing a swift response to any allegations.

During the audit, interviews with staff and clients consistently affirmed that no grievance process is employed for reports of sexual abuse or harassment. This was further corroborated by a thorough review of client files and observations during the site visit, which showed no evidence of the use of a grievance process for these types of reports. The PREA coordinator's statement that CATS does not utilize an administrative procedure for resident grievances concerning sexual abuse clearly

	<p>indicates their exemption from this standard.</p> <p>Therefore, based on the evidence provided and the facility's adherence to an effective alternative protocol for handling allegations of sexual abuse and harassment, it is concluded that the facility is exempt from the standard requirement of using a grievance process for these issues. This exemption is justified by the facility's commitment to ensuring the safety and rights of clients are protected through a specialized and efficient reporting and response system.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS MOU with Cleveland Rape Crisis Center (CRCC) 2. CATS PREA Policy 3. PREA Posters 4. Client Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. Clients (Targeted and Random) 2. Staff (Random and Targeted) <p>Site Review:</p> <ol style="list-style-type: none"> 1. Observations <p>Findings (by provision):</p> <p>115.253(a)</p> <p>The facility substantially complies with §115.253(a), which requires the provision of access to outside victim advocates for emotional support services related to sexual abuse. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.253, section "Reporting", subject "Access to Outside Support" outlines the facility's commitment to facilitating confidential communication</p>

between clients and external support services. This policy mandates that the facility make reasonable efforts to enter into agreements with community service providers. A signed Memorandum of Understanding (MOU) with Cleveland Rape Crisis Center (CRCC) confirms these arrangements, ensuring clients have access to essential support services. The MOU explicitly states that CRCC will assist with counseling services.

During client interviews, the majority were aware of the support services available to them, even if they did not mention CRCC by name. Some clients mentioned the ability to choose their own provider as well. They cited various ways of accessing these services, including information on posters throughout the facility and in their client handbook. Other clients referenced being able to ask their counselor for a referral. This diversity in responses underscores the facility's efforts to ensure clients are well-informed about their options for emotional support.

During the site visit, the auditor was able to directly observe the mechanisms put in place to facilitate these services. Posters available to clients prominently displayed the contact information for CRCC, and reported there was no cost associated with calling these services. Additionally, the auditor witnessed the confidential area used for staff case sessions. The observations confirmed that these sessions occur in a manner that upholds the privacy and dignity of the clients, consistent with PREA standards.

Based on the review of policies, agreements, client interviews, and direct observations during the site visit, it is evident that the facility substantially complies with §115.253(a). The effective collaboration with external service providers like CRCC, combined with the facility's proactive approach in educating and facilitating clients' access to these services, demonstrates a commitment to ensuring the emotional well-being of clients and adherence to PREA standards.

115.253(b)

The facility substantially complies with §115.253(b), which mandates that the facility inform clients of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. CATS PREA Policy labeled §115.253, section "Reporting", subject "Access to Outside Support" as provided by the PREA coordinator, explicitly states that the facility shall inform clients, prior to giving them access to outside support services, about the extent to which such communications will be monitored.

During interviews with clients, none had attempted to call the posted hotline numbers; however, they were well-informed about the process for making phone calls. Clients described situations in which their counselor would allow them to make a private call in an office setting and also being able to use the pay phones available in each dorm setting. None of these calls are recorded, however one client did state he believes staff would be able to listen in on the conversation if they are close by. In addition, The PREA coordinator stated during an interview that clients are not charged for external calls to the PREA hotline, and calls can be confidential.

During the facility site review, the auditor observed clear and conspicuous signage posted in each client dorm and other strategic locations around the facility. The handbook also states that phone calls can be monitored, but staff confirmed that no calls can be recorded. They would however have access to phone numbers called on any given phone line. Additionally, the auditor noted that the handbook does contain specific PREA reporting information, clearly informing them which services are confidential. The auditor was also able to verify the confidentiality of the space used for counseling and case sessions, ensuring that these interactions are conducted in a manner that respects client privacy.

Based on the interviews, comprehensive site observations, and the facility's adherence to required disclosures regarding the monitoring of communications, it is evident that the facility substantially complies with §115.253(b). The facility has demonstrated transparency about communication monitoring and its protective measures for confidential communications, ensuring that clients have safe and confidential avenues to report abuse.

115.253(c)

The facility substantially complies with §115.253(c) requiring the facility maintain or attempt to enter into an MOU with community service providers that are able to provide confidential support services to the clients. The facility should document attempts or maintain copies of such agreements.

The policy states in part: "CATS shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide clients with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements." The PREA coordinator provided a signed MOU between CATS and Cleveland Rape Crisis Center (CRCC). The agreement states it will provide clients emotional support services related to sexual abuse. CRCC serves as a direct service provider and a referral source.

During the site review, PREA posters were posted abundantly around the facility and contained information for CRCC. During the client interviews, none of the clients stated they needed any information contained on the posters. Based on the evidence provided, the facility substantially complies with this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a compliance determination:

Documents:

1. CATS Website <https://communityassessment.org/acts-policies/>
2. PREA Hotline (216-206-5205)
3. National Sexual Assault Hotline (1-800-656-4673)

Interviews:

1. Client (Random and Targeted)
2. Random staff
3. PREA Coordinator

Observations:

1. Signage
2. Handbook

Findings:

115.254(a)

The facility substantially complies with §115.254, requiring the agency to establish methods to receive third-party reports of sexual abuse and sexual harassment and to distribute this information publicly. The facility ensures widespread availability of reporting methods through the Community Assessment & Treatment Services (CATS) website, client handbook and signage throughout the facility, detailing how family and friends can report allegations on behalf of a client by various means such as calling, emailing, or writing to the designated services.

The interviews conducted with clients revealed a high level of awareness about the reporting mechanisms available through the PREA posters. Most clients expressed a sense of safety and comfort with the internal reporting processes, with several highlighting the additional option to involve family members through third-party reporting if needed. This sentiment was further supported by the facility's transparency in handling external reviews, exemplified by their open sharing of a report from an outside organization on the use of force, showcasing their commitment to transparency and accountability.

During the facility site review, the auditor observed PREA Zero Tolerance posters prominently displayed throughout the facility. These posters list vital contact information, including the CATS 24-hour hotline and the National Sexual Assault Hotline, providing clear external avenues for reporting sexual abuse or harassment allegations. Furthermore, inmates reported that this information is also accessible

	<p>on their handbooks, allowing them to access the details in a confidential manner without the need to approach physical posters, thereby enhancing privacy and accessibility. Handbooks include phone numbers for an Ohio Hotline, The Cleveland Rape Crisis Center and the Cuyahoga County ADAMHS Board clients rights officer.</p> <p>Overall, the facility’s dissemination of reporting information, both internally and to the public demonstrates substantial compliance with PREA standard §115.254. The effective communication strategies and the facility’s transparent approach ensure that clients and their contacts are well-informed and can report incidents securely and confidentially.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Staff Training 3. PREA Posters 4. Client Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Clinical Director (Investigator) 3. Targeted and Random Staff <p>Site review</p> <ol style="list-style-type: none"> 1. Observations onsite <p>Findings (by provision):</p> <p>115.261(a)</p>

The facility substantially complies with the PREA standards as outlined, requiring staff to promptly report any knowledge of sexual abuse or harassment, retaliation, or any staff neglect or violation of responsibilities that may have contributed to such incidents. The Pre-Audit Questionnaire (PAQ) provided, along with CATS PREA Policy, clearly mandates immediate notification by any employee, agency representative, volunteer, or contractor to a supervisor, who will then forward the matter to a PREA investigator.

CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.261, section "Official Response Following a Report", subject "Staff and Agency Reporting Duties" states "CATS shall require all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in CATS facilities; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

During the documentation review phase of the audit, a thorough examination of 10 random staff files was conducted. Each file contained comprehensive records of PREA training that covered the reporting requirements necessary for compliance with PREA standards. This training is provided for all staff members, regardless of their role within the facility, to ensure they are well-informed about the procedures and protocols for reporting incidents of sexual abuse, harassment, or retaliation. The presence of these detailed training records in all reviewed files provides the necessary training requirements under the standard.

During the onsite audit, the auditor interviewed the PREA Coordinator, who confirmed that the agency requires staff to report immediately and states they train staff in this requirement. The auditor interviewed eighteen (18) total staff during the onsite audit. Every staff member was able to articulate the process of reporting allegations, specifying that they would report directly to their immediate supervisor, the PREA Coordinator, or PREA Investigator. This provided consistent awareness among the staff of the training and communication regarding PREA reporting requirements.

Additionally, the auditor observed that the reporting mechanisms available to staff were actively accessible and understood. The review of ten (10) random staff files further confirmed that all included documentation of PREA training specifically on these reporting requirements. The auditor's observations and the staff's uniform ability to discuss their reporting responsibilities provide substantial evidence of compliance.

Based on the policy documentation, staff training, and the accessibility of reporting mechanisms observed during the audit, it is evident that the facility substantially complies with the required PREA standards.

115.261(b)

The facility substantially complies with the PREA standard requiring that staff maintain confidentiality regarding information related to sexual abuse reports,

disclosing such information only to the extent necessary as part of the investigative process or under applicable legal requirements. The facility supports this standard with CATS PREA Policy, which provides that threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation, with reports being accessible only to those who have a legitimate need to know in accordance with policy and applicable law.

During the audit, the PREA Coordinator confirmed that maintaining confidentiality is part of the agency policy and that all staff are trained accordingly. This ensures that staff are fully aware of their responsibility to uphold the privacy and dignity of individuals involved in such sensitive matters. The auditor's interviews with 18 staff members and a thorough review of 10 random staff files further substantiated that all staff are trained and understand the importance of confidentiality in handling allegations of sexual abuse and harassment. Staff members consistently articulated during interviews that they would report any incidents or allegations directly to their immediate supervisor, the PREA coordinator, or a PREA Investigator, emphasizing that such information is treated as confidential and not disclosed unnecessarily.

Based on the evidence reviewed, including policy documentation, staff interviews, and training records, it is evident that the facility substantially complies with this critical provision of the PREA standards.

115.261(c)

The facility substantially complies with the PREA standard that requires all medical and mental health professionals, as well as all other facility employees, to act as mandatory reporters of sexual abuse. The PAQ provided CATS PREA Policy as supportive documentation. The procedure states: "Staff reports any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment directly to a PREA Investigator." The facility requires staff to report sexual abuse pursuant to section (a) of this standard and inform residents of the duty to report and limit to confidentiality. Policy provisions specifically mandate that all employees, regardless of their role, are required to report any incidents or suspicions of sexual abuse directly to designated authorities within the facility. This includes security staff, administrative personnel, and any other employees who might become aware of such incidents. The policy states that these reports must be made to the PREA Coordinator or Investigator, ensuring that all allegations are addressed.

The auditor interviewed the PREA Coordinator and Clinical Director/PREA Investigator during the onsite audit. Staff stated clients are assured of HIPAA compliance, and the exceptions for who can review files. The Clinical Director per procedure within the policy, will also report allegations of sexual abuse of victims under the age of 18, over the age of 64, or a developmentally disabled adult to Cuyahoga County Protective Services.

Based on the interviews conducted, the structured observations during the site visit, and the facility's adherence to its detailed reporting policies, it is evident that the facility substantially complies with the PREA mandatory reporting requirements.

115.261(d)

The PREA Coordinator confirmed during the audit interviews that their agency does not accept clients under the age of 18. On the agency PAQ, under the facility section, the PREA Coordinator reported a current population range of 19-72 years of age.

Further evidence supporting compliance was obtained through the review of 10 client files, all of which confirmed that the clients were over the age of 18 at the time of their admission to the facility. No discrepancies were found between the facility's records and the PREA Coordinator's statements.

Based on the interviews, site observations, and the documentation review, it is evident that the facility substantially complies with this provision.

115.261(e)

The facility demonstrates substantial compliance with PREA standard 115.61(e), which requires that all allegations of sexual abuse and sexual harassment, including those from third parties and anonymous sources, be reported to designated investigators.

The audit included a review of the CATS PREA Policy, which mandates that all threats or allegations of sexual abuse and sexual harassment, regardless of the source, be documented and referred for investigation. This policy ensures that the facility has clear procedural guidelines for handling such allegations. The onsite audit included a review of five investigative files. This review provided practical insights into how allegations are handled once reported.

During interviews, the PREA Coordinator elaborated on the process, stating that allegations would typically be referred to himself or one of the PREA Investigators. This was corroborated by comments from random staff and clients, who expressed awareness of the reporting process, noting that they would report any incidents of sexual abuse to their immediate supervisor, the PREA Coordinator, or the PREA Investigator.

Based on the policy documentation and the structured interviews of the facility's practices, it is evident that the facility substantially complies with this PREA standard.

Based on the overall evidence provided, the facility meets this standard.

Corrective Action:

No corrective action recommended.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CATS PREA Policy

Interviews:

1. CEO
3. PREA coordinator
4. PREA investigator / Clinical Director
5. Random staff

Site Review:

1. Observation

Findings:

115.262(a)

The facility complies with this standard requiring an agency to take immediate action when a resident is subject to a substantial risk of imminent sexual abuse. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.262, section "Official Response Following a Report", subject "Agency Protection Duties" states, CATS shall take immediate action when it learns that a resident is subject to a substantial risk of imminent sexual abuse."

During the onsite audit, the auditor interviewed specialized staff. The Clinical Director reported during his interview that if an imminent threat occurs, the alleged victim and alleged perpetrator are separated. They can do this by placing one in another area until they can be interviewed or moving their dorm all together. The CEO reported during his interview that if the situation involved a staff member, the staff would be placed on administrative leave to keep them from the client. He reported that they did not have any staff examples of this during the audit period. During onsite interviews, all staff stated separation of the alleged victim and alleged perpetrator would be a first step priority. Staff stated the separation would happen immediately to protect clients in the safest environment possible. Staff stated that they would then take steps to secure any evidence, notify their supervisor and document in an initial incident report.

During the facility site review, separate dorm areas were observed that could be used to separate clients. For the females, they reported being able to use a day room or an office. All housing units still contain restrooms and showers that could accommodate the needs for a client who needed placement in a separate area. The auditor observed that these areas can be monitored from a control post to ensure

	<p>client safety, and facility security.</p> <p>Based on the policy guidelines, staff interviews, and observations of the facility's infrastructure and procedures, it is evident that the facility substantially complies with this PREA provision. Based on the overall evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. CEO 2. PREA coordinator 3. PREA investigator / Clinical Director 4. Random staff <p>Findings (by provision):</p> <p>115.263(a)</p> <p>The facility complies with §115.263(a) requiring that upon receiving an allegation that a resident was sexually abused at another confinement facility, the facility head must notify the facility head of the other confinement facility. The PREA Coordinator indicated on the Pre-Audit Questionnaire, that there were zero allegations in the last 12 months where they needed to notify another confinement facility. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.263, section "Official Response Following a Report", subject "Reporting to Other Confinement" states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, CATS CEO shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours after receiving the allegation and document the notification."</p>

The CEO stated the PREA coordinator would notify him if such a report was made, and they would ensure the report was made to the appropriate facility. The auditor interviewed the PREA Coordinator, who confirmed information is communicated facility head to facility head. The auditor interviewed 17 random, and targeted clients. No client reported being sexually abused while confined at another facility. The auditor reviewed 10 client files and found no evidence of a report that a client disclosed during risk screening(s) that they experienced sexual abuse from another facility.

Based on the policy guidelines and onsite interviews, the facility substantially complies with this PREA provision. The auditor was unable to review any documented example reports being made from facility head to facility head and relies on the policy and staff interviews to make this determination.

115.263(b)

The facility complies with §115.263(b) requiring that notifications to the facility head of another confinement facility is provided no later than 72 hours from receiving the allegation. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.263, section "Official Response Following a Report", subject "Reporting to Other Confinement" states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, CATS CEO shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours after receiving the allegation and document the notification."

The PREA Coordinator reported during his interview that there have been no reports in the past 12 months that a CATS client reported they were sexually abused while at another facility. During interviews, no client disclosed prior sexual abuse while at another facility. The auditor was unable to review any documented example reports being made from facility head to facility head and relies on the policy and staff interviews to make this determination.

Based on the policy guidelines and onsite interviews, the facility substantially complies with this PREA provision.

115.263(c)

The facility complies with §115.263(c) requiring that the facility documents that it has provided notification to another confinement facility within 72 hours of receiving the allegation. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.263, section "Official Response Following a Report", subject "Reporting to Other Confinement" states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, CATS CEO shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours after receiving the allegation and document the notification."

The PREA Coordinator reported during his interview that there have been no reports

	<p>in the past 12 months that a CATS client reported they were sexually abused while at another facility. During interviews, no client disclosed prior sexual abuse while at another facility. The auditor was unable to review any documented example reports being made from facility head to facility head and relies on the policy and staff interviews to make this determination.</p> <p>Based on the policy guidelines and onsite interviews, the facility substantially complies with this PREA provision.</p> <p>115.263(d)</p> <p>The facility substantially complies with §115.263(d) requiring that the facility that receives notification shall ensure that the allegation is investigated in accordance with the PREA standards. The PREA Coordinator indicated on the Pre-Audit Questionnaire, that CATS policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.</p> <p>The CEO stated during his interview that, should the facility receive a report from another facility that a former client alleged being sexually abused while at CATS, they would treat is as if the client were still there, and request a full investigation. During the interview with the Clinical Director, he confirmed the statement made by the CEO. The PREA Coordinator reported that there was no allegations in the last 12 months that came from another facility.</p> <p>Based on the policy review, and interviews conducted, the facility substantially complies with this provision.</p> <p>Based on the overall evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire (PAQ) 2. CATS PREA Policy 3. Client files

4. Staff training records

Interviews:

1. Security staff who are first responders
2. Non-security staff

Findings (by provision):

115.264(a)

The facility substantially complies with §115.264(a) requiring the first security staff member to respond to an incident of sexual abuse to respond by: (1) separating the alleged victim and abuser, (2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, (3) request victim not destroy any evidence, and (4) ensure alleged abuser does not destroy any evidence. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.264, section "Official Response Following a Report", subject "First Responder Duties" states, "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within 96 hours the RA shall request the alleged victim to not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating and shall ensure 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 first staff responder is not a Residential Advocate, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notifies the Residential Advocate Supervisor, or designee."

During security staff interviews, all staff were able to articulate first responder duties. The staff gave specific steps to take ensuring they notify their supervisor or other staff to help, ensure separation of victim and abuser, preserve and protect the crime scene or any evidence and complete an initial report immediately. Staff all reported being trained on their duties as a first responder. Staff all stated during interviews, allegations of sexual abuse or harassment would be reported to their immediate supervisor and the PREA coordinator or PREA Investigator. All staff stated allegations would be reported to the Cleveland Police Department (CPD) if there was potential physical evidence related to an alleged sexual abuse and that CPD would collect that evidence. The PREA coordinator stated the alleged abuser would be separated until the investigation was complete, and further action was determined. Security staff articulated the appropriate action steps related to the alleged abuser. The CEO stated during his interview that additional charges would be brought against the abuser and CPD would conduct a criminal investigation. The victim would be transported to the local hospital if necessary.

	<p>During the facility site review, multiple dorm area, common rooms and classrooms were observed that could be used to separate clients as necessary. All housing units still contain restrooms and showers that could accommodate the needs for a client who needed placement in a separate area. The auditor observed that this area can be monitored from control stations, to ensure safety, and facility security that is in accordance with the first responder duties.</p> <p>Based on the policy guidelines, staff interviews, and observations of the facility's infrastructure and procedures, it is evident that the facility substantially complies with this PREA provision.</p> <p>115.264(b)</p> <p>The facility substantially complies with §115.264(b) requiring that if the first responder is not a security staff member, the responder will be required to request the victim not destroy any evidence and then notify security staff. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.264, section "Official Response Following a Report", subject "First Responder Duties" states, "If the first staff responder is not a Residential Advocate, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notifies the Residential Advocate Supervisor, or designee."</p> <p>The auditor interviewed 18 total staff members, including both security and non-security staff. All confirmed their responsibilities in accordance with this standard and confirmed they received the training. Each staff articulated that they would separate the alleged victim and abuser, secure the scene, and contact the PREA coordinator, or supervisor on shift. The auditor reviewed investigative files, but there were no PREA allegations of sexual abuse in the past 12 months where evidence of this nature would have needed to be preserved.</p> <p>Based on the documentation review and staff interviews, it is evident that the facility substantially complies with this PREA provision.</p> <p>Based on the overall evidence, the facility meets this standard</p> <p>Corrective Action:</p> <p>No corrective action recommended.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p>

1. Pre-audit Questionnaire (PAQ)

2. CATS PREA Policy

3. CATS PREA Action Plan

Interviews:

1. PREA coordinator

Site Review:

1. Observations

2. Camera Review

Findings:

115.265(a)

The facility complies with §115.265 which requires the facility to develop a written institutional plan to coordinate action taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided CATS PREA Policy as supportive documentation. The facility also provided a document labeled PREA Action Plan. CATS PREA Policy labeled §115.265, section "Official Response Following a Report", subject "Coordinated Response" states, CATS shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership." The PREA coordinator referenced the PREA Action Plan as a training tool, and a way to institutionalize the first responder procedures. The plan differentiates action steps for various staff positions. It includes action steps for first responders, managers and investigators. The First Responder Checklist within the document contains all required first responder action steps and instructions related to each corresponding action step.

The PREA coordinator stated during his interview that a key method of ensuring client safety is the use of surveillance cameras throughout the facility. During his interview, the PREA coordinator articulated how, where cameras exist and are utilized. During client interviews, all noted being aware of the cameras and that they had privacy to undress in the restrooms.

The auditor observed multiple control rooms and received descriptions of the surveillance system by multiple security staff. The auditor was able to view all camera views and there was no view that appeared concerning during the observation.

Based on the documentation review, interviews with staff and clients, and the observation made onsite, the facility substantially complies with this standard.

Corrective Action:

	No corrective action is recommended.
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. CEO 2. PREA Coordinator <p>Findings:</p> <p>115.266 (a)</p> <p>The facility substantially complies with §115.266 which provides that the facility has not entered into any collective bargaining agreements that would limit the agency’s ability to remove alleged sexual abusers from contact with residents. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.266, section “Official Response Following a Report”, subject “Protection of Victims from Abusers” states, “CATS does not enter into collective bargaining agreements”. The PREA Coordinator indicated on the Pre-Audit Questionnaire that this section is non-applicable for the agency as CATS does not enter into such agreements.</p> <p>During onsite interviews the CEO reported that CATS does not enter into collective bargaining agreements. He stated he has the authority to do what is necessary and put staff on administrative leave during an investigation when warranted.</p> <p>Based on the documentation reviewed and interviews conducted, the facility substantially complies with this provision.</p> <p>115.266(b)</p> <p>The auditor is not required to audit this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p>

	<p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in make the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Facility physical layout 3. MOU - Cleveland Rape Crisis Center <p>Interviews:</p> <ol style="list-style-type: none"> 1. CEO 2. PREA coordinator/CQI Director 3. Designated Staff Member Charged with Monitoring Retaliation <p>Findings (by provision):</p> <p>115.267(a)</p> <p>The facility substantially complies with §115.267(a) which requires the agency to protect all residents and staff who report sexual abuse or sexual harassment or cooperate in an investigation from retaliation from other residents and staff and designate a staff member in charge of monitoring retaliation. CATS PREA Policy was provided in the PAQ as supportive documentation. The auditor reviewed CATS PREA Policy to determine if it provides protection for clients and staff who report sexual abuse or harassment. Section "Official Response Following a Report", subject "Protection from Retaliation" states, "CATS shall establish a policy to protect all residents and staff who report founded sexual abuse or sexual harassment or cooperate with sexual abuse or clients and staff who report sexual abuse or sexual harassment investigations from retaliation by other residents or staff. CATS shall charge specific staff with monitoring retaliation."</p> <p>The facility PREA coordinator stated he would assign staff as necessary for retaliation monitoring of clients and staff who report sexual abuse or sexual harassment. He usually would complete the monitoring himself or assign the PREA Investigator. If they were not available, he would use other administration staff. The</p>

PAQ identifies the PREA Coordinator as the staff member responsible for retaliation monitoring. The facility has a policy in place as required by this standard that requires staff and clients to be monitored for retaliation if necessary. The auditor was able to interview the designated staff members charged with monitoring retaliation, who all confirmed they would monitor any staff member or client that required protection from retaliation.

Based on the documentation review and interviews conducted, the facility substantially complies with this provision.

115.267(b)

The facility complies with §115.267(b) which requires the facility to employ multiple protection measures, such as housing changes or transfers, removal of alleged abusers, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment allegations. CATS PREA Policy labeled §115.267, section "Official Response Following a Report", subject "Protection from Retaliation" states, "CATS shall employ multiple protection measures, such as moving beds, requesting transfer to another facility, 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." Additionally, the agency provided a MOU with the Cleveland Rape Crisis Center. This MOU provided that they agreed to provide emotional support services for clients who fear or report concerns of retaliation.

During an interview with the PREA Coordinator, he confirmed that multiple protection measures would be initiated if necessary. The staff member confirmed they would request housing changes, removal of alleged abused and/or offer emotional support services as needed. The PREA Coordinator and multiple random staff member interviewed identified what they could do to protect a client. The PREA coordinator also provided investigative files for the auditor's review. Those investigations contained documentation of protective measures, such as bed/dorm moves, taken during the investigative process. Client safety was considered during each investigation. The auditor reviewed 10 random client files and there was no evidence of reported sexual abuse in the past 12 months.

During the onsite audit, the auditor conducted thorough observations of the facility's specific areas, which are designed to enhance security and safety through multiple dorm settings. These areas are strategically utilized to provide increased oversight and control, contributing to the overall safety of the clients housed there. Additionally, the auditor observed an intake process in action, which provided a practical demonstration of how client placement decisions are made. During this process, the PREA Coordinator illustrated how decisions during the screening process are carried out and detailed how adjustments are made if issues of imminent sexual abuse are identified. This part of the visit allowed the auditor to see firsthand the facility's proactive measures in action, ensuring that any potential risks are promptly addressed and mitigated.

The measures observed, from the layout and utilization of specific housing areas to the detailed screening and placement processes, demonstrate the facility's adherence to PREA standards and its dedication to the safety and well-being of its residents. Based on these observations, the documentation review and onsite interviews, the facility substantially complies with this provision.

115.267(c)

The facility demonstrates substantial compliance with PREA standard 115.267(c), which mandates the monitoring of retaliation for at least 90 days following a report of sexual abuse, with the option to extend monitoring as necessary. CATS PREA Policy labeled §115.267, section "Official Response Following a Report", subject "Protection from Retaliation" states: "for at least 90 days following a report of sexual abuse, CATS shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes (such as resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff) that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation." The policy specifies that the PREA Coordinator or an authorized designee is tasked with monitoring any potential retaliation against clients or staff who report sexual abuse or harassment, as well as those reported to have suffered from sexual abuse. This monitoring is to assess the conduct and treatment of these individuals to ensure there is no retaliation. The policy requires that this monitoring consider various factors such as client disciplinary reports, changes in housing or program assignments, staff performance reviews, and potential staff reassignments, with the monitoring period extended beyond 90 days if necessary.

The PREA Coordinator detailed during interviews that he is typically responsible for this monitoring, although the duty can be delegated to the PREA Investigator or other administration if he is unavailable. He described the monitoring process, which includes regular checks on the affected client, assessments of their dorm placement, mental health needs, and continuous evaluations of any additional resources they might require. It also involves vigilant oversight of the client's behavior and any violations to ensure their safety and well-being. Although no sexual abuse cases requiring this monitoring have occurred in the last 12 months, the preparedness and detailed understanding of the procedures were evident.

Onsite the auditor was able to review the facility's online documentation system during the audit, which is used for documenting the placement, review, and ongoing monitoring of clients. The PREA Coordinator provided an in-depth overview of this system, showing where documentation related to monitoring or changes in client placement is recorded when retaliation monitoring occurs. This system ensures that all information is systematically captured and retrievable for ongoing assessments or future audits.

Based on the policy documentation, staff interviews, and the direct observation of the documentation system, it is evident that the facility substantially complies with

the requirements of PREA standard 115.267(c).

115.267(d)

The facility substantially complies with §115.267(d) which requires in the case of residents for the facility to provide periodic status checks. CATS PREA Policy labeled §115.267, section "Official Response Following a Report", subject "Protection from Retaliation" states: "CATS shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of clients, such monitoring shall also include periodic status checks." The PREA Coordinator states they have not had any sexual abuse cases in the last 12 months that would require monitoring. The auditor was not able to review any documented cases. Based on the evidence provided, the facility substantially complies with this provision.

The facility demonstrates substantial compliance with PREA standard 115.267(d), which requires periodic status checks for clients to monitor for any incidents of sexual abuse or harassment. This requirement is supported by policy, which explicitly states in part, "such monitoring shall also include periodic status checks." The policy guidelines provided outlines the process and requirement for periodic status checks to ensure continuous monitoring and protection of clients from potential harm.

During the audit, the PREA Coordinator shared details about the implementation of this policy, indicating that he is typically responsible for conducting these periodic checks. He explained that these checks involve regular monitoring of the client's well-being, assessing any changes in their status or behavior which could indicate issues needing further investigation or intervention. However, he also noted that there have been no sexual abuse cases within the last 12 months that would necessitate targeted monitoring under this specific provision.

Although no specific cases requiring this standard's application were documented during the last year, the facility's adherence to the prescribed monitoring procedures was evident from the review of the facility's practices and the PREA Coordinator's comprehensive understanding of the monitoring process. Additionally, the facility's documentation system, observed during the audit, is utilized in supporting the periodic status checks by providing a mechanism for recording and reviewing information relevant to the monitoring of clients.

Based on the policy review, interviews conducted, and observations onsite of the online system utilized in the process, the facility substantially complies with PREA standard 115.267(d).

115.267(e)

The facility demonstrates substantial compliance with PREA standard 115.267(e), which mandates that any individual cooperating with an investigation who expresses a fear of retaliation must be monitored accordingly to ensure their safety. CATS PREA Policy labeled §115.267, section "Official Response Following a Report", subject "Protection from Retaliation" states: "If any other individual who cooperates

	<p>with an investigation expresses a fear of retaliation, CATS shall take appropriate measures to protect that individual against retaliation.” This policy provides the framework for actions to be taken to safeguard individuals from potential harm as a result of their cooperation in investigative processes.</p> <p>During the audit, interviews were conducted with staff responsible for retaliation monitoring. The staff outlined the measures they employ to assure individuals who fear retaliation that their safety is a priority. These measures include routine checks, observations, reviewing camera footage, and monitoring phone calls to detect any signs of potential retaliation. Additionally, for staff who express concerns about retaliation, reassignments to different areas or shifts are considered to mitigate any risks. The staff also mentioned that any suspicions of retaliation are immediately escalated through the chain of command to the PREA Coordinator, who then takes over the management of the situation.</p> <p>The audit included onsite observations that verified the facility’s capability to implement the measures described. Monitoring practices such as the review of camera footage and the capability to reassign staff or adjust client housing based on safety needs were observed to be effectively integrated into the facility’s operations.</p> <p>Based on the documentation review, staff interviews, and the practical observations made during the site visit, the facility substantially complies with PREA standard 115.267(e).</p> <p>115.267(f)</p> <p>The Auditor is not required to audit this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Facility Layout Document

3. Staff Training
4. Investigative Reports

Interviews:

1. PREA Coordinator
2. PREA Investigator
3. CEO / COO
4. HR Staff

Site review

1. Observation

Findings (by provision):

115.271(a)

The facility substantially complies with §115.271(a) requiring the facility to have a policy regarding administrative and criminal investigations. The PREA Coordinator indicated on the PAQ that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. CATS PREA Policy is provided as supportive documentation. Policy labeled §115.271 Section "Investigations" states "CATS shall conduct its own administrative investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. CATS shall utilize the City of Cleveland Police Department to conduct criminal investigations, evidence protocol and consultation regarding compelled interviews." The policy emphasizes thorough documentation in written reports that detail physical and testimonial evidence, credibility assessments, and investigative findings. It also specifies that only investigators who have undergone approved training are assigned to these cases, ensuring a professional and informed approach to handling sensitive matters.

The PREA Coordinator detailed during his interview that he initially receives reports of allegations, which are then progressed according to their nature—administrative or criminal. The PREA Coordinator reported that he has not had to refer any allegations of sexual abuse to the Cleveland Police Department in the last 12 months.

The auditor reviewed five past investigative reports reported in 2021-2023. In the five reports, response time varied, but all reports were handled in a timely manner. Each allegation appeared to be promptly, thoroughly and objectively investigated. None of the five reports were turned over to the Cleveland Police Department after the initial investigation. The facility stated in response to PREA §115.222 that CATS trained staff to conduct administrative investigations, when allegations are deemed

to not be criminal. According to the CEO, if the identified abuser is a staff member, they would be placed on administrative leave until the investigation is complete. If the alleged abuser is a client, he or she would be temporarily removed, or separated, until the investigation is complete. Such was corroborated by the PREA Coordinator during his interview.

Based on the documentation provided and reviewed and onsite interviews conducted, the facility substantially complies with this provision.

115.271(b)

The facility substantially complies with §115.271(a) requiring that the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. Training for the PREA coordinator, and other agency investigators were verified through supporting documentation (training certificates). The investigators complete their PREA Investigator specialized training, offered through the NIC (National Institute of Corrections), Moss Group Inc. or ODRC (Ohio Department of Rehabilitation & Corrections).

During an interview with the Clinical Director, he reported taking the National Institute of Corrections course for PREA investigators. He was one of the original trained investigators in 2014. He confirmed his qualifications further by describing what the training included and his process for investigations. Additionally, the PREA Coordinator provided insights into the training regime, supplying the training curriculum and attesting that all investigators tasked with these cases undergo the necessary training as mandated by the facility.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.271(c)

The facility demonstrates substantial compliance with PREA Standard 115.271, which mandates that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The facility PAQ indicates Investigators complete all the above. Further, CATS PREA Policy labeled §115.271, section "Investigations" states, "The investigators shall review available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator and review evidence provided by the City of Cleveland Police Department who conduct criminal investigations."

During the on-site audit, the facility's PREA Coordinator provided detailed insights into how evidence is managed during investigations. He explained that the collection and preservation of physical evidence, including DNA, are typically handled by the Cleveland Police Department. He emphasized that all investigative

actions, such as preserving evidence and restricting access to evidence-containing areas until clearance by an investigating detective, are in strict compliance with PREA standards. Furthermore, all random staff interviewed confirmed their responsibilities under PREA to preserve evidence and secure the scene until police arrive, underscoring a facility-wide understanding and implementation of these critical duties.

During the facility site review, the auditor observed cameras in the facility, which covered internal and external areas throughout the facility. The facility PREA Coordinator stated during his interview that they would preserve evidence and review camera footage as part of the initial investigation process. Access to an area containing evidence in an investigation would be prohibited until clearance is received by the police. In a review of 5 past investigative reports, all evidence was preserved and documented as required.

Based on the documentation reviewed, interviews conducted onsite, and auditor observations of processes onsite, the facility substantially complies with this provision.

115.271(d)

The facility demonstrates substantial compliance with the PREA standard that mandates specific procedures for handling compelled interviews in cases where the quality of evidence may support criminal prosecution. The facility PAQ indicates that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The PREA coordinator stated during his interview that they do not conduct compelled interviews, that such is handled by the Cleveland Police Department. During interviews, the PREA coordinator, and Clinical Director stated there have been no PREA allegations of sexual abuse in the past 12 months. There were no cases referred to the Cleveland Police Department during the audit cycle. The auditor reviewed 5 past investigative reports within the audit cycle, but none were criminal in nature.

Based on the review of documentation provided and interviews conducted, the facility substantially complies with this provision.

115.271(e)

The facility demonstrates substantial compliance with PREA Standard 115.271(e), which mandates that the credibility of an alleged victim, suspect, or witness must be assessed on an individual basis without bias towards the person's status as a client or staff member. Additionally, the standard prohibits the use of polygraph tests or other truth-telling devices as a condition for proceeding with the investigation of a sexual abuse allegation. CATS PREA Policy states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis

and shall not be determined by the person's status as resident or staff. CATS shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

The PREA Coordinator and Clinical Director confirmed during interviews that the agency does not employ polygraph tests or other truth-telling devices in the course of PREA investigations and are never used as a condition for initiating or proceeding with a PREA investigation. Additionally, during interviews with 17 clients, none reported ever being asked to undergo a polygraph test in relation to a sexual abuse allegation.

The facility provided past investigation documentation for review. Although there were no cases of alleged sexual abuse reported in the last 12 months, the review of five investigations within the audit cycle revealed no instances where a polygraph or other truth-telling device was used to determine the validity of an allegation, which is consistent with the stipulated policy.

Based on the review of documentation provided and interviews conducted, the facility substantially complies with this provision.

115.271(f)

The facility demonstrates substantial compliance with PREA Standard 115.71(f), which mandates that such investigations assess staff actions or inactions that may have contributed to the abuse and document findings comprehensively. The facility PAQ indicates administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The facility uploaded CATS PREA Policy as supportive documentation. CATS PREA Policy labeled §115.271(f), section “Investigations” states, “When conducting administrative investigations, CATS shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall complete a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and

investigative facts and findings.” The auditor reviewed documentation of five allegations where administrative investigations were completed. The auditor did not observe in the documentation that staff actions or failures to act contributed to the alleged PREA complaint.

The PREA Coordinator reported during his interview that if an allegation is deemed to not be criminal, the agency conducts an administrative investigation. The facility provided investigative documentation to corroborate that the facility's administrative investigation practice coincides with agency policies. Additionally, he discussed the electronic management of investigative files, emphasizing that files are kept electronically with strict controls to maintain confidentiality.

The auditor was provided with an overview of the electronic system used by the facility, outlining how safety and security controls are implemented to protect the confidentiality of PREA cases. This ensures that sensitive information is handled appropriately, and access is restricted to authorized personnel only.

Based on the documentation provided, interviews conducted, and overview of the electronic filing system, the facility substantially complies with this provision.

115.271(g)

The facility demonstrates substantial compliance with PREA Standard 115.71(g), which mandates that criminal investigations be thoroughly documented, including descriptions of physical, testimonial, and documentary evidence, and, where feasible, attaching copies of all documentary evidence. CATS PREA Policy labeled §115.271(g), section "Investigations" states, "CATS refers suspicion of criminal activity to the City of Cleveland Police department for criminal investigations and prosecution. CATS shall provide the police with a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. CATS shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

The PREA Coordinator reported during his interview that there had been no allegations of sexual abuse within the last 12 months, thereby no new criminal investigations were initiated in that period.

The auditor did not observe any investigative files related to an allegation of sexual abuse, or, that which rose to the level of criminal, in nature. The auditor reviewed 10 client files during the onsite audit. Of the 10 resident files reviewed onsite, none contained documentation related to allegations of sexual abuse, or retaliation. Review of 10 staff personnel files did not result in any findings of disciplinary action, or other legal action against staff for client sexual abuse and/or sexual harassment, retaliation, or evidence of any criminal charges for past sexual abuse, sexual harassment, or retaliation in the past 12 months.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.271(h)

The facility demonstrates substantial compliance with PREA Standard 115.271(h), which mandates that substantiated allegations of conduct that appear to be criminal should be referred for prosecution according to the procedures outlined in the facility's guidelines. The facility PAQ indicates that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. CATS PREA Policy labeled §115.271(g), section "Investigations" states in the procedure, "The Investigators refer suspicion of criminal activity to the City of Cleveland Police department for criminal investigations and prosecution and provides them with a written report that contains a specified detail. CATS cooperates with the police and

stays informed of the case."

The PREA Coordinator detailed during interviews there were no allegations that had the potential to be criminal during the audit cycle. The PREA Coordinator did highlight the process followed in handling such allegations, reinforcing the facility's commitment to thorough investigation and appropriate referral for prosecution when warranted.

Based on the document provided and interviews conducted, the facility substantially complies with this provision.

115.271(i)

The facility demonstrates substantial compliance with PREA Standard 115.271(i), which requires that all written reports from investigations referenced in paragraphs (f) and (g) be retained for the duration of the alleged abuser's incarceration or employment by the agency, plus an additional five years. The facility PAQ indicates that the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. CATS PREA Policy was uploaded in the PAQ as supportive documentation. CATS PREA Policy labeled §115.271(i), section "Investigations" states, "CATS shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is housed at CATS or employed by the agency, plus five years."

The PREA coordinator, and Clinical Director stated there have been no allegations of sexual abuse, or sexual harassment in the past 12 months. The PREA coordinator provided five investigative files from earlier in the audit cycle to review.

The facility maintains all investigative files electronically, and these files are retained indefinitely, exceeding the minimum requirement set by PREA. The auditor's request to access specific files was promptly accommodated by staff, who were able to retrieve the documents from their electronic records system. This capability not only ensures the security and integrity of the records but also allows for efficient access and review when needed.

Based on the documentation provided, interviews conducted, and overview of the electronic filing system, the facility substantially complies with this provision.

115.271(j)

The facility demonstrates substantial compliance with PREA Standard 115.271(j), which mandates that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The facility PAQ indicates that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. CATS PREA Policy was uploaded in the PAQ as supportive documentation. CATS PREA Policy labeled §115.271(j), section "Investigations" states, "The departure of the alleged abuser or

victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

During the audit, the PREA Coordinator shared details from five investigative files where investigations were concluded even after client departure, illustrating the facility’s adherence to policy. Additionally, in an interview with the Clinical Director (PREA Investigator), he emphasized that the departure of a client or staff member does not affect the continuation of the investigation. He affirmed that they are committed to carrying out thorough investigations until they are resolved, regardless of any changes in the employment or residential status of the involved individuals.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.271(k)

The auditor is not required to audit this provision.

115.271(l)

The facility PAQ indicates that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA coordinator stated during interviews that he would stay in contact with the Cleveland Police Department and request updates on a regular basis. The PREA coordinator, and CEO made similar comments during their interviews. It was reported that there were no investigations within the audit cycle that warranted involvement with the Cleveland Police Department, however the practices described by the facility's staff illustrate a policy framework for interaction and cooperation involving external investigators. Therefore, based on the evidence provided, the facility substantially complies with this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents:

	<ol style="list-style-type: none"> 1. CATS PREA Policy 2. PREA Allegations from audit cycle <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Investigator (Clinical Director) 2. CQI Director / PREA coordinator <p>Findings:</p> <p>115.272(a)</p> <p>The facility demonstrates substantial compliance with PREA Standard 115.272(a), which mandates that determinations regarding the substantiation of allegations of sexual abuse or sexual harassment must not require a standard higher than a preponderance of the evidence. The facility indicates it shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.272, section "Investigations" states, "CATS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." During the interview with the Clinical Director (PREA Investigator), he clarified the standard of evidence used in PREA investigations, confirming that a preponderance of evidence is the threshold applied. This standard, which involves determining whether it is more likely than not that the abuse or harassment occurred, is critical for ensuring that decisions are made based on the balance of evidence rather than the higher threshold of beyond a reasonable doubt.</p> <p>The auditor reviewed no investigative files regarding allegations of sexual abuse in the past 12 months. The auditor did review five investigative reports from earlier in the audit cycle concerning allegations of client sexual harassment and sexual abuse. This review confirmed that the agency's investigative staff consistently applies the preponderance of evidence standard in their determinations, without imposing a higher burden of proof. There was no indication that a higher standard was used, which aligns with the facility's policy and PREA's stipulations.</p> <p>Based on documents provided and the interview conducted, the facility substantially complies with this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CATS PREA Policy
2. Investigative Files / Annual Report
3. Client files (10)

Interviews:

1. Investigative staff (Clinical Director, CEO, PREA Coordinator)
2. Random client interviews

Findings (by provision):

115.273(a)

The facility demonstrates substantial compliance with PREA Standard 115.73(a), which requires that following an investigation into a resident's allegation of suffering sexual abuse in an agency facility, the agency must inform the resident of the outcome of the investigation—whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility PAQ indicates that following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.273, section "Investigations" states, "Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, CATS shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded." The PAQ indicates there have been no allegations of sexual abuse in the past 12 months.

During the onsite interview with the Investigator, he stated that at the conclusion of a PREA investigation, the outcome notice would be handled by the PREA coordinator or investigator if requested by the PREA Coordinator. The alleged victim will be notified of the outcome and they would document that notification.

The onsite audit confirmed that there have been no allegations of sexual abuse reported in the past 12 months. During targeted and random staff interviews, staff all reported that they were not aware of reported allegations of sexual abuse in the past 12 months. During interviews with 17 clients no clients reported sexual abuse during their stay at CATS. The auditor was provided 5 investigative files from earlier in the audit cycle. Documentation in those investigations align with the facility's protocols for handling such allegations.

Based on the documentation provided and interviews conducted, the facility

substantially complies with this provision.

115.273(b)

The facility demonstrates compliance with PREA Standard 115.273(b), which requires that if an agency does not conduct the investigation itself, it must request the relevant information from the investigative agency to inform the resident about the outcome.

The facility's Pre-Audit Questionnaire (PAQ) notes that there were no reported allegations of sexual abuse in the past 12 months. Additionally, it outlines the procedure for communicating with the investigative body responsible for handling such cases, ensuring that all necessary information is relayed back to the facility for client notification. No clients were identified as having reported sexual abuse at CATS.

The CEO emphasized during his interview, the collaborative relationship between the CATS staff and the Cleveland Police Department, which conducts the criminal investigations for the facility. He noted that although CPD handles the investigations, he believes they would effectively communicate the outcomes, ensuring that CATS staff can subsequently inform the involved clients. The PREA Coordinator affirmed this process, stating his commitment to staying updated about investigation results, which supports the facility's obligation under PREA to keep their clients informed.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.273(c)

The facility demonstrates compliance with PREA Standard 115.273(c), which mandates specific notifications to residents following allegations of sexual abuse perpetrated by staff members. The standard specifies that residents must be informed of significant developments in the case unless the allegation is determined to be unfounded. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.273, section "Investigations" states, "Unless an allegation of sexual abuse by a staff member has been unfounded, CATS shall subsequently inform the client whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; learns that the staff member has been indicted on a charge related to sexual abuse within the facility; if the staff member has been convicted on a charge related to sexual abuse within the facility. This notification shall be documented."

The PREA Coordinator provided 5 investigations from the audit cycle, but none of those cases involved a staff perpetrator. No allegations of client sexual abuse have been received in the past 12 months. During interviews with 17 residents (12 male, 5 female), no clients reported experiencing sexual abuse during their stay at CATS. The PREA Investigator stated during his interview that he has not conducted any sexual abuse investigations in the past 12 months. The PREA Coordinator stated

during his interview that they would inform a client victim of results of an investigation, if he had a case that would require such action.

Based on the documentation provided and interviews conducted, the facility substantially complies with this standard.

115.273(d)

The facility demonstrates substantial compliance with PREA Standard 115.73(d), which outlines the protocol for informing a resident who alleges to have been sexually abused by another client about significant legal developments regarding the accused. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.273, section "Investigations" states, "Following a resident's allegation that he or she has been sexually abused by another client, CATS shall subsequently inform the alleged victim whenever it learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. This notification shall be documented."

The PREA Coordinator provided 5 investigations from the audit cycle, but none of those cases involved a client perpetrator that was prosecuted. No allegations of client sexual abuse have been received in the past 12 months. During interviews with 17 residents (12 male, 5 female), no clients reported experiencing sexual abuse during their stay at CATS. The PREA Investigator stated during his interview that he has not conducted any sexual abuse investigations in the past 12 months. The PREA Coordinator stated during his interview that they would inform a client victim of results of a charge, if he had a case that would require such action. Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.273(e)

The facility demonstrates substantial compliance with PREA Standard 115.73(e), which mandates that all notifications or attempted notifications regarding the outcome of a sexual abuse investigation be documented thoroughly. The PREA Coordinator indicated on the pre audit questionnaire (PAQ) that all such notifications or attempted notifications shall be documented. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.273, section "Investigations" states, "This notification shall be documented." When notification is made while the client is still a resident, the client will sign a copy of the notification letter. The letter will be added to the case file.

The PREA Coordinator provided all 4 investigations from 2023. No allegations of sexual abuse have been received in the past 12 months. The PREA Compliance Manager stated during his interview that the would inform a victim of results of an investigation and document such notification, if he had a case that would require such action.

Based on the documentation provided and interviews conducted, the facility

	<p>substantially complies with this provision.</p> <p>115.273(f)</p> <p>The auditor is not required to audit this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Recommendation as best practice:</p> <p>1. Provide written notification to clients who allege sexual abuse, or sexual harassment, even when such is determined to be unfounded. If client goes AWOL before notification can be completed, document any attempts or reasons for not notifying, in the investigative file.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Employee Roster 3. Human Resources files (10) <p>Interviews:</p> <ol style="list-style-type: none"> 1. CEO 2. HR staff 3. PREA Coordinator <p>Findings (by provision):</p> <p>115.276(a)</p> <p>The facility demonstrates substantial compliance with PREA Standard 115.276(a), which mandates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator indicated on the pre audit questionnaire (PAQ) that</p>

staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.276, section "Discipline", subject "Disciplinary Sanctions for Staff" states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."

In an interview with the CEO, he stated that if a staff member was being accused of sexual abuse or sexual harassment, he is able to place them on administrative leave during the investigation. It was reported that CATS has not had any such cases in the last 12 months. The PREA Coordinator, HR and CEO that they would take staff allegations very seriously.

In a review of ten (10) employee files, there was no evidence of staff discipline for sexual abuse or sexual harassment related incidents.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.276(b)

The facility demonstrates substantial compliance with PREA Standard 115.276(b), which mandates that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.276, section "Discipline", subject "Disciplinary Sanctions for Staff" states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

The CEO and HR staff all stated during their interviews that immediate termination would be imposed, should it be substantiated that a staff engaged in sexual abuse. The auditor did not review a PREA investigation file involving staff in the past 12 months, as there have been no allegations of client sexual abuse by staff in the past 12 months. Additionally, there were no sexual abuse or sexual harassment investigative files to review during the audit cycle involving a staff member as the alleged perpetrator.

Based on the documentation provided and interviews conducted, the facility substantially meets this provision.

115.276(c)

The facility demonstrates substantial compliance with PREA Standard 115.276(c), which requires that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment, other than the actual commission of sexual

abuse, be commensurate with the nature and circumstances of the acts committed. This includes consideration of the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.276, section "Discipline", subject "Disciplinary Sanctions for Staff" states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

The CEO and HR staff both stated during their interviews that clear, intentional sexual abuse, or harassment would warrant termination. If a situation wasn't clear, the employee's employment history would be reviewed in conjunction with the allegation, to determine if the allegation is plausible. In some cases, automatic termination may not be the most appropriate action and all cases are looked at on an individual case by case basis. Staff reported no cases of this nature during the audit cycle.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.276(d)

The facility demonstrates substantial compliance with PREA Standard 115.276(d), which mandates that all terminations for violations of agency sexual abuse or sexual harassment policies, as well as resignations by staff who would have been terminated if not for their resignation, must be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.276, section "Discipline", subject "Disciplinary Sanctions for Staff" states, " 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."

During the interview with the PREA Coordinator, he stated all cases would be turned over to the Cleveland Police Department. He reported he has not had any such cases in the last 12 months.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. CEO 2. PREA Coordinator 3. Intern <p>Findings (by provision):</p> <p>115.277(a)</p> <p>The facility demonstrates substantial compliance with PREA Standard 115.277(a), which stipulates rigorous protocols for handling cases involving contractors or volunteers who engage in sexual abuse. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.277, section “Discipline”, subject “Corrective Action for Volunteers and Contractors” states, “CATS shall prohibit any contractor or volunteer who engages in sexual abuse from contact with clients and shall report any suspected criminal activity to law enforcement agencies and any sexual abuse activity, criminal or not, to relevant licensing bodies.”</p> <p>The auditor interviewed the CEO. The CEO provided that they do not currently have any contractors working in the facility. They did have one intern but based on safety concerns they CATS does not generally have any contractors or volunteers enter the facility.</p> <p>Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.</p> <p>115.277(b)</p> <p>The facility demonstrates substantial compliance with PREA Standard 115.277(b), which requires that appropriate remedial measures be taken, and consideration given to prohibiting further contact with residents, in cases where contractors or volunteers violate the facility’s sexual abuse or sexual harassment policies. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.277, section “Discipline”, subject “Corrective Action for Volunteers and Contractors” in the procedure section, states, “The investigator informs the appropriate manager of allegations of sexual abuse or harassment by a contractor</p>

	<p>or volunteer. The Manager then terminates any applicable contracts and prohibits the contractor or volunteer from returning to CATS. The Manager also contacts the police department if criminal activity occurred and any licensing bodies whether or not criminal activity occurred.”</p> <p>The PREA coordinator stated during his interview that CATS has not taken any remedial measures toward contractors or volunteers for violating sexual abuse or sexual harassment policies. No records of discontinued contractors or volunteers were provided for the auditor's review. The auditor was able to interview an Intern at CATS. The Intern reported that he had only recently started at CATS the prior week but completed PREA training during his first day on site. He was aware that violations would lead to termination of his internship at CATS.</p> <p>Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.</p> <p>Based on evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Client files (10) 3. Handbook 4. Admission Policies and Procedures (document dated 12.6.18) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Investigator 3. Client Interviews (Targeted and Random) <p>Findings (by provision):</p>

115.278(a)

The facility demonstrates substantial compliance with PREA Standard 115.278(a), which mandates that residents be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding of guilt for resident-on-resident sexual abuse. CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.278, section "Discipline", subject "Disciplinary Sanctions for Residents" states in the procedure, "Clients are terminated upon substantiation of perpetrating sexual abuse or engaging in voluntary, consensual sexual activity."

During the past 12 months, there were no allegations with an administrative finding of resident-on-resident sexual abuse that occurred at the facility, and there were no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility. During the onsite review, the auditor interviewed 17 total clients (12 male, 5 female). None of the clients interviewed stated they received a violation or sanction for resident-on-resident sexual harassment. The client Handbook was provided to the auditors as supportive documentation. Page 54 of the Handbook contains a section on the penalties for various rule violations. The handbook lists sexual abuse and sexual harassment under a Level 4 Violation. Level 4 violations come with a sanction of "immediate program termination". There were no investigative files to review involving resident-on-resident sexual abuse in the past 12 months.

The auditor did interview five investigative files from previous years. All files were allegations involving resident on resident interactions. Only one of those investigations was substantiated but no disciplinary measures were necessary because the alleged perpetrator was no longer a resident.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.278(b)

The facility demonstrates substantial compliance with PREA Standard 115.278(b), which mandates that sanctions for residents who engage in sexual abuse must be commensurate with the nature and circumstances of the abuse committed, considering the resident's disciplinary history and the sanctions imposed for comparable offenses by other clients with similar histories.

The client Handbook was provided to the auditors as supportive documentation. Page 54 of the Handbook contains a section on the penalties for various rule violations. The handbook lists sexual abuse and sexual harassment under a Level 4 Violation. Level 4 violations come with a sanction of "immediate program termination". The PREA Coordinator reported during his interview that the Handbook is used as a guide, but they do look at sanctions for clients on an individual basis and take the whole situation into account. During interviews with 17 male and female clients, none indicated having received a serious violation for inappropriate sexual contact. A review of 10 client files did not result in identifying

violations or sanctions related to sexual abuse of another client. There were no sexual abuse or sexual harassment investigative reports to review within the last 12-month period. Investigative staff reported that they would separate clients during investigations but would not discipline them unless the allegations were substantiated. The PREA coordinator stated that a substantiated allegation of sexual abuse would result in the client's termination from the program and possibly an arrest on new charges by Cleveland Police Department.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.278(c)

The facility complies with PREA Standard 115.278(c), which requires that the disciplinary process take into account whether an client's mental disabilities or mental illness contributed to their behavior when determining the type of sanction, if any, to be imposed.

CATS PREA Policy was provided as supportive documentation. CATS PREA Policy labeled §115.278, section "Discipline", subject "Disciplinary Sanctions for Residents" states "CATS does not accept clients whose cognitive abilities impairs their ability to understand and comply with prohibited sexual activity." The PREA Coordinator provided their Admission Policies document. The admission criteria outlined in the document provides guidance to staff on what clients will benefit from their program and who would not be appropriate based on what level services they are able to provide.

The PREA Coordinator and CEO both stated during their interviews that CATS does not house residents whose cognitive ability would impair their ability to understand and comply. The auditor reviewed 10 client files, none contained clients identified as severely mentally disabled.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.278(d)

The facility demonstrates substantial compliance with PREA Standard 115.278(d), which stipulates that if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, it shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. CATS PREA Policy labeled §115.278, section "Discipline", subject "Disciplinary Sanctions for Residents" states, "CATS does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse."

During the onsite interview with the Clinical Director, he stated that if a client was sexually victimized, they would make a referral to ensure the client received

appropriate medical services, unless it was an emergency. In an emergency they would transport (or call 911) the client for necessary services. He stated that CATS does not provide direct services related to sexual abuse, but would always ensure they received care. The auditor did not review any investigative files, nor observe inmate files that a CATS client requested, or received medical services related to an alleged sexual abuse incident.

Based on the documentation provided and interviews conducted, the facility substantially complies with this provision.

115.278(e)

The facility demonstrates substantial compliance with PREA Standard 115.278(e), which mandates that a resident may only be disciplined for sexual contact with staff upon a finding that the staff member did not consent to such contact. The facility's client Handbook, page 54, states engaging in sexual activity is a level 4 violation, which may result in termination from the program.

The PREA Coordinator reported that there have been no incidents of this nature in the last 12 months. The auditor reviewed 10 random client files and there were no client files reviewed, which indicated a client engaged in nonconsensual sexual conduct with a CATS staff member.

Based on the documentation provided and interviews conducted, the facility substantially meets this provision.

115.278(f)

The facility demonstrates substantial compliance with PREA Standard 115.278(f), which stipulates that a resident shall not be disciplined for reporting an incident of sexual abuse based on a good faith belief, even if the investigation does not substantiate the allegation. CATS PREA Policy labeled §115.278, section "Discipline", subject "Disciplinary Sanctions for Residents" states, "for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

The auditor reviewed 10 client files during the onsite audit. No files contained violations or sanctions related to reported allegations made in good faith, even if the allegation was not substantiated. The auditor reviewed 5 investigative files from early in the audit cycle, but none of those contained results of a false report being made. There was no sexual abuse allegations reported in the past 12 months.

Based on the documentation provided and interview provided, the facility substantially complies with this provision.

115.278(g)

The facility demonstrates substantial compliance with PREA Standard 115.278(g),

which requires that all sexual activity between clients be prohibited and that inmates may be disciplined for such activity, particularly if it is determined to be coerced. CATS PREA Policy labeled §115.278, section “Discipline”, subject “Disciplinary Sanctions for Residents” states, “Clients are terminated upon substantiation of perpetrating sexual abuse or engaging in voluntary, consensual sexual activity.”

The Handbook was also provided as evidence. The Handbook does prohibit all sexual activity between clients. The facility Handbook (page 54) lists consensual sexual activity as a level 4 violation, which may result in termination from the program. The auditor observed the intake process, where each client is provided the Handbook during the intake process.

The PREA coordinator stated during his interview that surveillance cameras in the client dorms have full view of the dorms, common areas, and bathroom entrances. Such is a strong deterrent against sexual conduct between clients. The auditor observed during the facility site review cameras in all dorms. The auditor observed from the facility control room how video can be isolated in specific areas of the facility, including dorms.

Based on the documentation provided, interviews conducted, and onsite observations, the facility substantially complies with this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Client files 3. PREA Action Plan 4. Investigation files 5. MOU between CATS & Cleveland Rape Crisis Center (CRCC)

Interviews:

1. PREA Coordinator
2. PREA Investigator
3. Random and Targeted client interviews

Findings (by provision):

115.282(a)

The PREA Coordinator indicated on the PAQ that inmate victims of sexual abuse shall 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. CATS PREA Policy, labeled 115.282, in the section labeled "Medical and Mental Care" provides a procedure for staff to follow when emergency care is needed. The procedure states: "Staff calls 911 to arrange emergency transport to a local emergency room with a 24/7 SANE Unit. The SANE Unit provides emergency medical treatment and crisis intervention services and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

The PREA coordinator provided to the auditor a written agreement between CATS and Cleveland Rape Crisis Center (CRCC). The agreement is signed by the CEO of CATS, and the CRCC director. This was an MOU given to the auditor, dated July 1, 2022 and states the agreement is in effect for 3 years (until July 1, 2025). The PREA Coordinator also provided the auditor, a form titled PREA Action Plan. The PREA Action Plan requires staff to call 911 to transport the victim to a SANE ER and states that a list of SANE ER's are in each of the RA offices. The plan also gives staff guidance on how to facilitate an advocate from the Cleveland Rape Crisis Center.

During staff interviews, there were no recent reports of client sexual abuse. The PREA coordinator stated during his interview that there have been no reports of client sexual abuse in the past 12 months. The auditor interviewed 17 clients during the onsite audit. The auditor reviewed 10 client files. No files contained information related to medical services received related to sexual abuse. Of the 17 clients interviewed, none reported they experienced sexual abuse while at CATS and none reported needing to go to the hospital for treatment.

Based on the evidence provided, the facility substantially complies with this provision.

115.282(b)

The PREA Coordinator indicated on the PAQ that their facility complies with §115.282(a), that if no qualified medical or mental health practitioners are on duty

at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.262 and shall immediately notify the appropriate medical and mental health practitioners. CATS PREA Policy, labeled 115.282, in the section labeled "Medical and Mental Care" was provided as supportive documentation. The policy states CATS does not provide emergency medical treatment and crisis intervention services. The procedure section of the policy informs staff to call 911 and arrange emergency transport to a local emergency room with a 24/7 SANE Unit.

The PREA coordinator stated during his interview that the agency has not experienced allegations of sexual abuse in the past 12 months. The auditor interviewed eighteen (18) total targeted and random staff, and all stated there have been no allegations in the past 12 months. The auditor reviewed five investigation files from 2021-2023. None of the files reviewed required medical services for any of the victims.

Based on the evidence provided, the facility substantially complies with this provision.

115.282(c)

The PREA Coordinator indicated on the PAQ that client victims of sexual abuse while incarcerated shall be 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. The PREA Coordinator noted that this would be done through the SANE Unit at their local Emergency Room. The procedure section of the policy states: "The SANE Unit provides emergency medical treatment and crisis intervention services and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate." The PREA coordinator stated during his interview that there have been no sexual abuse allegations in the past 12 months. No files were provided to the auditor where the client victim of sexual abuse received access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility reported in the PAQ that there have been no sexual abuse allegations in the past 12 months. The auditor interviewed 17 clients in total. None of the clients reported requesting or being provided information about timely access to emergency contraception and sexually transmitted infections prophylaxis. The PREA Coordinator confirmed that this care would be offered when medically necessary or appropriate by the hospital.

Based on the evidence provided, the facility substantially complies with this provision.

115.282(d)

The facility PAQ indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or

	<p>cooperates with any investigation arising out of the incident. CATS PREA Policy was provided as supportive documentation. The policy states, "CATS shall insure that 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 by referring clients to community partners regardless of financial cost and whether the victim names the abuser or cooperates with any investigation arising out of the incident." The auditor reviewed the website for the SANE program. The website also states that services will be provided free of charge. The site states in full, "The goal of the SANE program is to provide free coordinated, timely, comprehensive and compassionate care to pediatric and adult victims of sexual assault 24 hours a day. If a patient desires, an advocate from the Cleveland Rape Crisis center will be contacted." The auditor interviewed 17 clients (12 male, 5 female) during the onsite audit. None of the clients stated they have received medical services related to sexual abuse. No client stated they reported needing such services. Many clients reported that they feel safe at this agency as it pertains to their sexual safety. The auditor interviewed the PREA Coordinator who confirmed that victims would be provided these services at no financial cost.</p> <p>Based on the evidence provided, the facility substantially complies with this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS PREA Policy 2. Client files (10) 3. MOU between CATS & Cleveland Rape Crisis Center (CRCC) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator

2. Random Client Interviews

Findings (by provision):

115.83(a)

The PREA Coordinator indicated on the PAQ that the facility offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The facility provided CATS PREA Policy as supportive documentation. The policy, labeled 115.283, in the section labeled "Medical and Mental Care" states, in part: CATS shall offer medical and mental health evaluations to all residents regardless of whether or not they have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility." CATS does not provide direct medical services to clients as it relates to sexual victimization but would refer for treatment as appropriate. Staff reported that if disclosed, they would report to the PREA coordinator and assist with determining the best course of action.

CATS has a MOU with Cleveland Rape Crisis Center (CRCC) which is intended to establish a formal agreement between the two agencies. The document states, "This agreement is considered as an expression of both parties willingness to cooperate with each other and to coordinate our delivery of services in a manner that best meets the needs of our clients".

Based on the evidence provided, the facility substantially complies with this provision.

115.83(b)

The PREA Coordinator indicated on the PAQ that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. CATS PREA Policy was uploaded as supportive documentation. The policy states, "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 shall be documented in aftercare plans."

The facility PAQ indicates there have been no allegations of sexual abuse, whereby the victim required medical attention, and follow-up service. The auditor found no evidence in 10 client files, reflecting sexual abuse during prior to their stay at CATS, and the need for medical attention. The facility has established a policy that provides the necessary ongoing care would be provided to victims of sexual assault. The facility further confirmed through interviews, that should an incident of sexual assault arise victims would receive the necessary ongoing services.

Based on the evidence provided, the facility substantially complies with this provision.

115.83(c)

The PREA Coordinator indicated on the PAQ that the facility shall provide such victims with medical and mental health services consistent with the community level of care. CATS PREA Policy states: "CATS shall provide such victims with access to medical and mental health services consistent with the community confinement level of care." The PREA Coordinator and the Clinical Director stated in their interviews that clients are referred to medical and mental health specialists as necessary. The PREA coordinator stated during his interview that mental health referrals could be outsourced to a number of local agencies. The clients are allowed movement within the community for medical and mental health appointments. There were no medical or mental health records to review, as the PREA coordinator stated there have been no reported allegations of client sexual abuse in the past 12 months. The hospital does not provide the facility medical records, but the client would be discharged with any instructions from the treating physician, so the facility can properly coordinate any needed follow-up care or treatment. The auditor reviewed 10 client files and found no evidence of client(s) receiving medical or mental health services related to an allegation of sexual abuse.

Based on the evidence provided, the facility substantially complies with this provision.

115.83(d-e)

The PREA Coordinator indicated on the PAQ that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. CATS PREA Policy was provided as supportive documentation. The policy states "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from specified conduct such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate."

The auditor interviewed five female clients during the onsite audit. None of the five clients stated they experienced sexual abuse while incarcerated. None of the clients stated they have requested information about and timely access to all lawful pregnancy-related medical services due to sexual abuse while incarcerated. One of the females interviewed did report that she was currently pregnant. She reported she was able to receive medical care and had upcoming appointments scheduled. She reported no concerns with access to those services. The PREA coordinator stated during his interview that there have been no allegations of sexual abuse from a female client in the past 12 months. The auditor reviewed client files and found no evidence of pregnancy reported by a female client, resulting from sexual abuse during incarceration.

Based on the evidence provided, the facility substantially complies with this provision.

115.83(f)

The facility PAQ indicates that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. CATS PREA Policy was provided as supportive documentation. Policy states, "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from specified conduct such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate." The procedure goes on to state, "Staff refers victims of sexually abusive vaginal penetration to a SANE unit for pregnancy tests and comprehensive information about and timely access to all lawful pregnancy-related medical services if pregnancy results from the abusive sexual activity. All victims of sexual abuse shall be referred to a SANE unit to test for sexually transmitted infections as medically appropriate."

The PREA coordinator stated in his interview that sexual abuse allegations that require medical exams would likely be investigated as a criminal case, and referred to the Cleveland Police Department. The auditor interviewed five female clients during the onsite audit. None of the five clients stated they experienced sexual abuse while incarcerated. None of the 17 total clients interviewed reported requesting information about, or access to tests for sexually transmitted infections related to sexual abuse during their stay at CATS.

Based on the evidence provided, the facility substantially complies with this provision.

115.283(g)

CATS PREA Policy indicates that 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. CATS PREA Policy labeled 115.283, in the section labeled "Medical and Mental Care" states "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."

There were no financial records to review related to medical services a client received related to sexual abuse. No client interviewed reported any medical costs that they were financially responsible for related to sexual abuse. The auditor reviewed 10 client files during the onsite audit. No files contained medical financial responsibility documentation stemming from medical services received related to sexual abuse. The auditor was provided no investigative files related to client sexual abuse in the last 12 months. The PREA coordinator stated in his interview that he could turn any potential criminal case over to the Cleveland Police Department. The PREA coordinator provided five past PREA investigations to review from 2021- 2023, none required medical treatment for clients.

Based on the evidence provided, the facility substantially complies with this provision.

	<p>115.283(h)</p> <p>The facility provided CATS PREA Policy as supportive documentation. The policy, labeled 115.283, in the section labeled “Medical and Mental Care” states in the procedure, “The assigned counselor makes a referral for mental health assessments and treatment within 60 days of learning of a history of sexually abusive behavior.”</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CATS Sexual Abuse Investigative reports 2. CATS PREA Policies 3. SART <p>Interviews:</p> <ol style="list-style-type: none"> 1. CQI Director / PREA Coordinator 2. Clinical Director 3. CEO / COO 4. PREA Investigator <p>Findings:</p> <p>115.286(a) CATS PREA Policy, labeled 115.286, uploaded during the pre-audit phase, states in the section labeled “Data Collection and Review”, that an incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. This review is to occur within 30 days of the investigation's conclusion. The PREA coordinator provided a Sexual Assault Response Team (SART) Checklist document as supportive documentation. The process for handling and reviewing allegations was described in detail and was observed within the investigative reports. Interviews with the PREA Coordinator, Clinical Director, CEO and PREA Investigator revealed that the</p>

investigative process involves submitting an initial report to the PREA Coordinator and review team staff, including upper-level management, then follow up to complete the full review as outlined in PREA policy. If necessary, the case is forwarded to the Cleveland Police Department for further investigation. Based on the evidence provided, the facility substantially complies with this provision.

115.286(b) CATS PREA Policy outlines the timelines for completing a SART review. Although no recent SART reviews were available for audit due to the lack of substantiated or unsubstantiated sexual abuse allegations in the past 12 months, the PREA Coordinator provided 5 investigation samples from 2021, 2022 and early in 2023. All 5 investigation reports included the SART review documentation within the case file. The PREA Coordinator stated during his interview that he would ensure the SART review is completed thoroughly and timely. Based on the evidence provided, the facility substantially complies with this provision.

115.286(c) CATS PREA Policy, labeled 115.286, uploaded during the pre-audit phase, states in the section labeled "Data Collection and Review", states the review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The PREA Coordinator provided a SART review form within case file documentation. The Incident Review team was identified during interviews and would include staff that the standard and policy calls for. The PREA Coordinator states that they do not have any medical staff on site, but they do have a contracted nurse practitioner that they could include if necessary. This verification aligns with the policy and supports compliance with this provision. Based on the evidence provided, the facility substantially complies with this provision.

115.286(d) CATS PREA Policy, labeled 115.286, indicates that the review team shall consider several factors during the review process, including the need to change policy or practice, motivations behind the incident or allegation, the physical layout of the facility, staffing levels, and the use of monitoring technology. The review team's findings and any recommendations for improvement are to be documented in a written report and submitted as part of the final PREA investigative report. The PREA Coordinator, as part of the SART, stated during his interview that recommendations are discussed, and the CEO has the final authority to implement any decided changes. Despite the absence of substantiated or unsubstantiated allegations in the past 12 months, the PREA Coordinator provided 5 less recent investigation samples. All 5 investigation reports included the SART review documentation within the case file. The facility's procedures and interviews support compliance with this provision. Based on the evidence provided, the facility substantially complies with this provision.

115.286(e) The SART form within investigative reports was provided as supportive documentation. The form includes committee findings and any recommendations for improvement. The CEO, as part of the SART, has the authority to implement the final determination. The PREA Coordinator is responsible for enforcing the recommendations outlined on the SART form or documenting reasons for not doing so. This documentation and process indicate compliance with this provision. Based

	<p>on the evidence provided, the facility substantially complies with this provision.</p> <p>CATS PREA Policy, labeled 115.286, uploaded during the pre-audit phase, in the section labeled "Data Collection and Review", clearly mandates that an incident review is conducted at the conclusion of every sexual abuse investigation unless the allegation is determined to be unfounded. This review is required to take place within 30 days of the investigation's conclusion. Although there were no reported allegations of client sexual abuse in the past 12 months to necessitate a review, the PREA Coordinator provided the Sexual Assault Response Team (SART) Checklist as supportive documentation, and included 5 less recent investigative reports as evidence, all of which included completed SART examples completed within 30 days, indicating the facility's preparedness to implement these procedures.</p> <p>Interviews with the PREA Coordinator, PREA Investigator, and other staff members provided insights into the incident review process. The PREA Coordinator is responsible for ensuring all sections of the investigative process are complete. If required, the case may be escalated to Cleveland Police Department for further action if the case has the potential to be criminal in nature. Staff confirmed the composition of the SART review team, which typically includes the PREA Coordinator, PREA Investigator, CEO and other involved staff, illustrating a comprehensive and multi-disciplinary approach.</p> <p>Despite the absence of substantiated or unsubstantiated allegations in the past 12 months, the PREA Coordinator provided 5 less recent investigation samples. All 5 investigation reports included the SART review documentation within the case file. The auditor observed the SART review form as part of the investigative report and verified its content and format. This form includes sections for committee findings and recommendations, aligning with the facility's policy and ensuring that any necessary improvements are documented and implemented.</p> <p>Based on review of documentation, observation of process, and staff interviews, the facility meets this standard.</p> <p>Correction Action:</p> <p>No corrective action is recommended</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> Annual Report posted on website (2023)

2. PREA Investigations

3. CATS PREA Policy

Interviews:

1. PREA Coordinator

Findings:

115.287(a) The agency has established a clear framework for collecting accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, as stated in CATS PREA Policy, labeled 115.287, in the section labeled "Data Collection and Review". The PREA coordinator is tasked with ensuring that this data is collected using a standardized instrument and set of definitions. The policy specifies that upon request, the agency will provide all data from the previous calendar year to the U.S. Department of Justice (DOJ) by June 30. The facility has not been selected to submit the Survey of Sexual Violence (SSV) form to the DOJ. The PREA Coordinator does maintain a history of prior information. Based on the evidence provided, the facility substantially complies with this provision.

115.287(b) CATS PREA Policy, labeled 115.287, in the section labeled "Data Collection and Review" further stipulates that the data collected must be aggregated at least annually. The procedure in the policy states that the CQI Director prepares annual reports which aggregates all available data. The auditor confirmed that the 2023 Annual Report is posted on the agency website, demonstrating the agency's commitment to collecting uniform data for every allegation using standardized definitions. This availability of aggregated data ensures that the agency meets its reporting requirements and provides transparency to the public. Based on the evidence provided, the facility substantially complies with this provision.

115.287(c) The facility confirms that incident-based data collected includes the necessary information to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the DOJ. The facility has not been selected to submit the Survey of Sexual Violence (SSV) form to the DOJ, however the PREA Coordinator states that all information is available upon any future requests, reinforcing their commitment to thorough data collection and reporting. Based on the evidence provided, the facility substantially complies with this provision.

115.287(d) The facility has implemented processes to maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency website features many years of Annual Reports, showcasing their commitment to data transparency and accessibility. Staff interviews confirmed that all data is maintained electronically and indefinitely, which further supports the integrity and longevity of the data collected.

115.287(e)(f) The agency does not contract for the confinement of its residents. The PREA Coordinator marked N/A on the Pre-Audit Questionnaire. Through interviews

with the CEO, it was also reported that the agency does not have any current contracts for the confinement of their clients. Based on the evidence provided, the facility substantially complies with this provision.

The auditor reviewed CATS PREA Policy, which outlines the responsibilities of the PREA Coordinator in collecting accurate data for every allegation of sexual abuse. The 2023 Annual Report posted on the agency's website demonstrates that the agency collects uniform data and aggregates it annually. Additionally, the report is signed by the CEO/COO, and further supports the facility's compliance with the requirement to maintain comprehensive records.

The facility's processes for data collection and management were observed during the audit. The availability of the annual reports on the agency's website indicates that the facility is transparent and organized in its reporting practices. Staff interviews revealed that data is maintained electronically and indefinitely, ensuring that it remains accessible for review and reporting.

Interviews with the PREA Coordinator and other staff confirmed their understanding of data collection requirements and processes. Staff articulated their commitment to collecting accurate data and complying with DOJ reporting requirements, demonstrating a culture of accountability and transparency. The agency does not contract for the confinements of its residents, but were aware that if they did, they would need to obtain incident based and aggregated data from those facilities.

Based on the review of documentation, observation of process, and staff interviews, the facility meets this standard.

Corrective Action:

No corrective action is recommended.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none">Agency Website, https://communityassessment.org/acts-policies/CATS PREA PolicyAnnual Report <p>Interviews:</p>

1. CQI Director (PREA Coordinator)
2. CEO / COO
3. CQI Staff

Findings:

115.288(a) The 2023 Annual Report posted on the agency website was used as supportive documentation. This report contains aggregate data on the number of PREA allegations and findings from 2023. CATS PREA Policy, labeled 115.288, in the section labeled "Data Collection and Review" states: CATS shall 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. Their procedure requires the CQI Director (PREA Coordinator) to prepare the annual report and ensure it is posted on their website. Based on the evidence provided, the facility substantially complies with this provision.

115.288(b) CATS PREA Policy was provided as supportive documentation. The policy states the agency shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, identifying corrective actions taken, recommending corrective actions, comparing current annual data and corrective actions with those from prior years, and assessing the office's progress in addressing sexual abuse. CATS 2023 Annual Report was posted on the agency website. The Annual Report provides aggregate data of PREA allegations in 2023. Based on the evidence provided, the facility substantially complies with this provision.

115.288(c) CATS PREA Policy states that the reports shall be approved by CEO and made available through the website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility; however, the nature of the redacted material shall be indicated. The auditor was able to see the annual audit report signed by the CEO to show compliance on the agency website at <https://communityassessment.org/acts-policies/>. The auditor reviewed the website and identified the agency's annual report posted on the agency's PREA page, with other relevant information. Based on the evidence provided, the facility substantially complies with this provision.

115.288(d) CATS PREA Policy was used as supportive documentation. The policy states that all aggregated sexual abuse data from shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The auditor observed the facility's 2023 Annual Report posted to the website. The format of the report does not contain Personal Identifying Information (PII) but is an aggregated data report of PREA allegations and outcomes. Based on the evidence provided, the facility substantially complies with this provision.

	<p>CATS PREA Policy and CATS Annual Reports provide a comprehensive framework for the collection, aggregation, review, and publication of sexual abuse data. The policies ensure the confidentiality of personal identifiers while maintaining transparency through the publication of aggregate data. The reports are accessible to the public via the agency's website, satisfying the requirements.</p> <p>During the onsite audit, the auditor observed the secure maintenance and accessibility of the annual reports on the agency's website. The reports were verified to be free of personal identifying information, aligning with the requirements of provision 115.88(d). The auditor also noted the availability of the reports on the agency's PREA page, supporting compliance with provisions 115.288(a), (b), (c), and (d).</p> <p>Interviews with the PREA coordinator and other relevant staff members confirmed the procedures outlined in the CATS PREA Policy. The PREA coordinator detailed the process of data collection, aggregation, and publication, emphasizing the importance of confidentiality and the annual review's role in improving facility practices. Staff interviews corroborated the information in the reports and the policy, further demonstrating the facility's compliance with all relevant provisions of PREA Standard 115.288.</p> <p>Based on the review of documentation, observation of process, and staff interviews, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No further corrective action is recommended.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Agency Website, https://communityassessment.org/acts-policies/ 2. CATS PREA Policy 3. Annual Report <p>Interviews</p> <ol style="list-style-type: none"> 1. CQI Director / PREA coordinator 2. Staff Interviews

3. Client Interviews

Findings:

115.289(a), (b), (c) CATS PREA Policy, labeled 115.289, in the section labeled "Data Collection and Review" was provided as supportive documentation, outlining the procedures for collecting and maintaining sexual abuse data. The PREA coordinator corroborated that he collects and maintains this data and creates an annual report, ensuring that any reported allegations of sexual abuse do not include personal identifiers. The agency has no private facilities under its control but aggregated sexual abuse data is made readily available on its website. The auditor verified the publication of the agency data via the annual report on the agency's website, which can be accessed at <https://communityassessment.org/acts-policies/>. During the onsite audit, the auditor observed that investigative files are securely retained, and interviews with staff confirmed that only authorized personnel have access to these files. Based on the evidence provided, the facility substantially complies with these provisions.

115.289(d) CATS PREA Policy, labeled 115.289, in the section labeled "Data Collection and Review" stipulates that all data collected pursuant to this policy must be securely maintained for at least 10 years after the initial collection. The procedure in the policy states, The CQI Director retains paper data in a locked file cabinet in the CQI office and electronic data on the agency's HIPAA compliant server. All data is kept for 10 years. The PREA Coordinator reported during his interview that all files are electronic and are maintained indefinitely. Based on the evidence provided, the facility substantially complies with this provision.

The CATS PREA Policy provides a comprehensive framework for collecting, maintaining, and publishing sexual abuse data. The policy ensures the confidentiality of reported allegations by excluding personal identifiers from the annual report. The auditor confirmed that the aggregated sexual abuse data is publicly available on the agency's website, which satisfies the requirements of provisions 115.289(a), (b), and (c). Additionally, the policy mandates that all data collected must be securely maintained for at least 10 years, supporting compliance with provision 115.289(d).

During the onsite audit, the auditor observed the secure maintenance of investigative files. The files were stored in a manner that restricted access to authorized personnel only, and the process for securing electronic files was verified. This observation aligns with the facility's policy and supports the claim that the facility complies with provisions 115.89(a), (b), (c), and (d).

Interviews with the PREA coordinator and other staff members corroborated the facility's compliance with the policy. The PREA coordinator detailed the procedures for data collection and report creation, emphasizing the exclusion of personal identifiers. Staff interviews confirmed the process for restricting access to investigative files, ensuring that only authorized personnel could access sensitive information. The staff confirmation of the indefinite electronic maintenance of files further supports the facility's compliance with provision 115.89(d).

	<p>Based on the review of documentation, observation of process, and staff interviews, the facility meets this standard.</p> <p>Corrective Action:</p> <p>The auditor recommends no corrective action.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Emails regarding Notice of PREA audit <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator <p>Onsite facility review (not exclusive):</p> <ol style="list-style-type: none"> 1. Main lobby 2. Administrative offices 3. Control Posts 4. Men's A/B & C Dorms, show areas, toilet areas, pay phones, laundry, common rooms, vending machines 5. Women's C2 Dorm (2nd floor) toilet areas, pay phones, shower areas, common areas, vending machines 6. Group Rooms 7. Shift Supervisor office (with facility full-facility video monitoring technology) 8. Kitchen 9. Detective Interview rooms 10. Employment Staff / Computer Room 11. Doctors Office / Medical Room 12. Storage areas

13. Client attire storage / Laundry
14. Front lobby
15. Intake offices
16. Case Manager / Counselor offices

Findings:

115.401(a) The facility's previous audit was conducted onsite in July 2021, with the final report completed on August 18, 2021. The current PREA audit was conducted onsite in September 2024. Based on the evidence provided, the facility substantially complies with this provision.

115.401(b) Community Assessment & Treatment Services (CATS) operates one location, which was audited in 2015, 2018, 2021, and now in 2024. Each audit, including the current one, was conducted at the same facility. Based on the provided evidence, the facility substantially complies with this provision.

115.401(h) During the most recent onsite audit, the PREA coordinator guided the auditors through all areas of the facility without any restrictions or denials of access by staff. This level of transparency and cooperation demonstrates the facility's substantial compliance with this provision.

115.401(i) The PREA coordinator was responsible for uploading relevant documentation and information into the PREA Online Audit System (OAS). This documentation was initially submitted during the pre-audit phase, and additional information was requested and provided during the onsite audit. The auditor subsequently uploaded this additional information, ensuring comprehensive documentation. This process indicates substantial compliance with this provision.

115.401(m) During the onsite audit, auditors were provided with a dedicated space in the administrative office room to conduct staff interviews. Additionally, an office was provided for private interviews with male and female inmates. Inmates reported no issues with the interview locations and felt they could speak freely and openly. This arrangement supports the facility's substantial compliance with this provision.

115.401(n) In the pre-audit phase, the auditor provided audit notices in both English and Spanish on August 7, 2024. The PREA Coordinator reported he would post that afternoon on August 7, 2024. These notices, posted throughout the facility in English and Spanish, provided contact information for sending confidential information to the auditor. During the site review, the auditor observed these notices abundantly posted in various areas, including dorms and common areas which matched the coordinator's email description. This consistent posting demonstrates substantial compliance with this provision.

Overall Compliance

The detailed documentation and cooperative actions taken by CATS, guided by the

	<p>PREA coordinator, across all phases of the audit process—from pre-audit preparations to onsite evaluations—illustrate the facility's commitment to transparency and adherence to PREA standards. The consistent and thorough approach across multiple audits, combined with the evidence provided, shows that the facility substantially complies with all relevant provisions of PREA Standard 115.401.</p> <p>Based on all evidence provided in each section of 115.401, the facility meets this standard.</p> <p>Corrective Action:</p> <p>No corrective action is recommended.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Agency website <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator <p>To determine compliance with PREA standard §115.403(f), the auditor reviewed the facility's website and found it contains the zero-tolerance policy, information on how to report incidents of sexual abuse, past data collection information, and past audit reports. Specifically, the website includes a final audit report from 2015, 2018 and 2021. This demonstrates the facility's commitment to posting both historical and current audit reports.</p> <p>The facility has attested to updating their website on an ongoing basis, indicating a commitment to transparency and regular updates. Additionally, the facility has provided all requested documents to the auditor, demonstrating their willingness to comply and cooperate fully with the audit process.</p> <p>Based on the above points, the facility demonstrates substantial compliance with PREA standard §115.403(f) through their actions of posting required audit reports on their website, maintaining transparency and accessibility of information via ongoing website updates and cooperating fully with auditors by providing necessary documents. These combined efforts reflect a comprehensive approach to meeting the PREA standard, ensuring that audit reports are publicly accessible and the</p>

facility remains accountable to the standard's requirements.

Corrective Action:

There are no corrective action recommendations.

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

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

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

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

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

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

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	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.)	na
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?	no
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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