Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities

☐ **Interim** ☒ **Final**

Date of Report December 28, 2018

Auditor Information

Name: Kayleen Murray	**Email:** kmurray.prea@yahoo.com
Company Name: Click or tap here to enter text.	
Mailing Address: P.O. Box 2400	**City, State, Zip:** Wintersville, Ohio 43952
Telephone: 740-317-6033	**Date of Facility Visit:** November 28-29, 2018

Agency Information

Name of Agency: Toledo Residential Reentry Program		**Governing Authority or Parent Agency** *(If Applicable)*: Volunteers of America Ohio & Indiana	
Physical Address: 1323 Champlain Street		**City, State, Zip:** Toledo OH 43604	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
Telephone: 567-806-5140		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Agency mission: Volunteers of America is a movement organized to reach and uplift all people and bring them to the knowledge and active service of God. Volunteers of America, illustrating the presence of God through all that we do, serves people and communities in need and creates opportunities for people to experience the joy of serving others. Volunteers of America measures its success in positive change in the lives of individuals and communities we serve.

Agency Website with PREA Information: https://www.voaohin.org/residential-reentry

Agency Chief Executive Officer

Name: John VonArk	**Title:** President & CEO
Email: jvonarx@voain.org	**Telephone:** 317-201-8755

Agency-Wide PREA Coordinator	
Name: Stacey Seif	**Title:** Quality Improvement Manager
Email: Stacey.seif@voago.org	**Telephone:** 419-525-4589 x 1277
PREA Coordinator Reports to: Lori Varn, Director of Compliance & Quality Improvement	**Number of Compliance Managers who report to the PREA Coordinator** 5

Facility Information

Name of Facility: TRRP				
Physical Address: 1323 Champlaign St. Toledo OH				
Mailing Address (if different than above): Click or tap here to enter text.				
Telephone Number: 567-806-5140				
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit	
☐ Municipal	☐ County	☐ State	☐ Federal	
Facility Type:	☐ Community treatment center	☒ Halfway house	☐ Restitution center	
	☐ Mental health facility	☐ Alcohol or drug rehabilitation center		
	☐ Other community correctional facility			
Facility Mission: Click or tap here to enter text.				
Facility Website with PREA Information: https://www.voaohin.org/residential-reentry				
Have there been any internal or external audits of and/or accreditations by any other organization? ☒ Yes ☐ No				

Director	
Name: Alan Fabry	**Title:** Senior Program Director
Email: alan.fabry@voago.org	**Telephone:** 567-806-5145 Ext. 5345

Facility PREA Compliance Manager	
Name: Click or tap here to enter text.	**Title:** Click or tap here to enter text.
Email: Click or tap here to enter text.	**Telephone:** Click or tap here to enter text.

Facility Health Service Administrator

Name: N/A	**Title:** Click or tap here to enter text.
Email: Click or tap here to enter text.	**Telephone:** Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 120 m/16 f	**Current Population of Facility:** 89 m/6 f

Number of residents admitted to facility during the past 12 months	270
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	16
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	225
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	**270**
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0

Age Range of Population:	☒ Adults 18-80	☐ Juveniles Click or tap here to enter text.	☐ Youthful residents Click or tap here to enter text.

Average length of stay or time under supervision:	95
Facility Security Level:	minimum
Resident Custody Levels:	TC, PRC, Parole, Probation, CRC, FBOP
Number of staff currently employed by the facility who may have contact with residents:	30
Number of staff hired by the facility during the past 12 months who may have contact with residents:	16
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1

Physical Plant

Number of Buildings: 1	**Number of Single Cell Housing Units:** 0
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	2

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

There are cameras all over the building and in the dorms to monitor resident movement in the facility. The control booth has the main monitor for staff to use for the safety and security of our building.

Medical

Type of Medical Facility:	N/A
Forensic sexual assault medical exams are conducted at:	Click or tap here to enter text.

Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	17

Audit Findings

Audit Narrative

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

The PREA onsite visit for Toledo Residential Reentry Program (TRRP) halfway house, 1323 Champaign Street, Toledo, Ohio, was conducted on November 28-29, 2018. The facility is part of Volunteers of America of Greater Ohio & Indiana operated community confinement programs. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act standards for community confinement facilities.

The PREA Coordinator forwarded a flash drive with documentation showing compliance with each standard. The auditor received the flash drive with the documentation approximately five weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedure, MOUs, facility staffing plan, table of organization, job descriptions, investigation reports, training records, training curriculum, and other miscellaneous documents. The auditor conducted the initial audit for TRRC in 2015. The auditor reviewed the initial report and previous documentation for comparison to the current audit.

The audit notice posting was sent to the auditor showed the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to have confidential correspondence with the auditor. The auditor did not receive any correspondence from residents or staff prior to the onsite visit. The auditor did not have any request for an interview during the onsite visit.

In addition to the documentation sent prior to the onsite visit, the auditor reviewed ten resident files, eight staff files, staff and resident training records, risk for abusiveness screenings and re-screenings, agency website, acknowledgement forms, posters, brochures, floor plan with camera locations, volunteer/contractor information, and coordinated response plan during the onsite visit. After the onsite visit, the auditor attempted to make contact with relevant community agencies.

The onsite visit was conducted over two days where the auditor received a complete tour of the facility and perimeter areas. The tour included observations of the male and female housing units, dorm rooms, bathrooms, closets/storage rooms, intake area, clinic, administration area, and outdoor recreation yards. During the walkthrough, the auditor was able to have informal conversations with both staff and residents. The auditor made notes of cameras, security mirrors, blind spot areas, and staff/resident interaction. The auditor was provided a private office to conduct formal interviews with staff and residents.

The auditor interviewed sixteen residents based on the population of ninety-five (eighty-nine males and six females) during the onsite visit. The residents selected were based on the requirements of the PREA Resource Center's Auditor Handbook guidelines. The residents were selected based on their housing unit, targeted interview status, risk assessment screening, intake dates, and commitment status. The auditor conducted the following interviews:

- Random = 4
- Targeted = 12

The breakdown of the number of targeted interviews is as follows:
Residents that identify as lesbian, gay, or bisexual = 1
Residents that have a physical or cognitive impairment = 1
Residents that are limited English proficient = 1
Residents that have reported prior sexual victimization during risk screening (in the community) =1
*The resident that identified as being limited English proficient, speaks fluent English. English is just his/her second language.

The facility did not house clients who are blind deaf, or hard of hearing; reported prior sexual victimization during the risk screening (while incarcerated); reported sexual abuse while at the facility; or identify as being transgender or intersex. The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. The auditor explained the interview process to each resident and that they were under no obligation to answer questions. The auditor asked questions concerning the resident's experience with PREA education, allegation reporting requirements, retaliation, staff communication, grievance reporting, knock and announcements, searches (pat, enhanced pat, strip, body cavity, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has thirty-three staff members. The auditor was able to talk with agency leadership during the onsite visit, which includes:

- Stacey Seif, PREA Coordinator
- Alan Fabry, previous Director of Program Operations (current Program Director)

The auditor conducted the following specialized interviews with agency/facility staff:

- Human Resource Generalist, Katie McGraw
- Administrative Investigators, Stacey Seif and Kim Ludwig
- Emotional Support, Marla Daniel
- Program Director, Alan Fabry
- PREA Manager, Kim Ludwig
- Risk of Victimization/Abusiveness screener
- Retaliation Monitor
- SART team members
- First Responders (security and non-security)
- PREA Education Facilitator

The auditor also interviewed seven random staff members from both programming and security. Security staff from all three shifts were interviewed. Due to the limited number of staff, the auditor was unable to interview the required twelve random staff members. Several staff members were responsible for more than one specialized area.

All staff interviews, random and specialized, were conducted using the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. The auditor was able to question staff on the agency's zero tolerance policies, trainings, reporting protocols, first responder duties, coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies and procedures, data collection, annual reports, staffing plans, electronic surveillance, reporting to other confinement facilities, disciplinary procedures, knock and announcements, cross-gender supervision polices, and transgender/intersex accommodations.

The auditor reached out to the facility's community resources by phone to confirm the MOUs and scope of services. These community partners include the Chief Nursing Executive from St. Vincent's Hospital and the Director from YWCA Sexual Assault Response Team. The auditor was able to speak to someone from each organization who confirmed the services they would provide to residents free of charge.

On the final day of the audit, the auditor sat down with agency and facility leadership to review preliminary audit findings.

Facility Characteristics

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

Toledo Residential Reentry Program (TRRP) is a halfway house in Toledo, Ohio that serves both male and female offenders. The facility is a single level brick building with separate entrances for male and female offenders.

Male Unit: To access the facility, one must either have a key fob to access the outside door, or be "buzzed" into the building by TRRP staff. Once inside the lobby area, all visitors and staff must sign-in and sign an acknowledgement of VOA's zero tolerance policy. To the right in the lobby is access to an outpatient group room. To the left, is the entrance to the male housing unit. Male resident entering the building will come through the main entrance and receive a pat search in the lobby area. Should a resident need an enhanced pat search, the resident will be escorted by staff to the designated bathroom (see standard 115.215 for a detailed description of a pat and enhanced pat search). All pat searches are captured on camera.

After being searched, male residents will be placed in a sally port to complete an Alco-Sensor screening. The security staff desk at the main entrance (manned 24/7) handles visitors, managing male residents entering and exiting the facility, and monitoring security cameras. Once past the sally port, one is inside the secure area of the male unit.

The male unit houses the kitchen, dining hall, laundry room, exercise room, computer room, and main recreation yard that is shared with the female residents. There are scheduled times where male resident must stay in their housing unit in order to allow the female residents access to these areas. All of these rooms have windows to give clear line of site views to the staff at the main post as well as cameras. There are blinds on the windows to the exercise room which will be closed when female residents are using the room.

These rooms are along the corridor which leads to the male housing unit. At the top of the unit is a staff housing desk. This desk is manned 24/7 and female residents can use an intercom system to contact staff at this desk. Across from this desk are pay phones and the bathroom. The bathroom has an open entrance; however, the design is set up to provide residents with an appropriate level of privacy (see standard 115.215 for a detailed description of the bathroom).

Directly in front of the housing desk is the corridor for the male dorms and lounge areas. The unit has four dorm rooms that are set up Jack and Jill style with a lounge area in between. All dorms are set up with thirteen bunk beds on the perimeter walls. All dorms have windows that give clear line of site views from the corridor as well as cameras. Each dorm room has access to the lounge area and to an outdoor break area that is also accessible from the lounge. Residents have free access to this area until 9:00 pm. Each outdoor break area is surrounded by a brick wall. At the end of the corridor is the main recreation yard.

Residents who have a designation based on their risk screening will be housed in dorms where staff can easily view them from the windows or if more monitoring is needed, they will be placed where the camera has a direct view of their bed. Staff know the location of designated residents and can ensure that residents of opposite designations are not housed together based on a bed location book kept in the main post area.

The facility has a case manager hallway that residents can only access with a staff escort. There is a camera in the hallway of this wing and all office doors have windows. This hallway is between the male and female unit so that all residents can access the case mangers without having to enter into the other's unit.

Facility meals are provided by AraMark. AraMark staff are responsible for cooking and serving the meals. The facility prohibits residents from working in the kitchen under AraMark supervision. All AraMark staff participate in initial PREA training, facility PREA training, and LGBTI communication training. Connected to the kitchen is a serving line, return tray line, and dining hall. The dining hall faces the main post desk and has a door at the entrance. The dining hall is also used as the visitation room. Male and female residents have separate visitation days. Inside the kitchen, pantry, serving line, return tray line, and dining area are several cameras. The cameras cover all angles and greatly limit the number of blind spot areas.

Female Unit: To access the female unit from the outside, one must go to the side of the building. Residents will ring a bell and staff will "buzzed" into a sally port area.

Depending upon the number of female residents, the control desk may or may not be manned 24/7. At the time of the audit, the female unit housed six offenders. Female staff from the male unit will check the female residents into the facility and perform a pat search on camera. Should the resident need an enhanced pat search, they will be escorted to the designated bathroom (see standard 115.215 for detailed search procedures). Staff and official visitors can access the female unit from inside the facility.

The female housing unit is self-contained. There is one dorm room with eight bunk beds that are set up around the perimeter of the room. There is a camera in the dorm and the windows to the outside corridor are frosted.

Around the corner from the dorm room is the bathroom. The bathroom has a swing door at its entrance to provide an appropriate level of privacy (see standard 115.215). The unit has lounge area down from the bathroom that has a laundry area in the back. The female residents have access to an outdoor break area from the dayroom.

In both housing units, the facility has posted appropriate notices containing information on ways a resident can report an allegation, access information to outside support and third party reporting agencies, and grievance forms.

The facility has seventy-two cameras (interior and perimeter). The cameras can record and playback from fourteen to thirty days. Security staff have access to these cameras at the main post. Administrative staff can access the cameras from their desktop computers. Security staff are required to complete two counts per shift and at least one walkthrough per hour.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

***Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 43

115.111,115.212, 115.213, 115.215, 115.216, 115.217, 115.217, 115.218, 115.221,115.222,115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253,115.254, 115.261,115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273,115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

The facility has complied with all parts of the PREA standards for community confinement facilities. There was no need for a corrective action plan.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 facilities? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 1700-01 states that Volunteers of America (VOA) has zero tolerance toward all forms of sexual abuse and sexual harassment. The policy requires each facility under the VOA umbrella to have procedures in place to prevent, detect, and respond to sexual abuse and sexual harassment, and requires the agency maintains full compliance with the PREA federal guidelines and standards for community confinement.

The policy also requires the agency to designate an agency-wide PREA Coordinator from upper-level management who has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The PREA Coordinator is responsible for:

- Acting as point of contact and reporting for an allegation of sexual assault or abuse or harassment and coordinating with staff trained to investigate allegations.
- Working with program leadership to develop and implement a training plan that fulfills the PREA training standards
- Monitoring resident screening procedures and investigations
- Overseeing internal audits
- Providing access to records to external auditors monitoring PREA compliance
- Working with Sexual Abuse Response Teams to analyze abuse data, conduct sexual abuse incident reviews and make recommendations for improvement
- Collecting and reporting outcomes of all PREA investigations at least annually
- Monitoring PREA outcome measures and reporting data to the PREA Community Compliance Corrections Liaison at ODRC
- Attend and participate in the quarterly PREA Coordinators meeting facilitated by the PREA Community Compliance Corrections Liaison at ODRC

- Participate in the annual policy review

According to the Table of Organization provided to the auditor, the agency-wide PREA Coordinator is the agency Quality Improvement Manager-Reentry Services. She works under the Director of Compliance, Quality Improvement, and Training. During an interview with the PREA Coordinator states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the Community Confinement PREA Standards. She states that the agency is currently undergoing to realignment due to merging with VOA of Indiana. This merger means that she is assisting the PREA Coordinator in Indiana to ensure all facilities are operating under the same set of policy and procedures. During a prior interview, the Director of Compliance and Quality Improvement agreed that the PREA Coordinator has great latitude toward implementing policy and procedure where PREA is concerned. The agency is looking toward the PREA Coordinator, who is also a Department of Justice Certified PREA Auditor, for guidance in assuring a VOA facilities are in compliance with all PREA standards.

The facility PREA Manager is the Program Director. The Program Director is responsible for ensuring day to day compliance with the standards and creating a culture where there is zero tolerance for sexual abuse and sexual harassment. The auditor was able to interview with Program Manager during the onsite visit. The Program Manager reports that he works directly with the PREA Coordinator to ensure facility compliance with the standards. He is responsible for ensuring all allegations are reported to administrative investigators, staff have facility specific and annual PREA training, and assisting the PREA Coordinator in collecting PREA outcome measures data. He reports that he has ample time to ensure compliance with the standards.

Review:
Policy and procedure
Interview with PREA Coordinator
Interview with Program Director
Interview with Director of Compliance and Quality Improvement

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- 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 OR the response to 115.212(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☐ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A: The PREA Coordinator reports to the auditor that the agency is a private not for profit agency and does not contract with other facilities/agencies to house offenders on behalf of the VOA.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.213 (c)

- 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 ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a staffing plan that address the physical layout of the facility, adequate staffing levels, composition of client population, prevalence of substantiated and unsubstantiated allegations of sexual abuse, other relevant factors, and deviations to the staffing plan. The plan is required to reviewed annually in order to assess the effectiveness of the plan, prevailing staffing patters, deployment of monitoring systems and other monitoring technologies, and resources to ensure adequate staffing levels. The auditor was provided staffing plans for 2017 and 2018.

The staffing plan was reviewed by facility leadership prior to budget finalization in order to ensure sufficient staff and monitoring technologies where in place. Leadership reviewed:

Layout of the facility

- Blind spots and potential dead areas from camera view
- Physical barriers identified during PREA incidents

Composition of residents

- Serves male and female offenders
- Average population

- Risk assessment information

Incidents of Sexual abuse

- Specific facility data
- Aggregated agency data
- Recommendations based on incident review
- Recommendation implementation

Deviations from staffing plan

- The facility reports having no deviations in the staffing plan

Policy 300-19 states that whenever necessary, on no less than an annual basis, the facility will assess, determine, and document whether adjustments are needed to the staffing plan, prevailing staffing patterns, the deployment of staffing patterns and other monitoring technologies, and the resources available to commit to ensure adequate staffing levels. This review is included in the annual staffing plan.

Policy 300-19 requires the facility to ensure that an adequate number of qualified staff are present to ensure continuous program operations, provide necessary services, and to protect the health, safety, and welfare of the resident. The policy requires at least three staff person on the facility premises twenty-four hours a day and because the facility serves both male and female offenders, at least one male and one female staff persons are on duty at all times. The staffing plan reflects that due to some turnover in the Resident Support Specialist (RSS) position, program staff may be used to provide coverage during their normal working hours. The prevailing staffing patterns are as follows:

- 7:00 am – 3:00 pm 5 RSS
- 3:00 pm – 11:00 pm 5/6 RSS
- 11:00 pm – 7:00 am 5 RSS

The facility also has a transportation driver scheduled Monday – Friday from 7:00 am – 3:00 pm. Program staff are available Monday – Friday from 8:00 am - 7:00 pm and one program staff member is available on Saturday and Sunday to respond to resident needs.

The facility has a total of seventy-two cameras. These cameras are strategically placed throughout the interior and exterior of the facility. Monitoring cameras can be dome from the control center and administrative staff can view the camera system from their desktops. The facility has the ability to review live camera footage or playback from 14-30 days. The facility has a total of six new cameras since the last audit in 2015. In addition to the security cameras, the facility has security mirrors placed throughout the facility to assist in minimizing blind spot areas. During the onsite visit, the auditor was able to view cameras, monitors, security mirrors, and blind spot areas.

In reviewing incidents of sexual abuse, the administration recommended additional training related to interpersonal communication and boundaries with residents. The agency also has increased the number of trained PREA investigators to include administrative investigators from Human Resources and Quality Improvement Departments for investigations that have an alleged staff abuser. All recommendations have been implemented.

The Program Director states that annually facility leadership reviews the plan and updates the plan if necessary. The review is documented and a report is sent to the PREA Coordinator. The report will make request for funding for staff or security monitoring technology when appropriate. The Program Manager states that a review will take place sooner should there be an allegation of sexual abuse.

Review:
Policy and procedure
Staffing Plan (2017 & 2018)
Facility tour
Deviation report
Interview with Program Director
Investigation reports

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☐ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents) ☒
  Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? ☒ Yes ☐ No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- 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 ☐ No

115.215 (e)

- 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 ☐ No

- If a 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 ☐ No

115.215 (f)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-03 does not allow for strip or body cavity searches of residents. Policy 700-05 outlines VOA's agency search procedures. The policy does not allow for cross gender pat-down searches. It describes a pat search as an inspection of a fully clothed person using a patting motion with the hands on the body of the subject. Resident may also be subject to an enhanced pat-down search. An enhanced pat search is described as an inspection of a subject striped down to the lowest layer of underclothing. This search is conducted inside a restroom and must have two staff members of the same gender as the resident present. The facility is required to always have a male and female security staff on duty to avoid cross-gender pat searches.

The auditor was shown the restroom where enhanced pat searches would be conducted. The room is large enough to hold two staff members and a resident without it feeling crowded. All enhanced pat searches are required to be documented in the facility shift log and on an Unusual Incident Report. Pat searches are to be performed in front of a camera.

During the onsite visit, the auditor was able to view security staff perform a pat search. The search was conducted according to agency policy.

Policy 700-05 specifies the procedure for a transgender or intersex pat search. The policy does not allow for transgender/intersex residents to be searched for the sole purpose of determining a resident's genital status. Searches are to be conducted in a professional and respectful manner and in the least intrusive manner possible. The agency will meet with a transgender/intersex resident before placement and determine the gender of the staff that will conduct searches. Each determination will be decided on a case-by case basis. A duel search (one male staff and one female staff) of a transgender/intersex client is strictly prohibited. All searches of a transgender resident are required to be documented in the facility shift log.

The facility conducts annual training on pat search techniques, including transgender and intersex searches. The facility provided the auditor with the training curriculum for

searches and course completion records. The facility has housed transgender residents. The facility provided the auditor documentation of meetings to discuss the gender appropriate for conducting pat and enhanced pat searches and urinalysis. The documentation note the resident's gender preference and concerns for safety. The staff were also questioned on their comfortability on performing pat searches, enhanced pat searches, and urinalysis testing on transgender residents. No staff member voiced concerns or uncomfortability with the process. All staff interviewed stated that they were only allowed to conduct searches or urinalysis on residents of the same gender.

Policy 1700-03 requires all staff to announced their presence when entering an area where residents, shower, perform bodily functions, and change clothing. All staff are prohibited from viewing a resident's breast, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine security checks. The facility requires resident to change in the bathroom in order to ensure the most private space for changing clothes.

The male housing unit has one bathroom. The bathroom is bifurcated into a shower room and a toilet/sink room. The shower room has two swing doors at its entrance in order to protect the view from the open entryway to the bathroom from the main corridor. Inside the shower room is a sink area with mirrors and sixteen individual use showers with curtains. Showers are separated from each other with ¾ height walls. The toilet room area is open from the entryway. On the right side of the area are sinks with mirrors above with four urinals with partitions in between on the same side. Across from the sinks are two urinals with a partition in between and six toilet stalls with doors.

The auditor noted that since the last audit in 2015, the facility has removed a mirror that gave a view to the urinals from the main corridor and added the swing doors to the entrance of the shower room. These changes protect the resident's from being viewed while performing bodily functions, showering, or changing clothes.

The female housing unit also has one bathroom. This bathroom has a swing door at the entrance. There are three single use showers with curtains, three toilet stalls with doors, and four sinks with mirrors above.

The Program Director states that when the facility houses a transgender or intersex resident, the resident is provided a private shower time and can use the staff restroom where urinalysis' are conducted if necessary. During the most resent staff of a transgender resident, the program director states that there were no issues concerning the use of the bathroom or shower.

The auditor was able to interview sixteen residents during the onsite visit. The residents were asked about privacy for changing, showering, and performing bodily functions. All residents stated that staff make announcements when entering dorm rooms or the bathroom. Female residents stated that male staff do not usually enter their housing unit unless accompanied by a female staff member. The residents reported that because the dorm rooms have cameras, changing of clothing is required to be done in the bathroom. No client reported an incidents of incidental viewing.

The auditor was able to witness the facility's practice of cross-gender announcements during the tour of the facility at the onsite visit. The Program Director reports that there have been no reported incidents of incidental viewing.

Review:
Policy and procedure
Facility tour
Training curriculum
Course completion records
Interview of residents
Interview of staff
Interview of Program Director

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- 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 ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 1000-05 requires the Program Director to ensure that the facility provides the education, equipment, and support necessary for residents with disabilities, including residents who are limited English proficient or have a reading, cognitive, or sensory limitation, to benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy 1100-03 states all information is read aloud if a resident has an identified or known limited literacy skills. Interpreters and/or technology are made available for those who are limited English proficient, deaf, or visually impaired. The facility will provide documentation translated in the resident's main language whenever possible.

Policy 1200-07 prohibits the facility from relying on resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties under PREA standard 115.264, or the investigation of the resident's allegations of sexual abuse.

The Program Director reports that the facility has not had an occasion to where the facility has had to use community resources to ensure a resident could fully participate in

the facility's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. He states that should it become necessary, the facility will provide communication assistance for limited English proficient residents whenever necessary at no cost to the resident. Resident with learning disabilities or are unable to read will have all materials read and explained in simple language. The facility also has access to auxiliary aids for sensory impaired residents. These will be provided to the resident at no cost. The facility provided the auditor with a list of available community resources.

The auditor interviewed all residents that was identified as having a reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. No resident in the targeted category was in need of any additional services in order to benefit from the facility's efforts to prevent, detect, or respond to sexual abuse or sexual harassment.

The auditor interviewed the staff member responsible for facilitating orientation group. She states that she will have resident read something to ensure that they can read and understand the material. If there is an identified issue, she will work with the resident one or one, or have the Program Director contact community resources in order to obtain the necessary services. The facilitator states that she has not had a resident during this audit cycle that has needed auxiliary items or interpreter services.

Review:
Policy and procedure
Community resource list
Interview with targeted residents
Interview with Program Director
Interview with group facilitator

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of 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 ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of 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 question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- 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 ☐ No

115.217 (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 ☐ No

- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Unless prohibited by law, 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 300-01 prohibits the agency from hiring or promoting anyone who may have contact with the resident and prohibits the services of any contractor who may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the previously described activities

The agency is required by this policy to perform a local and state criminal background records check. While policy 300-30 requires the criminal background records check be performed on all employees that have direct contact with residents every five years. The agency uses NCIC/NLETS to conduct background checks. Employees that work with Federal Bureau of Prison offenders must also get clearance from FBOP. The background checks also applies to contractors and volunteers that will have contact with residents.

The auditor interviewed the Human Resource Generalist who states that the Human Resource Department will run a report annually through their ADP Select system that will identify staff members that will need an updated five-year background check. The Generalist also states that in accordance with the agency's contract with the FBOP, which is renewed every five years, all employees who have contact with FBOP offenders will have a renewed background check at contact renewal.

The auditor reviewed eight employee files while at the onsite visit. The files contained background checks prior to employment as required by the standard. Three files required the five year recheck. Those files contained the updated recheck. The auditor was also able to verify background checks for contactors/volunteers.

In addition to conducting background checks prior to hiring applicants, policy 300-01 also requires the agency to 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 al allegation of sexual abuse. The Human Resource Generalist that the agency recruiter conducts all reference checks on potential candidates and completes documentation confirming the information reported. All applicants that have previously worked in an institution will have a reference check that includes ensuring potential candidates have not had a substantiated allegation of sexual abuse or resigned during an investigation into sexual abuse.

The auditor reviewed reference checks while reviewing employee files. Only one file had an employee who had previously work in an institution. The employee's reference check included the required PREA verification.

Applicants and potential contractors and volunteers are required to indicate on the application if they have been criminally, civilly, or administratively engaged in behavior that was deem as sexual abuse or sexual harassment. Should the applicant or contractor become employed by the agency, there is a yearly requirement to document the continued affirmation to report any arrest, citations, or complaints. The Human Resource Generalist states that her department annually conducts file audits and ensures that all employees have signed the continued affirmation documentation. Should the department find an employee who has not signed the annual affirmation, notification will be made with the facility's Program Director, along with a corrective action plan. The auditor verified the initial and continued affirmations during the employee file review.

The Human Resource Generalist reviewed the promotion process with the auditor. Employees who wish to be promoted to another position are required to submit an internal application. Should the employee meet the job requirements, talent acquisition will review the applicants personnel file and verify that there are no disqualifying infractions in their personnel file.

During the file review, the auditor reviewed documentation of employees who have been promoted along with any disciplinary actions. No staff members received a promotion with a disciplinary action that could be considered a disqualifying infraction.

Along with reviewing employee files for background checks (initial and five-year update), documentation of the continual affirmation to disclose sexual misconduct, reference checks, disciplinary records, promotions, and zero tolerance acknowledgement; the auditor was taken through the onboarding process by the Human Resource Generalist. The generalist states that the agency makes every effort to ensure the facility does not hire or promote anyone that has engaged in sexual misconduct. She states that should an outside confinement facility contact the agency for a PREA reference check, the agency would document such request.

Review:
Policy and procedure
Employee files
Continued affirmation
Background checks

Promotion records
Disciplinary records
Applications
Interview with Human Resource Generalist

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Since the last audit in 2015, the facility has not acquired any new facility nor is it planning any substantial expansion or modification of the current facility. The facility

has made changes to the program by becoming a co-ed facility, but did not modify the building structure.

Due to the change from single gender to co-ed facility, the facility has increased the number of security cameras. The six new cameras are in the female housing unit and in a blind spot hallway in the male unit. The PREA Coordinator states that annually during the staffing plan review period, facility management assess needs to the video monitoring system. She states that as needs arise, the Program Director will monitor and address these needs.

The increase in cameras has decreased the number of blind spot areas and increased the overall safety of the facility.

Review:
Floor plan with camera placement
Grant documentation for additional cameras
Facility tour
Interview with PREA Coordinator

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- 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 ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Agency policy 1700-08 states that administrative and/or criminal investigations are completed for all allegations of sexual assault, abuse, and harassment. The agency ensures that investigations are conducted by properly trained individuals or local law enforcement agencies who have the legal authority to conduct criminal investigations. The policy prohibits the facility from conducting criminal investigations. All allegations that appear to be criminal in nature will be referred to the City of Toledo Police Department. The facility was unable to secure a Memorandum of Understanding (MOU) with the City of Toledo Police Department.

Residents that are in need of a forensic medical examination will be taken to St. Vincent's Hospital in Toledo Ohio. Policy 1700-05 states that the agency will provide access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate. The facility has a MOU with the hospital to provide Sexual Assault Nurse Examiners to conduct forensic examinations for any resident who is the victim of sexual abuse or sexual assault. The nurses at St. Vincent Hospital are trained to

recognize signs of sexual assault, collect microscopic evidence, and document the patient's mental and emotional state.

The auditor had a phone interview with the Chief Nursing Executive who signed the MOU after the onsite visit. She reports that the hospital partners with the YWCA's Sexual Assault Response Team. She verified the MOU, services provided, and that the services were offered free of charge. The nurse stated that the hospital has not provided forensic exams to any resident at the facility.

The facility provided the auditor with documentation of a MOU with YWCA Sexual Assault Services. The MOU stated that the rape crisis agency agreed to provide a toll-free hotline number, address, third-party reporting, victim advocacy, emotional supportive services, survivor support groups, crisis intervention, and community referrals. The MOU states that these services will be provided to the residents free of charge. The auditor was able to have brief conversation with an advocate who was able to confirm the services and that they were free of charge.

The PREA Coordinator states that every effort would be made to provide a victim advocate from the YWCA; however, should one not be available, the facility has a trained emotional support staff member. The emotional support staff person will be made available should the victim make a request for one. The auditor spoke with the staff emotional support person. She reports that she received appropriate training to provide emotional support and while the facility has not had an allegation of sexual abuse or assault, she would conduct status checks on any resident reporting an allegation of sexual abuse or sexual harassment.

The PREA Coordinator states that no client has requested the services of the rape crisis center or the emotional support staff.

The facility provided the auditor documentation of administrative investigator training as well as emotional support training.

Review:
Policy and procedure
MOU with St. Vincent Hospital
MOU with YWCA
Training certificates
Interview with PREA Coordinator
Interview with Emotional Support staff

Interview with community partners

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice 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 ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Agency policy 1700-08 requires all allegations of sexual abuse or sexual harassment that are criminal in nature be referred to the local police department that has the legal authority to conduct such investigation. An administrative investigation will be conducted on all allegations.

The auditor reviewed the agency's website, https://d2ngl0nkh8z0ib.cloudfront.net/uploads/pdf_file/file/453/Investigation_Protocols.pdf, to ensure that the investigative policy for PREA allegations was posted. The website list the responsibilities of the agency during an administrative investigation and the responsibilities of the local legal authority during a criminal investigation. The criminal investigatory agency will make referral to the local prosecutor for any allegation deemed appropriate according to their agency policy.

The facility has had a total of two allegation reported during the past twelve months. During the onsite visit, the auditor reviewed the investigation reports with the administrative investigators.

Investigation #1: The investigation based on staff suspicion. The administrative investigators report that there were suspicious text messages to a resident from a staff member that was discovered during a phone check. The administrative investigator spoke with the alleged victim and abuser, as well as searched for video evidence. The alleged victim confirmed inappropriate sexual conversation and text messages with the staff member but denied having any type of sexual relationship with the staff member. The staff member denied any type of sexual misconduct, but admitted to crossing some personal boundaries. The staff member resigned during the course of the investigation. The administrative investigator determined the allegation to be substantiated. There was no criminal activity proven so the allegation was not referred for a criminal investigation.

Investigation #2: This was a resident verbal report to staff of staff sexual harassment. The resident reported to staff that a staff member was inappropriately proposition him and offering various gifts and special treatment. The resident denied every accepting any gifts or special treatment from the staff member. The resident did express some fear of retaliation. The administrative investigator interviewed the alleged abuser, alleged victim, and possible staff and resident witnesses. The investigators were unable to corroborate the allegation through witness statements or video evidence. The allegation was determined to be unsubstantiated. The staff member later resigned from the facility. There was no need for a referral for criminal investigation.

Review:
Policy and procedure
Agency website
Interview with administrative investigators

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- 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 ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- 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 ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Agency policy 300-15 Requires all employees who have contact with resident has have a specific number of training hours during their first year of employment and each year thereafter. This training includes sexual harassment and sexual abuse and the PREA topics as required by this standard. Policy 300-09 mandates that all new employees receive PREA training before working directly with residents.

Staff complete training through an online training system (Relias) and through facilitated in-person training. The auditor was provided the agency's training curriculum and training overview as well as a course completion list. The training topics include:

- Dynamics of sexual abuse of inmates
- Staff responsibility
- Victim response to sexual abuse
- Detecting and responding to signs of sexual abuse in inmates
- Red flags
- Mandatory reporting
- Culture (breaking the code of silence)
- Respectful communication practices with LGBTI inmates
- Agency zero tolerance policy
- Maintaining professional relationships

Training is given on both genders due to staff having contact with both male and female residents. The facility houses offenders for the Federal Bureau of Prisons; therefore, the FBOP provides annual PREA training to TRRP employees. This training is offered on the off year of required PREA standard 115.231 bi-annual training.

During staff interviews, staff were able to discuss their onboarding and annual training concerning the PREA topics. Staff felt like the training provided was appropriate for their needs and addressed concerns that they may have in addressing PREA related issues. Most staff also discussed the additional/refresher PREA training the receive periodically during staff meetings throughout the year.

Training is tracked throughout the year by the facility's Clinical Supervisor. All information is input into the Relias database system where reports can be run to ensure each staff is meeting the training requirement each year.

Review:
Policy and procedure
Relias curriculum
Training completion report
Interview with staff
Facilitated training curriculum

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 ☐ No

115.232 (b)

- 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 ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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Policy 300-31 states that the agency shall provide training to volunteers and contractors at the level in which they provide service. The volunteers and contractors will receive training on the necessary and pertinent topics prior to unsupervised contact with residents. The training will be documented and maintained in the volunteer or contractor's file.

The auditor was able to review the signed training acknowledgement from contractors and volunteers. The facility contracts with AraMark to provide food service. The food service worker on duty confirmed her PREA training from the facility prior to having contact with the residents.

Review:
Policy and procedure
Contractor/volunteer training acknowledgement
AraMark staff acknowledgement

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1100-03 requires the facility provide orientation training to each resident admitted to the facility. During intake, residents are to receive a handbook (which includes PREA related information), VOA's zero tolerance policy, ways to report sexual abuse and sexual harassment, and access to free mental health, medical, and advocacy services related to sexual abuse victimization.

Policy 1000-05 Requires the facility to provide any resident with a disability reasonable accommodations. Please see standard 115.216 to see how the agency would provide proper assistance to any resident that would be limited English or reading proficient, deaf, visually impaired, or otherwise disabled.

The facility provided the auditor with a copy of the resident handbook, intake packet, and orientation class curriculum. The handbook describes the agency's zero tolerance policy, the specific types of behavior that constitutes sexual harassment or sexual abuse, how a resident can report sexual harassment or sexual abuse (verbally to any staff member, contractor, or volunteer; anonymously to a third party hotline; in writing, or through a family member or friend), advocate, medical and mental health services that are available free of charge, and the limits of confidentiality where reporting allegations are concerned. The handbook contains contact information for third party agencies as well as in house toll free phone numbers.

The intake packet contains a brochure that contains information on how a resident can keep themselves safe, national, state, and local advocate agencies contact information (address and phone numbers), reporting options, and available services.

The orientation curriculum covers how residents can file a grievance, including a grievance alleging sexual abuse or sexual harassment, and PREA education. The staff facilitator will review the process for both grievances and PREA, and also show a resident centered PREA education video produced by *Just Detention*.

During the onsite visit, the auditor interviewed the staff member responsible for facilitating orientation group. The facilitator states that she verbally reviews the PREA information in the handbook and grievance procedures with the residents. She ensures everyone understands by asking questions and give the residents facility specific information after viewing the *Just Detention* video. The facilitator states that she has not had a resident that has needed additional assistance in understanding the information.

After completion of the class, she has the residents sign an acknowledgment form that is then placed in each resident's file.

The auditor also interviewed sixteen clients. The clients were questioned on the information they received concerning PREA during intake and orientation group. The residents were able to verbalize their education and understanding of the agency's zero tolerance policy. The residents stated that during intake a staff member would review the handbook ensuring to point out the phone numbers and remind them that there were posters throughout the facility with the information posted. The resident also stated that in addition to receiving the information at intake and during orientation, their case manager would also discuss PREA reporting options, limits to confidentiality, and sanctions regarding PREA violations.

Ten client files were reviewed during the onsite visit. The files were inspected to ensure that all clients signed documentation verifying their PREA education and understanding. All files reviewed had this information.

During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.

Review:
Policy and procedure
Resident intake packet
Resident handbook
Orientation curriculum
Group sign-in sheet
Resident PREA acknowledgment form
Resident files
PREA postings
PREA brochure
PREA education video
Interview with orientation facilitator
Interview with residents

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
  ☒ Yes ☐ No ☐ NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).]
  ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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Policy 1700-08 requires all staff designated as PREA Investigators receive training in conducting such investigations in confinement settings. The PREA Coordinator is responsible for ensuring staff have the training before assuming investigator responsibilities. The training must include:

- Techniques for interviewing sex abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The auditor was provided the curriculum used to train staff on administrative investigations. The Curriculum and training was provided by the Massachusetts Department of Corrections. The training was appropriate for the requirements of this standard. The PREA Coordinator was trained on how to be an instructor for administrative investigator training. She facilitates training and refresher training for VOA staff using this curriculum.

Policy 1700-08 prohibits staff from conducting criminal investigations. All allegations that are criminal in nature will be referred to Toledo City Police, who has the legal authority to conduct criminal investigations.

Review:
Policy and procedure
Administrative investigator training curriculum (instructor and participant manual)
Administrative investigator training certificates

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

115.235 (b)

- 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 medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.235 (c)

- 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? ☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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Toledo Residential Reentry Program does not employ or contract with medical or mental health practitioners. The PREA Coordinator states that all residents need medical or mental health care will be referred to a community practitioner.

Review:
Interview with PREA Coordinator

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 ☐ No

- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.241 (d)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.241 (e)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- 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 ☐ No

115.241 (h)

- 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 ☐ No

115.241 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1100-02 states that all residents are assess during an intake screening and upon transfer from another facility for their risk of being sexual abused by other residents or sexually abusive toward other residents. The intake screening is required to take place within seventy-two hours of arrival at the facility. The screening instrument used is objective and considers the following:

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

The policy requires a reassessment before the resident's thirtieth day of confinement. The policy also requires a reassessment due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Either during an initial or reassessment, residents are not allowed to be disciplined for not answering or not disclosing complete information.

The auditor interviewed case management staff, who are responsible for conducting initial and reassessments for risk screening. The screeners state they received training on how to complete the assessment and that each assessment is reviewed by the Clinical Director for quality assurance. The case managers report that all clients will receive both an initial seventy-two-hour assessment and a reassessment within thirty days. The case manager will also complete assessments after an allegation of sexual harassment or sexual abuse or if they receive any information effecting a resident's risk level.

The screening instrument uses a scoring system to assess the resident a risk classification. Classification categories are:

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

- Potential predator
- Non-predator

The case managers state that all screening instruments are kept in the resident files which only case managers have access.

The auditor interviewed sixteen clients during the onsite visit, including clients that have either had an initial assessment or both an initial and reassessment. The residents reported having their case manager asks them questions as required by this standard. Residents that have been in the facility more than thirty-days have stated that they received a reassessment where the same questions were asked. The residents interviewed stated that it was explained to them that the assessment was in the interest of their safety while at the facility. No resident interviewed had an assessment completed based on an allegation report or additional reported information.

The auditor also reviewed resident files to verify assessments were completed. Each resident file contained the completed risk assessment, signature of quality assurance check, and date for reassessment. Eight resident files reviewed where for residents that have been in the facility for over thirty-days. Those files also contained a reassessment with a signature for a quality assurance check.

Review:
Policy and procedure
Resident risk assessment
Resident files
Interview with case managers
Interview with residents

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- 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 ☐ No

- 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 ☐ No

115.242 (d)

- 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 ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-09 requires the facility to make accommodation strategies for housing, education, programming, and community assignments in order to minimize the risk of the resident being sexually victimized. The facility has created a dorm and bed chart kept at the main control post that identifies room and bed placement for residents that have been identified as having a high risk for victimization or abusiveness. Staff consult the chart before assigning a dorm and bed location to ensure victims and abusers are not housed together. The risk assessment instrument will document all accommodation strategies provided to ensure a resident's safety.

Issues that relate to a resident's risk for vulnerability or abusiveness may be addressed on a resident's individual treatment plan. Policy 1200-05 states that case managers must identify the individual needs of each resident, taking into consideration culture, language, age developmental stage, gender, sexual orientation, and any special need that the individual resident may have. The case managers report to the auditor that residents who wish to deal with any underlying issue can have it addressed on their treatment plan or be referred to outside agencies.

The facility has housed transgender residents. At the time of the onsite visit, there were no transgender or intersex residents at the facility. Agency leadership met to develop a plan for the safe housing of transgender or intersex residents. The resident was included in conversations concerning their own views to their safety, opportunities to shower separately, and program assignments. The auditor was provided documentation to verify accommodation strategies. At no time was the offender housed in a segregated unit.

The auditor discussed with staff their experience working with a transgender/intersex resident. The staff, both program and security, felt like the training provided by the facility appropriately prepared them to address the resident's needs. The trained emotional support staff discussed meeting with the resident to address any concerns the resident may have and continued to complete periodic check-in during the stay. No staff member discussed any issues or problems in maintaining the safety, security, and manageability of the residents or facility.

Review:
Policy and procedure
Interview with PREA Coordinator
Interview with staff
Accommodation documentation
Individual case plan

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.251 (b)

- 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 ☐ No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-10 ensures that staff and residents have multiple ways of reporting incidents of sexual harassment, sexual abuse, retaliation for reporting sexual harassment and sexual abuse, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual harassment or sexual abuse.

The agency policy lists the following ways a person can report a PREA related incident:

- The agency's toll-free hotline which is monitored by the PREA Coordinator
- The agency's email report link
- The State of Ohio's toll-free hotline
- Verbally or in writing to any staff member, contractor, or volunteer

The auditor verified that the methods available to residents and staff where posted in various areas throughout the facility and listed in the resident handbook. Residents can use the payphones in the dayroom or their own personal cell phone to report an allegation to the available hotline numbers. Residents can also speak directly to any staff member, including having a private meeting, or complete a grievance form to report an allegation.

During the onsite visit, the auditor was able to see various posting in English and Spanish informing the residents of the phone numbers, website address, and email address to internal and external reporting entities. The auditor used the payphone in the dayroom to call the number posted to a reporting entity (1-855-297-1492). The call was answered by a machine that played a recorded message on how to report an allegation and being able to do so anonymously. After the audit, the auditor logged on to the agency website (https://www.voaohin.org/residential-reentry) and used the posted link to test the reporting method. The auditor received a response back from the PREA Coordinator within an hour and a half from the initial contact.

During the past twelve months, the facility has received a total of two allegations. One allegation was discovered in the course of investigation an unrelated incident and the other was a verbal report to staff from a resident. The staff suspicion and verbal report were documented and on an Unusual Incident Report: Sexual Abuse, Sexual Assault, and Sexual Harassment form, then forwarded to the PREA Coordinator who is also an administrative investigator.

During the onsite visit, the auditor interviewed sixteen residents. The residents were asked questions in accordance with the PREA Compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and

Residents. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents interviewed reported receiving reporting information during intake, from their case managers, during orientation group, and posters throughout the facility. The residents were able to identify staff members they felt comfortable reporting an allegation and all agreed that staff would ensure that the allegation was handled appropriately.

Policy 1200-24 requires staff that become aware of any behavior, either on the part of a colleague or external entity, that would be in violation of the PREA standards, must report the violation to their immediate supervisor immediately or risk being found in violation of those standards.

During staff interviews, the auditor was able to discuss reporting methods with staff. All staff interviewed were able to discuss the agency's procedure for reporting either a resident report of sexual abuse or sexual harassment, or their own suspicion or knowledge of sexual abuse or sexual harassment. The staff felt like the Program Director and Assistant Program Director have an open door policy and that they could report privately to them or to the PREA Coordinator.

The was one allegation reported this year based on staff suspicion. The staff believed an inappropriate relationship had developed between a colleague and a resident. The staff member immediately reported the incident, per policy.

Review:
Policy and procedure
Unusual Incident Report: Sexual Abuse, Sexual Assault, or Sexual Harassment form
Agency website
Reporting hotline numbers
PREA postings
PREA brochure
Resident handbook
Interview with staff
Interview with clients

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 ☐ No ☐ NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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 of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ 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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.).
  ☒ Yes ☐ No ☐ 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.) ☐ Yes ☐ No ☐ 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.)
  ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-10 prohibits the facility from imposing a time limit on when a resident may submit a grievance regarding al allegation of sexual abuse. The facility also may not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment, and ensures that a resident who submits a grievance alleging sexual abuse, assault, or harassment have to submit the grievance to a staff member who is the subject of the grievance.

Policy states the facility has ninety-days within the initial filing to issue a decision on the grievance. Should the facility need an extension of time to respond, the facility shall notify the resident in writing of such extension. The extension time shall not exceed seventy-days. Should the resident not receive a response in the allotted time, including any properly notice extension, the resident may consider the absence of a response to be a denial.

The policy allows for third parties, including fellow residents, staff members, family, members, attorneys, and outside advocates, to assist resident in filing request for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such request on behalf of residents. However, the alleged victim must 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.

If an allegation alleges fear of substantial risk of imminent sexual abuse, the policy requires the agency to immediately forward the grievance to a level of review at which immediate corrective action may be taken. The initial response will be given within forty-eight hours and a final decision within five calendar days. The facility will document the action taken in response to the emergency grievance.

Residents are informed of the grievance process during intake and orientation group. At intake, residents receive a handbook that covers the grievance process. Residents sign an acknowledgement that they have reviewed the handbook and understand the grievance process. During orientation group, the facilitator reviews the grievance process in detail with the residents.

The auditor was able to review the resident handbook, orientation curriculum, and resident acknowledgement forms during the onsite visit. The auditor also spoke with the orientation group facilitator. She states the she is very specific when reviewing the grievance policy with the residents and ensures they know the location of the grievance forms, how to complete the form correctly, and that they can get assistance to complete form if needed. Residents interviewed during the onsite visit also confirmed that they received this information.

The PREA Coordinator reports that the facility has not received an allegation reported through the grievance system.

Review:
Policy and procedure
Resident handbook
Orientation group curriculum
Resident acknowledgement forms
Resident files
Interview with orientation group facilitator
Interview with residents
Interview with PREA Coordinator

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- 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 ☐ No

115.253 (c)

- 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 ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 1200-07 requires the agency provide residents with access to outside victim advocates for emotional support services pursuant to PREA 115.253 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. The agency will enable reasonable communication between residents and these organizations in as confidential a manner as possible.

The facility provided the auditor with brochures given to the residents during orientation group. The brochure provides the residents with the names, toll-free hotline numbers, and address of local, state, and national rape crisis organizations. The brochure also reminds the residents that communication between these organizations will be provided in the most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters.

The auditor interviewed the orientation group facilitator. She states that she highlights the rape crisis organizations' contact information. Reminding residents that these organizations can be used as emotional support for crisis situations or as a third-party reporting agency. The facilitator also states that she put emphasis on the limits to confidentiality. She wants them to understand that all staff are mandated PREA reporters and that in some situations not all information reported can remain confidential.

The auditor reviewed the facility's MOU with the YWCA Sexual Assault Response Team. The MOU gives the facility permission to provide residents the center's toll-free hotline number and address, and the center agrees to provide the resident emotional supportive and rape crisis services.

The auditor was able to have a brief conversation with a YWCA advocate. She was able to confirm the services that the center would provide to any TRRP resident free of charge. The advocate states the center has not provided any rape crisis or emotional supportive services to any resident, nor has the center received a phone call or mail from a resident requesting services.

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

In addition to the information listed in the PREA brochure provided to the residents, the facility also has advocacy posters throughout the facility in conspicuous places. The posters are in English and Spanish and contain information residents would need to contact local, state, or national rape crisis agencies.

Review:
Policy and procedure
PREA postings
PREA brochure
Interview with orientation group facilitator

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1700-05 states that VOA receives third-party reports of incidents of sexual abuse and sexual harassment that occurred within the facility. The agency will distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The auditor reviewed the agency website, https://www.voaohin.org/residential-reentry, and was able to see the posted information on how a third party can report an allegation. The auditor tested the reporting method and received a response from the PREA Coordinator within an hour and a half of the auditor's initial email.

The facility has posted in conspicuous places including where visitors would frequent, notices on how a person can make a third party report of sexual abuse or sexual

harassment on behalf of a resident. The notice includes the toll free hotline numbers and the email addressed listed on the agency website.

The agency has not received a third party allegation during the past twelve months.

Review:
Policy and procedure
Agency website
PREA notices

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.261 (b)

- 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 ☐ No

115.261 (c)

- 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 ☐ No

- 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 ☐ No

115.261 (d)

- 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 ☐ No

115.261 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 1700-05 requires all agency staff to report any knowledge of an incident of sexual assault, abuse, harassment, or retaliation to the Program Director of their facility immediately. The Program Director will then report the incident to the PREA Coordinator immediately. If the incident involves the Program Director, staff will report the incident immediately to the Director of Program Operations who is responsible for conveying the report to the PREA Coordinator. Staff also have the option of reporting the incident directly to the PREA Coordinator or a trained administrative investigator within the agency. The policy states that staff will not reveal information related to such reports except to the extent necessary to make treatment, investigation, and other security and management decisions.

The employees are trained during onboarding and receive this information in the employee handbook. The handbook states that failure to report a violation or take appropriate action can subject the employee to disciplinary action. Any suspected violation or attempted violation of the PREA standards must be reported immediately to the appropriate supervisory personnel.

During staff interviews, all staff reported that they understood the reporting process, who they are to make reports to, and that all allegations must be investigated by a trained investigator. The staff reported they were trained on how to complete an Unusual Incident Report: Sexual Assault, Sexual Abuse, Sexual Harassment. Staff interviewed stated that they would have no problem reporting an incident or suspicion of sexual abuse or sexual harassment, including if the allegation was against a staff member.

In reviewing the investigations conducted by the facility within the past twelve months, the auditor noted that one allegation was a staff member reporting a suspicion of inappropriate staff sexual misconduct and the other allegation was a staff making a report based on a resident's verbal allegation. Both staff members reported this information to the Assistant Program Director who is also a PREA investigator.

The auditor reviewed eight employee files during the onsite visit. The files contained signed acknowledgments of receiving the following information:

- Client confidentiality
- Code of ethics
- VOA culture
- Employee handbook
- PREA training, including reporting requirements
- PREA zero tolerance policies

The facility employ or have contract employees that are medical or mental health professionals; however, during orientation, residents are informed of the agency's limitation to confidentiality policy. The orientation group facilitator states that the information is located in the resident handbook and in the PREA brochure which she reviews with residents. The residents are required to document acknowledgment of receiving the handbook. The auditor reviewed ten client files to verify the signed and dated acknowledgement and also orientation sign-in sheets and curriculum.

The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. The agency however does have a policy (1700-05) that requires that the PREA Coordinator report all allegations to

the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.

Review:
Policy and procedure
Employee files
Resident files
Interview with staff
Interview with orientation group facilitator

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Agency policy 1700-06 states that when the facility learns that a resident is subject to risk of imminent sexual abuse, either through risk assessment or reported incidents, immediate action to protect the resident will be taken. Actions include, but are not limited to dorm moves, facility reassignments, and close observation of alleged victim or perpetrator.

The PREA Coordinator reports to the auditor that should the allegation be against a staff member, agency practice is to place the staff member on administrative leave. She also states that the facility has made bed and dorm moves in the past in order to ensure resident safety.

The facility provided the auditor with documentation showing dorm moves for residents who alleged sexual abuse or sexual harassment. A review of the investigations within the past twelve months verifies staff being placed on administrative leave during an investigation into sexual harassment.

The PREA Coordinator states that the type of protection used will depend upon the situation.

Review:
Policy and procedure
Investigation reports
Protection emails
Interview with PREA Coordinator

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-05 states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification is required to be done as soon as possible, but no later than seventy-two hours after receiving the allegation.

The PREA Coordinator reports to the auditor to that the facility has not received an allegation from a resident that they would need to report to another confinement facility. Should the facility need to report an allegation to another confinement facility, the PREA Coordinator states that the Program Director would document the report and forward it to her.

Policy 1700-08 requires all allegations of sexual abuse or sexual harassment, regardless of how the allegation was reported, to be administratively and/or criminally investigated. Should the facility receive an allegation from another confinement facility or other outside entity, the facility would immediately forward the information to the PREA Coordinator for an administrative investigation.

The PREA Coordinator reports that no outside entities have made a report concerning an allegation of sexual abuse or sexual harassment that happened in the facility.

Review:
Policy and procedure
Interview with PREA Coordinator

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 ☐ No

- 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 ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- 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 ☐ No

115.264 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-05 requires Program Directors to ensure that the facility has a written Response Plan and Evidence Protocol in place. The plan must include:

- Separating the alleged victim and abuser
- Preserving and protecting any crime scene until appropriate steps can be taken by local law enforcement to collect any evidence
- If the abuse occurred within a time period that still allows for the collection of physical evidence, staff request/ensure that the victim and abuser not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
- If the first staff member is not a Resident Supervisor, the staff shall notify the Resident Supervisor on duty

All facility staff are trained on first responder duties (security and non-security staff). The duties are reviewed during onboarding training and annual training. The auditor was provided training curriculum and course completion records.

Interviews of both security and non-security staff indicate that staff know the appropriate steps to take in order to keep victims safe and preserve crime scenes. All staff understood the requirement to not collect or disturb evidence, to call the Program Director and PREA Coordinator, and to ensure the victim and abuser where separated.

The facility has not had an allegation where staff had to perform first responder duties. The facility has however separated victims and alleged abusers during administrative investigations.

Review:
Policy and procedure
Training curriculum
Course completion records
Investigation reports
Interview with staff

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1700-05 requires the facility to have a plan in place to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and agency leadership in response to reported incident of sexual assault, abuse, or harassment. The facility post its Coordinated Response Plan and Evidence Protocol in all staff control post. The states that:

- Staff will immediately implement first responder duties (see standard 115.264)
- Report the incident to the local police department and state or local service agencies as appropriate to refer the incident for investigation
- Offer the victim access to a forensic medical examination
- If the resident request, provide a victim advocate from the rape crisis center but if none are available, contact the qualified staff member to perform emotional support duties
- Document all activities
- Monitor resident for ninety days following the report

The auditor was able to see the plan posted at all control post during the onsite visit. When new staff are hired, the Program Director informs new staff the location of the posted plan and the phone numbers of all responsible parties.

Review:
Policy and procedure
Coordinated Response Plan and Evidence Protocol

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A: The PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an "at will" employer. Employees are notified of the "at will" status in the employee handbook.

Review:
Interview with PREA Coordinator

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- 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 ☐ No

115.267 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 housing changes? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.267 (e)

- 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 ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VOA policy 1700-06 requires the facility to have procedures in place to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other residents or staff. The facility must:

- Use multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional supportive services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations
- For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff shall act promptly to remedy any such retaliation

According to the Program Director, the victim's case manager will serve as the retaliation monitor. The case managers meet at least bi-weekly with residents in a private setting. During these meetings, the case manager will inquire about any possible retaliation or backlash for reporting an allegation or cooperating with an investigation. The Program Director states that the victim will also be offered rape crisis and/or emotional supportive services.

The Cognitive Skills Specialist serves as the facility's trained emotional supportive staff member and is responsible for conducting periodic status checks for residents who have reported sexual abuse. The status checks will including reviewing:

- Disciplinary reports
- Housing or program changes
- Negative performance reviews
- Staff reassignments

The Cognitive Skills Specialist reports that she will meet privately with residents to assess for services and make community referral if necessary and ensure residents feel safe within the facility. She states that while the facility has not had an allegation of sexual abuse, she completes check-ins with anyone that reports an allegation. She also states that as part of her status check, she will review the resident's file for possible

disciplinary or negative performance documentation, as well as talk with staff to ensure there resident is not having issues with staff or other residents.

The facility did not have an allegation of sexual abuse, but did complete a ninety-day retaliation watch for a resident who alleged sexual harassment. The facility provided the auditor with a copy of the report. The report showed that the resident was monitored once a week for two weeks. The watched was terminated due to the resident being removed from the agency.

Policy allows for the retaliation monitoring to end if the allegation is determined to be unfounded.

Review:
Policy and procedure
90 day retaliation watch report
Interview with Program Manager
Interview with Cognitive Skills Specialist

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.271 (b)

- 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 ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- 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 ☐ No

115.271 (e)

- 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 ☐ No

- 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 ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- 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 ☐ No

115.271 (g)

- 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 ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- 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 ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-08 require all allegations of sexual assault, abuse, or harassment to have an administrative and/or criminal investigation. The agency is to ensure that investigations are conducted by properly trained individuals or local law enforcement for allegations that are criminal in nature. The policy requires agency administrative investigators to:

- Gather and preserve direct and circumstantial evidence

- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report

The auditor was able to review the investigation reports from the past twelve months.

Investigation #1: The investigation based on staff suspicion. The administrative investigators report that there were suspicious text messages to a resident from a staff member that was discovered during a phone check. The administrative investigator spoke with the alleged victim and abuser, as well as searched for video evidence. The alleged victim confirmed inappropriate sexual conversation and text messages with the staff member but denied having any type of sexual relationship with the staff member. The staff member denied any type of sexual misconduct, but admitted to crossing some personal boundaries. The staff member resigned during the course of the investigation. The administrative investigator determined the allegation to be substantiated. There was no criminal activity proven so the allegation was not referred for a criminal investigation.

Investigation #2: This was a resident verbal report to staff of staff sexual harassment. The resident reported to staff that a staff member was inappropriately proposition him and offering various gifts and special treatment. The resident denied every accepting any gifts or special treatment from the staff member. The resident did express some fear of retaliation. The administrative investigator interviewed the alleged abuser, alleged victim, and possible staff and resident witnesses. The investigators were unable to corroborate the allegation through witness statements or video evidence. The allegation was determined to be unsubstantiated. The staff member later resigned from the facility. There was no need for a referral for criminal investigation.

The investigation reports include:

- Date and time of incident
- Date incident was reported
- Type of allegation
- Alleged victim's name
- Alleged perpetrator's name
- Alleged perpetrator's status (resident or staff)
- How allegation was reported
- Evidence collected

- Witnesses name
- Statements
- Law enforcement referral
- Victim advocate or emotional support referral
- Forensic medical exam
- Separation from abuser
- Allegation determination
- Resident notification of determination
- SART referral
- 90 day retaliation monitoring

The auditor interviewed two administrative investigators during the onsite visit. The auditors reviewed the training they received to conduct an administrative investigation and their process for conducting an investigation. Both auditors spoke of not making judgements based on the resident's status, not using polygraph examinations or other truth telling devise, conducting trauma informed victim interviews, and using a team approach in assessing evidence. The PREA Coordinator who is also an investigator, reports that an alleged abuser or victim's departure from the facility will not be a basis for terminating an investigation. The PREA Coordinator will retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor was giving documentation of staff administrative investigation training certificates. The training is appropriate to meet standard 115.231.

Policy 1700-08 states that the facility will make referral for a criminal investigation to the local legal authority who has the ability to conduct such investigation. The policy requires the facility to provide all requested documentation and evidence to the best of its ability to the investigatory agency. The Program Director is responsible for keeping records of the referral, remain informed of the investigation progress, and outcomes of police investigations. The City of Toledo Police Department has been identified as the local legal authority to conduct criminal investigations. The department is responsible for making referral for criminal prosecution.

Review:
Policy and procedure
Investigation reports
Administrative investigator training certificates
Interview with administrative investigators

Interview with PREA Coordinator

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1700-08 imposes a standard of preponderance of evidence or lower standard when determining whether allegations of sexual abuse or sexual harassment can be substantiated.
The PREA Coordinator who is also an administrative investigator and reviews all administrative investigations, confirms the standard of proof being preponderance of evidence or 51%.

Review:
Police and procedure
Interview with PREA Coordinator

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.273 (d)

- 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 ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☐ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy 1700-08 states that at the conclusion of an investigation, the assigned PREA investigator will inform residents of the outcome of the investigation via the Resident Notification Form. If there was a criminal investigation, policy requires the facility to request all relevant information from the local police department and any other investigatory agency, and provide the information to the investigator so that the resident may be informed of the investigation outcome. The obligation to report investigation outcomes ends when the alleged victim is released from the agency's custody.

Policy states that the notification for substantiated and unsubstantiated allegations will include:

- If the alleged staff member is no longer posted in the resident's facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility
- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility

- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The facility has had two allegations of sexual harassment during the past twelve months. Both allegations were administratively investigated and one was determined to be substantiated and the other determined to be unsubstantiated.

The facility provided the auditor with documentation of the investigation outcome notification. The notification was signed and dated by both the resident and the administrative investigator.

Review:
Policy and procedure
Victim notification form
Investigation reports

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- 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 ☐ No

115.276 (d)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-07 says that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies with termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. For violations to agency policies relating to sexual abuse or sexual harassment excluding engaging in sexual abuse, are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The policy states that all staff who have been terminated or would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity ws clearly not criminal, and to any relevant licensing bodies.

The agency outlines the disciplinary procedure in the employee handbook. The auditor was given a copy of the handbook for review. The handbook language mimics the language found in policy. All staff are given a copy of the handbook during onboarding training and sign an acknowledgement form.

The auditor was able to discuss the agency's disciplinary policy, procedure, and practice as it related to violation of the agency's zero tolerance policy with an agency Human Resources Generalist. The Generalist states that its agency practice to place staff on administrative leave during the course of an investigation. Should the investigation determine that the staff member substantially committed an act of sexual abuse or sexual harassment, the agency will terminate employment or contract service.

The auditor reviewed the two investigations from the past twelve months. One allegation found the staff member to have substantially sexually harassed a resident. The staff member resigned during the course of the investigation. The allegation was not reported to the legal authorities due to no criminal action taking place. The staff member did not belong to any licensing board. The other allegation was determined to be unsubstantiated.

Review:
Policy and procedure
Employee handbook
Investigation reports
Interview with Human Resource Generalist

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-07 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with resident and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. A contractor that violates VOA's sexual abuse or sexual harassment policies will be prohibited from further contact with residents.

The facility did not have an allegation of sexual abuse or sexual harassment against a contractor or volunteer during the past twelve months. The PREA Coordinator did provided documentation to the auditor of a previous investigation of a sexual harassment allegation against a contractor. The allegation was administratively investigated and determined to be substantiated. During the investigation the contractor was not permitted on the property. At the conclusion of the investigation, the contracting agency terminated the contractors employment.

Review:
Policy and procedure
Investigation report
Interview with PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 ☐ No

115.278 (b)

- 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 ☐ No

115.278 (c)

- 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 ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- 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 ☐ No

115.278 (f)

- 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 ☐ No

115.278 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-07 says residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment or a criminal finding of guilt for resident-on-resident sexual abuse. The sanction will be commensurate with the nature and circumstance of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The policy requires the facility to consider whether a resident's mental disability or mental illness contributed to his or her behavior before imposing a sanction.

The PREA Coordinator states that the facility does not offer therapy or counseling for residents who commit sexual abuse. Residents found to have substantially sexually abused another resident will be terminated from the program and returned to their parent agency. All other types of violations would be subject to discipline according to the progressive disciplinary policy laid out in the resident handbook.

The auditor was able to review ten resident files during the onsite visit. The file review verified that residents are provided a copy of the handbook and signed acknowledgments to abide by the facility's zero tolerance polices.

The policy does not allow for the disciplining of a resident for making a good faith report of sexual abuse or sexual harassment when there is a reasonable belief that the alleged conduct occurred even if an investigation does not establish evidence sufficient to substantiate the allegation.

The policy also does not allow for offenders to have consensual sexual contact; however, such conduct will not be defined as resident-on-resident sexual abuse. The policy does not allow for the discipline of resident for consensual sexual conduct with staff members unless the staff member did not consent to such contact.

The facility has not had an allegation of resident-on-resident sexual abuse or sexual harassment during the past twelve months. The PREA Coordinator did supply the auditor

with documentation of other violation to verify the disciplinary process. The facility has not disciplined a resident for filing a false allegation, nor a resident who had consensual sexual contact with a staff member.

Review:
Policy and procedure
Resident files
Resident handbook
Investigation reports
Interview with PREA Coordinator

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 ☐ No

115.282 (b)

- 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 ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 1000-03 requires the facility to provide medical and mental health treatment services to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The services required to be provided include:

- Emergency medical treatment and crisis intervention services
- Information about and access to sexually transmitted infections prophylaxis and emergency contraception
- Medical and mental health evaluation and treatment
- Evaluation, treatment and follow-up services
- Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody
- Case and services consistent with the community level of care
- Test for sexually transmitted infectious disease
- Pregnancy testing and comprehensive access to pregnancy related medical services

The PREA Coordinator states that all medical and mental health services will be provided for by community providers. She states the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider and is at no cost to the resident.

The facility has an MOU with St. Vincent's Hospital to provide medical services related to sexual assault and sexual abuse. The MOU list the services provided and that the services are free of charge. The facility also has an MOU with the YWCA Sexual Assault Response Team. The MOU states that agency will provide rape crisis intervention, advocacy, and emotional supportive services. The services are provided free of charge. If the center cannot provide immediate assistance, facility staff are trained to contact the agency emotional support staff to provide assistance until an advocate can become available.

The Program Director states that the agency has a working relationship with Rescue Crisis who provides mental health assessments and counseling. The facility would make a referral to one of these community agencies should a victim of sexual abuse need services. The facility has not made a referral to any medical or mental health provider due to an incident of sexual abuse during this audit cycle.

Review:
Policy and procedure
MOU with YWCA
MOU with St. Vincent's Hospital
Interview with Program Director

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 ☐ No

115.283 (b)

- 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 ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- 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 ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency provides community medical and mental health counseling services for residents who have been sexual abused in a jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility as outlined in policy 1000-03. All services provided to residents are from community providers.

Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. All resident victims of sexual abuse will be offered test for sexual transmitted infections as medically appropriate.

The policy requires the Program Director to ensure MOUs are in place in order to provide services to resident victims free of charge. The facility has a MOU with St. Vincent's Hospital and a MOU with YWCA Sexual Assault Response Team.

Policy also requires the Program Director or designee to obtain a mental health evaluation for all known resident-on-resident abusers as soon as possible upon learning of such abuse history. Should treatment be recommended, the Program Director or designee ensures the abuser is referred to an appropriate community provider. The Program Director reports that the facility has not housed a known resident-on-resident abuser.

The facility has had two allegations of sexual harassment in the past twelve months. The residents were offered mental health treatment services; however, both declined needing such services.

Review:
Policy and procedure
MOU with YWCA
MOU with St. Vincent's Hospital
Interview with Program Director

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-08 requires the facility to develop a Sexual Abuse Review Team (SART) who will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The team will consist of the PREA Coordinator, Program Director, any other PREA Investigator, and any other staff determined as needed. The review is required to occur within thirty days of the conclusion of the investigation. The responsibilities of the SART include:

- Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in the area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

The team will prepare a report of its findings and any recommendations for improvement. The report and recommendations will be forwarded to the Director of Program Operations and Vice President of Program Operations. The Director of Program Operations will insure that the facility implements recommendations within thirty days after the SART publishes its findings.

The agency conducted a SART review for one allegation during the past twelve months. Although both allegations during this time period were for sexual harassment, the PREA Coordinator reports completing the review because it was a substantiated allegation against a staff member.

The facility provided the auditor with a copy of the SART review report. The report identified all team members, evidence collected, summary of incident, related past incidents, motivation for allegation, victim care, PREA policies and procedures, staff deficiencies, monitoring technology deficiencies, physical plant review, risk level rescreening, and recommendations.

The team did not make recommendations for policy changes, increase in staff, or increase or change in monitoring technologies. The team did not identify and physical barrier or facility design that allowed for the abuse to occur, nor did the team feel sexual identity or other group dynamic led to the allegation. The team did make a recommendation to increase random cell phone checks and provide staff boundary training.

All recommendations were implemented.

Review:
Policy and procedure
SART review report
Interview with PREA Coordinator

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (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 ☐ No

115.287 (d)

- 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 ☐ No

115.287 (e)

- 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.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-02 requires the Program Director and the PREA Coordinator to collect and maintain accurate, uniform data for every allegation of sexual abuse at all VOA facilities using a standardize instrument and set of definitions.

The auditor reviewed the form used to collect the data and confirmed that the information collected is appropriate enough to complete the Survey of Sexual Victimization for all VOA facilities.

The PREA Coordinator reports that the agency has not had a request from the Department of Justice to provide this information.

Review:
Policy and procedure

Sexual Victimization reporting form
Interview with PREA Coordinator

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.288 (b)

- 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 ☐ No

115.288 (c)

- 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 ☐ No

115.288 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-02 states that the PREA Coordinator, Vice President of Program Operations, and Directors of Program Operations will review annual data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include:

- Identifying problem areas
- Tacking action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole

The policy also requires the PREA Coordinator to include in the report a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The report will be sent to the Executive Vice President of Program Operations for approval and published on the agency's website.

The auditor checked the website (https://www.voaohin.org/pdf_files/prea-outcomes-report-2017) to verify that the annual report was posted and that it contained the required information. The report contains aggregated data on the number of reported allegations (facility specific and the agency as a whole), identifying problem areas and corrective actions, and the agency's progress in addressing sexual abuse.

The report identifies the agency has increased training in the areas of interpersonal communication and boundaries, increasing the numbers of victim advocated and trained administrative investigators, refresher training for current administrative investigators, and annual review of agency policy and procedures as ways the agency continues to progress in addressing sexual harassment and sexual abuse.

As per policy, the report does not contain any identifying information that would need to be redacted in order to protect the safety of the clients, staff, or facility.

Review:
Policy and procedure
PREA Annual report
VOA agency website

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? ☒ Yes ☐ No

115.289 (b)

- 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 ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1700-02 requires the agency ensures that data collected pursuant to standard 1150287 is to be securely retained for at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise. This includes electronic copies of all investigation reports and related documentation, annual report data, and tracking documents and outcome measures. The policy identifies the PREA Coordinator as the person responsible for ensuring the documentation is retained for at least ten years.

The auditor accessed the agency's website, https://www.voaohin.org/pdf_files/prea-outcomes-report-2017, to ensure the agency has posted its annual report. The annual report are completed based on a calendar year. The agency provided the auditor with a copy of its 2015, 2016, and 2017 annual reports for comparison purposes.

The PREA Coordinator states that each facility Program Director will provided the required information to the auditor, and she collects and retains control of the information. She states that she is required to keep the information for ten years. She develops an annual report based on the information and make the information available to the public through the agency website.

The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.

Review:
Policy and procedure
VOA agency website
PREA annual reports (2015, 2016, 2017)
Interview with PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.) ☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency post all final PREA reports of each of its facilities on the agency website (https://www.voaohin.org/residential-reentry). The auditor reviewed the agency website to confirm that the agency conducts audits on one-third (1/3) of tis facilities each year during a three-year audit cycle. The facility has a total of four community confinement facilities. The agency had 2 audits conducts during year one, one audit conducted during year two, and one audit (this audit) conducted during year three. This auditor conducted the audit for all VOA community confinement facilities during this audit cycle.

The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, Program Manager, Lead Reentry Support Specialist, and Assistant Program Director escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control centers, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator with agency and facility documentation prior to the onsite visit through a flash dive mailed to the auditor. The auditor was also provided additional information as requested during the onsite visit.

The auditor was able to review additional documentation, including electronic documentation during the onsite visit. The auditor review ten resident files and eight staff files for additional information and confirmation of reported information.

Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately four weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit, nor did a staff member or resident request to speak to the auditor during the onsite visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has published on its agency website (https://www.voaohin.org/residential-reentry) the final PREA reports for all VOA operated facilities. The final report for the Toledo Residential Reentry Program from 2018 is currently posted. The auditor reviewed the agency website and verified that the facilities that were audited during year one and year two of this audit cycle had their final reports posted. The Toledo facility is the agency's final required audit within a 2/1/1 facility schedule.

The PREA Coordinator states that she understands the requirement of having all final reports posted, and that the Ohio Department of Rehabilitation and Corrections Bureau of Community Sanctions also post the final PREA report on their agency website (https://www.drc.ohio.gov/prea) for any facility that houses offenders for the state of Ohio. The auditor also reviewed the ODRC website and verified that final PREA reports for facilities were posted.

AUDITOR CERTIFICATION

I certify that:

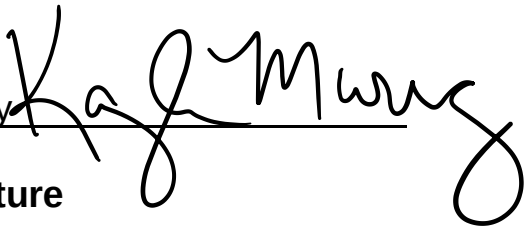
☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kayleen Murray  January 12, 2019

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.