

PREA Facility Audit Report: Final

Name of Facility: Mansfield Residential Reentry Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/31/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 08/31/2022

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	07/27/2022
End Date of On-Site Audit:	07/28/2022

FACILITY INFORMATION	
Facility name:	Mansfield Residential Reentry Program
Facility physical address:	921 North Main Street , Mansfield , Ohio - 44903
Facility mailing address:	

Primary Contact	
Name:	Nicole Chinn
Email Address:	nicole.chinn@voaohin.org
Telephone Number:	(419) 524-2013

Facility Director	
Name:	Nicole Chinn
Email Address:	nicole.chinn@voaohin.org
Telephone Number:	(419) 524-2013

Facility PREA Compliance Manager	
Name:	Nicole Chinn
Email Address:	nicole.chinn@voaohin.org
Telephone Number:	O: (419) 524-2013

Facility Characteristics	
Designed facility capacity:	163
Current population of facility:	145
Average daily population for the past 12 months:	108
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	20-76
Facility security levels/resident custody levels:	1-4
Number of staff currently employed at the facility who may have contact with residents:	49
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Volunteers of America of Ohio and Indiana
Governing authority or parent agency (if applicable):	Volunteers of America, Inc.
Physical Address:	1776 E Broad Street, Columbus, Ohio - 43203
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	John von Arx
Email Address:	John.vonArx@voaohin.org
Telephone Number:	317.686.5809

Agency-Wide PREA Coordinator Information**Name:** Stacey Seif**Email Address:** stacey.seif@voahin.org**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:

3

- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.233 - Resident education

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-07-27
2. End date of the onsite portion of the audit:	2022-07-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	SARNCO (Central Ohio rape crisis agency) OhioHealth (Hospital) Third Street Family Health

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	163
15. Average daily population for the past 12 months:	107
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	150
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The auditor requested a list from the facility of the identified special groups. Also discussed with staff if anyone in the special category was currently residing in the facility currently.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	48
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	ORAS risk classification.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Ensured that residents were from different housing units, and dorms.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The number of random interviews was increased based upon the limited number of targeted interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that were blind/low vision. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that is blind or has low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that were deaf or hard of hearing. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that is deaf or hard of hearing.</p> <p>Some staff members were able to discuss their experience with a deaf resident who was recently released from the facility.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that were limited English proficient. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that cannot speak, understand, read, or write in English.</p> <p>The auditor interviewed resident that were oh Hispanic descent, and all residents identified could speak English</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned all interviewed staff (formally and informally) on their experience working with residents that were transgender/intersex. The staff were able to speak on their experience or lack thereof. No staff member reported currently housing a resident that identified as transgender/intersex.</p> <p>The staff members were able to discuss their experience working with a transgender resident who was recently released from the facility.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have segregated housing or isolation cells.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor addresses staff's experience with working with each targeted category. This allows the auditor to understand the facility's process for managing residents in these categories to assess the staff's training in ensuring all residents receive the benefits of the agency's policies, procedures, and practices in preventing, detecting, responding, and reporting sexual abuse and sexual harassment. During this process, the auditor will question if the facility has a resident currently in the building that is in the targeted group.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>The auditor ensured the staff interviewed also came from a variety of races, ages, and ethnicity when possible.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The number of staff was limited due to some staffing issues recently created by substantiated staff sexual misconduct investigations. This did not allow for the auditor to meet the minimum threshold for random staff interviews.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Food service is contracted from Aramark. The auditor was able to interview the Aramark Kitchen Manager.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor was able to view all areas of the facility. Every door was opened for the auditor to view, including maintenance areas and storage rooms. The auditor was also able to view the perimeter areas of the facility. The auditor was able to view pat searches; processing residents in and out of the facility; information interactions between staff and residents; formal interactions between staff and residents; monitoring stations; staff accessing different areas of the facility; electronic documentation process; count; posters; and tested reporting options.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files- auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	10	0	10	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	5
Staff-on-inmate sexual harassment	0	0	0	5
Total	0	0	0	10

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	10
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The auditor reviewed all investigations in the past twelve months.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Agency policy P100:08 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.

Agency policy P100:09 provides definitions for all terms used in its PREA policies. These definitions include:

- Staff
- Consent
- Sexual Abuse- staff and resident
- Sexual Harassment- staff and resident
- Voyeurism
- Nonconsensual Acts
- Abusive Sexual Contact

The policy also requires the President/CEO 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's 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. The coordinator states that she is responsible for the facilities in both Indiana and Ohio. She has integrated the policies, procedures, and practices into one both states can use. She maintains continuity by working closely with each facility's PREA compliance Manager and monitoring visits to each facility.

The facility's PREA Compliance Manger is the Senior Program Manager. The Senior Program Manager 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 the Senior Program Manager during the onsite visit. She reports that she is actively involved with providing training to both treatment and security staff, is an administrative investigator for resident-to-resident incidents, and conducts regular checks of the facility to ensure proper protocols are taking place in order to comply with the PREA standards. She states that she works directly with the agency PREA Coordinator and maintains an open door policy for both staff and residents. The auditor was able to witness the rapport she has with staff and residents. When asked, the Compliance Manager states that she has sufficient time to ensure the facility is complying with all agency PREA policies.

This auditor conducts audits for all VOA reentry facilities in Ohio and Indiana, and has had the opportunity to interview the Vice President of Reentry Programs, the Senior Director of Outreach and Program Development for Residential Reentry Programs, and the Director of Compliance, Quality Improvement, and Training. These Executive Level Management members all state that the PREA Coordinator is give must latitude in developing and implementing policies, procedures, and practices that ensure all VOA reentry facilities are in compliance with the PREA standards. They report that their function is to provide the PREA Coordinator with sufficient support to remove any barriers to compliance.

Review:

Policy and procedure

Agency table of organization

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Senior Director of Outreach and Program Development/RRP

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 to house offenders on behalf of the VOA.

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

VOA policy P100:03 requires each residential reentry facility develops a documented staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. The policy requires the plan to be reviewed at least annually and updates as necessary. The policy requires the plan be developed and reviewed by the Program Director, in consultation with the executive leadership team and PREA Coordinator. The staffing plan is to include a calculation of adequate staffing levels and determination of the need for video monitoring; and will take into consideration:

- The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities;
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors

The policy requires the Senior Program Director to document and justify all deviations from the staffing plan. The Senior Program Director reports to the auditor that the facility has not had an incident where they deviated from the staffing plan.

During the annual budget review, the Senior Program Director is required to review and revise, if necessary, the staffing plan annually. The Senior Program Director will assess:

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

The facility provided the auditor with a facility floor plan, camera view screenshots, and a copy of the facility's most recent staffing plan, as well as copies from the previous years. The plan included:

Lay out of facility

- The Residential Re-entry Programs are regularly reviewed for blind spots and potential dead areas from camera view. Reviews take place during investigations of unusual and PREA incidents as well as scheduled building reviews in regards to safety and security. These are completed by designated staff. PREA postings were revised and updated abundantly around the facility. Additional facility reviews as a result of any PREA incidents will be completed by SART members.

Composition of residents

- In Mansfield there are separate male and female buildings. In general the current level of security staff is adequate to secure the facilities. Mansfield Male program has a max capacity of 128. The Mansfield Female program has a max capacity of 35 residents. In general the current level of security staff is adequate to secure the facilities. Case Managers complete PREA Assessments within 72 hours of resident arrival. Assessment results are forwarded to the Assistant Director so that appropriate bed assignments can be made.

Incidents of sexual abuse-

- In review of the aggregated data from CY 2020, the majority of reports were of staff to resident incidents, a number of which were substantiated. Staff across programs would benefit from additional training related to interpersonal communication and boundaries with residents. Training should include all staff, and target specifically the staff who have the most consistent contact with the residents. Additional staff guidance is available and annual required trainings are assigned through Relias for all staff.

Deviations from staffing plan

- The facility reports no deviations to the staffing plan

Staffing patterns are also reviewed during the staffing plan review. Agency policy call for at least three staff members in the male and female facility 24-hours a day that are able to respond to resident needs. The male and female building each have assigned RSS staff, but can assist one another when necessary. At least one female RSS staff member works in the female facility at all times. The facility has a separate transportation officer who is not counted in the security staffing ratios.

Reentry Support Specialist (RSS) staff can be supplemented or assisted by program staff members in order to meet this

ratio. Supervisory staff can also be used to augment staffing levels.

The prevailing staffing pattern is as follows:

Male facility-

- 6am – 2am Five Reentry Support Specialist
- 2pm – 10pm Five Reentry Support Specialist
- 10pm – 6am Four Reentry Support Specialist

Female facility-

- 12am – 8am Three Reentry Support Specialist
- 8am – 4pm Two Reentry Support Specialist
- 4pm – 12am Two Reentry Support Specialist

Money is available to pay for overtime coverage and/or temporary security staff through Security Solutions of America, any use of such should be limited and pre-approved. Case Management and other program staff will be cross-trained on RSS duties so that they can provide security coverage, when necessary, during their normal working hours. Security staff call offs are covered by another security staff member whenever possible, with Assistant Director and Senior Program Director providing coverage as needed on 2nd and 3rd shifts and program staff filling in on 1st shift.

Between the male and female buildings, the facility has a total of seventy-six cameras, with four cameras being new since the last PREA audit. The cameras are strategically located in common areas through the interior and perimeter of the facility. In addition to four new cameras, the facility also updated its camera system. The monitoring system shows live views as well as playback for up to thirty (30) days. A Reentry Support Specialist is staffed at the control center where they monitor cameras. Administrative staff, with permission, can view the camera system from their desktops. The auditor reviewed camera angles during the onsite visit, and received an electronic copy of all camera views.

During the onsite visit, the auditor toured all areas of the facility. The auditor was able to view the flow of movement around the facility and how residents accessed all areas. There are minimal blind spot areas that are monitored by RSS staff frequently, and no areas that are entirely closed off, including utility closets and storage rooms. The facility uses an electronic access control system that identifies staff member's access through locked doors. The agency is able to monitor or prevent staff from accessing certain areas.

Review:

Policy and procedure

FY 2020, 2021, and 2022 Staffing plan

Floor plan

Camera view screenshots

Tour of facility

Interview with Senior Program Director

Interview with PREA Coordinator

Interview with RSS staff

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 465">Policy P100:04 prohibits all strip searches, body cavity searches, and cross-gender enhanced pat-down searches of residents. The policy requires all staff to will be responsible for conducting pat searches to be properly trained on pat searches, cross-gender pat searches, and transgender/intersex pat searches. The policy states that cross-gender pat searches are only performed in exigent circumstances. The policy describes an exigent circumstance as any set of unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. The policy specifically prohibits searches for the sole purpose of determining genitalia.</p> <p data-bbox="240 495 1437 589">The policy requires all pat searches to be conducted within view of security cameras, and cross-gender searches must receive prior approval from the Program Director or on-call supervisor. Should a cross-gender search be warranted, the search must be documented an include:</p> <ul data-bbox="240 618 983 815" style="list-style-type: none"> · Full account of the incident and staff involved · The exigent circumstance that necessitated the cross-gender search · How and when supervisory approval was obtained · The results of the search <p data-bbox="240 846 1477 1077">As part of supportive documentation sent prior to the onsite visit, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training included video on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents and safe management of LGBTI residents, and facilitated hands-on training on pat search techniques. These training also include instructions on whom to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. As part of the agency’s training program, Reentry Support Specialist staff receive this training during orientation and annually thereafter.</p> <p data-bbox="240 1106 1477 1234">Policy P100:10 ensures that residents are allowed appropriate levels of privacy while showering, changing clothing, or performing bodily functions. Residents are able to practices these without staff of the opposite gender viewing their buttocks or genitalia. The policy requires staff of the opposite gender to announce their presence when entering areas where residents are likely to be showering, changing clothing, or performing bodily functions.</p> <p data-bbox="240 1263 1477 1592">During the onsite visit, the auditor was able to interview sixteen male and female residents. The auditor inquired about searches as well as cross-gender announcements. All the residents interviewed have received at least one pat search during their stay at the facility. The auditor interviewed five female residents. The female residents interviewed stated that they have never received a pat search from a male staff member. The female residents interviewed stated that during staff walk-throughs, staff would knock on the entrance door to the housing unit and then announce their presence before entering into the room. Female residents report that no male staff member has ever searched the bathroom. When questioned on incidental viewing, female residents did not report any incident of incidental viewing from a member of the opposite sex. While the dorm rooms have solid door entrances, there are cameras in each dorm. Residents are required to change in the bathroom due to the cameras. Male staff members are still required to knock before entering the dorm room or bathroom. The auditor was able to see this practice during the onsite visit.</p> <p data-bbox="240 1621 1477 1883">All the male residents interviewed stated that at some time during their stay, they have had a security wand used on them by a female staff member, but never an actual pat search. They stated that all hands-on searches were conducted by a male staff member. When asked about cross-gender announcements, all residents stated that anytime a female staff enters the bathroom, she first knocks and then announces herself before entering into the room. None of the male residents interviewed reported any incidental viewing from a member of the opposite sex. The male dorm has large glass windows that allow for clear line of site views into the room, along with video cameras. Because of this, residents are not allowed to change in the dorms. Opposite gender staff do not have to knock when entering the dorm due to this policy. During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice.</p> <p data-bbox="240 1912 1477 1942">The auditor viewed searches on both male and female residents. The searches were conducted according to agency policy.</p> <p data-bbox="240 2007 1477 2134">The facility has four housing units (1female and 3 male). The males, housed in the honor dorm, have access to a bathroom within the unit. The male residents from the other two housing units share a bathroom. The bathroom in the honor dorm has a solid door at the entrance. It is equipped with two toilet stalls with doors, one urinal, and three individual shower stalls with curtains. The main bathroom in the male unit has an open entryway and is divided into two sides. One side occupies four</p>

toilet stalls with doors, six urinals, and sinks with mirrors above, while the other side contains thirteen shower stalls. During the tour, the auditor discovered that one of the above sink mirrors provided a direct view to the urinal area. The auditor spoke with the PREA Coordinator about either covering up/removing the mirror or extending the partition so that someone in the corridor could not use the mirror as a well to see into the urinal area. The Program Director made the choice to remove the mirror for an immediate fix, and made plans to change the partition during the renovation to the toilet area. The shower area has been renovated but have not had any changes to the layout. The shower stalls are single use only and have curtains for privacy. There is an alcove for residents to use to dress/undress that is not visible, outside the bathroom area. During staff interviews, one staff member stated that residents were using the waiting area as a changing area and that staff sitting at the housing unit control desk could potentially have incidental viewing. The auditor had several formal and informal conversations with staff and residents after this initial discussion, and determined that the residents were not allowed to use this area to change, and almost all residents used the appropriate changing area. The Operations Supervisor posted a sign in the area designating it as "non-changing."

The female resident bathroom has an open entrance with a turn so that no one can easily view into the bathroom. Once around the corner, there are four toilet stalls on the right with doors across from the sinks with mirrors above. There is another corner at the back of the bathroom that houses the five individual shower stalls. Each shower stall has a privacy curtain. The configuration of each bathroom allows for residents to shower, change clothing, and perform bodily functions with as much privacy as possible without compromising the safety of the facility.

The auditor conducted eight Reentry Support Specialist interviews, including two lead Reentry Support Specialist. All staff interviewed indicated that they received annual training on how to conduct proper pat searches and to use the security wand to perform a pat search on a member of the opposite gender. The RSS staff report that it is not the practice of the facility to conduct cross gender pat searches. They state that if necessary, they can call on an RSS staff member from the other facility to conduct a same gender search. They all state that at no time do they conduct strip or body cavity searches. When questioned on how they were trained to conduct a cross-gender pat search, the RSS staff state that they will have the resident remove all items from their person, remove all outer layers of clothing (down to a single layer of street clothes), and have the resident shake their clothing at the waist and/or bra strap. The RSS will then use a security wand to go over the person's body. At no time during this type of search will the staff member touch the resident.

The RSS staff was questioned on their experience on pat searching transgender/intersex residents. The staff members who worked at the facility for more than six months were able to recount their experience with a transgender resident. Staff reported being instructed on the gender allowed to conduct pat searches, enhanced pat searches, and urinalysis; the resident's preferred pronouns; and shower accommodations.

The auditor interviewed the Residential Operations Manager during the onsite visit. The Manager was questioned regarding the training and ongoing reviews of various pat searches. The Manager reported that he, along with the Lead Reentry Supervisors, conduct a training annually on same gender, cross-gender, and transgender/intersex pat searches as well as urinalysis. He states that he and the Lead Reentry Supervisors are required to view a specific number of video footage each week. During these reviews, they inspect pat searches and conduct additional training when necessary. During the onsite visit, the auditor was able to view pat searches. The search was conducted according to agency policy.

The Senior Program Director reports that the facility has housed transgender residents; however, there is not one currently in the facility. The Director was able to discuss the facility's plan to house transgender/intersex residents in the honor dorm, which is smaller and has access to a bathroom that is able to lock while in use. The facility would allow for private shower times and allow for pat searches from the gender the resident feels most comfortable. The Program Director states that all RSS staff are trained annually on the proper techniques, including on how to be respectful and professional as possible when searching all residents.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

VOA policy P100:00 requires accommodations be made for residents with disabilities or limited English proficiency in order to ensure all residents are informed of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, know how to report incidents or suspicions of sexual abuse or sexual harassment, know their rights to be free from sexual abuse, sexual harassment, and to be free from retaliation for reporting such incidents.

The policy requires the Program Director or designee to ensure that special assistance is available for residents with language and literacy problems. During orientation, assigned staff will read and explain all rules and regulations of the program to the residents if needed, including information about sexual abuse/assault. Local service agencies will be contacted for further assistance if needed. There is no additional cost to the resident for any services provided.

The facility will:

- Contact local agencies or educational institutions with foreign language or literacy departments for assistance with residents who are limited English proficient
- Persons with learning disabilities or literacy issues will have all material read and explained in simple language
- Provide auxiliary aids for sensory-impaired residents

The policy does not allow for the facility to rely 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, or the investigation of the resident’s allegations.

PREA posters, brochures, and resident handbook in Spanish readily available. The Program Director states that she can publish these materials in any language needed through Google Translate. The Program Director, as well as other staff members, report during interviews that the facility has not housed a resident that is limited English proficient; however, have had residents where English is their second language. These residents are offered material in their preferred language. The facility provided the auditor with documentation of these materials in Spanish. She reports that no resident made any request for materials to be translated. The Program Director reports that if onsite translation/interpretation services are needed, the facility has a MOU with Mansfield Correctional Institution who has staff that can provide these services. The facility provided the auditor with a Memorandum of Understanding (MOU) between the facility and Mansfield Correctional Institute. The institute agrees to provide interpreter services to residents of the facility.

The facility had a former resident who was deaf and required interpretive services. The facility provided the auditor with documentation that detailed how services were secured from Catalyst to assist the resident with completing assessments and groups. The facility has a staff member that understood sign language who assisted the resident. The resident was also provided a small dry-erase board and marker for ease of communication during times when an interpreter was not available.

The Senior Program Director conducts orientation group for the male residents, while the Case Manager in the female facility conducts orientation group for the female residents. The auditor was able to interview both during the onsite visit. The female resident group facilitator states that she provides the residents with a PREA pamphlet (rape crisis information), materials containing information on PREA, reporting options, how to keep safe, confidentiality, and the handbook. She states that she has not had a resident that has needed additional assistance (interpretive services or auxiliary aids). She reports that she would receive notice from intake personnel if she would need to obtain assistance for a resident that was limited English proficient, deaf or hard of hearing, blind, or some other cognitive or physical disability that would prevent them from benefiting from the facility’s efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The male resident group facilitator also provides the residents with a handbook, PREA pamphlet, reporting information, and limits to confidentiality. She states that she stresses the importance of reporting and the ability to report anonymously. During her interview, she reports providing information in the resident’s primary language and inquiring about the level of assistance a resident may need when presented with residents who are limited English proficient, deaf or hard of hearing, or have a physical or cognitive disability.

RSS staff, who are the resident's first point of contact when entering the facility, report during their interviews that they are able to use a phone app for translations services if necessary, but all residents have been able to speak English. Some of the staff were able to discuss their experience with the resident that was deaf. The staff members report being able to communicate with this resident via the mini white board. They also made mention of the interpreter that came to the facility and assisted the resident with the intake process, assessments, and individual sessions. One staff member stated that when

he comes across a resident who has a cognitive disability or has trouble reading, he asks the resident what type of assistance is most helpful to them. He states that not everyone needs help in the same way, and he wants to do what is helpful for each resident individually.

The auditor also interviewed twenty (five females, fifteen males) residents during the onsite visit. The clients were questioned on the information they received concerning PREA during intake and orientation group. This includes any resident that was identified as limited English proficient and/or otherwise disabled. The residents interviewed stated that at intake the staff member read over the intake packet material, they received a tour where reporting information was pointed out to them, and they have a handbook that contains the information reviewed at intake. No resident in the targeted category was in need of an interpreter or auxiliary aid. No resident reported receiving assistance from a peer on understanding their rights under the PREA standards.

Resident files were reviewed by the auditor. The auditor was able to verify residents' acknowledgement of receiving PREA information during intake and attending orientation group. 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

MOU with Mansfield Correctional Institute

Resident education materials

Facility tours

Case Notes

Interviews with residents

Interviews with RSS staff

Interviews with PREA education facilitators

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy P100:01 prohibits the agency from hiring anyone, or enlisting the services of any contractor, to a position of direct contact with residents who has:

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

The auditor was provided a copy of the agency's employment application. The application, for both internal and external candidates, has a self-reporting question regarding allegations of sexual misconduct in the community and while working in an institution. While reviewing employee files, employees who completed applications within the agency's ADP system had the self-reporting questions.

To ensure that the facility does not hire a prohibited applicant, the Human Resource department will screen all internal and external applicants to ensure they meet the requirements and that any reported background issues do not disqualify them.

Policy requires the Human Resource Department to:

- Consider prior convictions and allegations of sexual abuse or harassment, when making hiring decisions in accordance with PREA standard 115.217
- At facilities that contract with the Federal Bureau OF Prisons (FBOP), hiring is contingent on approval by the Residential Reentry Manager (RRM) and within the guidelines of the FBOP Statement of Work
- Consistent with Federal, State, and local laws, makes its best effort 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
- Fingerprint checks will be submitted to the FBOP for an additional level of check for any candidate that works with FBOP offenders

The policy also states that material omissions regarding sexual misconduct, or the provision of materially false information, are grounds for termination.

The auditor was able to confirm initial and five-year background checks. All background checks were completed by the FBOP. The auditor interviewed the Human Resource Manager, who states that all VOA facilities have a contract with the FBOP that is renewed every five years. During the contract renewal, the FBOP requires all staff who have contact with FBOP offenders to have an updated background check. All staff members, even those who have recently received a background check, will receive one. The requirement ensures that all staff members have an updated background check every five years, as required by the standard.

The Human Resource Department is also responsible for completing reference checks on all new employees. During the employee file review, the auditor made note that any employee that was hired after August 2014 had a reference check that included notification of any PREA allegations.

The Program Directors are responsible for the recruitment and interview process of all contractors and volunteers and have final approval regarding contractor and volunteer involvement. The policy holds potential contractors and volunteers to the same hiring standards as potential employees. Contractors and volunteers, who have met qualification for service, are required to complete a self-reporting questionnaire concerning any allegations of sexual misconduct. Contractors and volunteers are prohibited from service if they do not meet any part of VOA's hiring policy statement. Some contractors/volunteers, who due to criminal background exclusions cannot operate in the facility independently, may still be allowed access to the facility as long as they are supervised by staff at all times. The auditor was able to review a background check and self-reporting questionnaire for a contract/volunteer of the facility. The facility is not currently allowing volunteers or contractors in the building due to new COVID protocols that have not yet been removed.

Annually, employees at VOA are required to sign acknowledgement of the agency's zero tolerance policies. The auditor was able to verify acknowledgement during the employee file review.

The Human Resource Manager reports that all request for employment verification for previous employees are referred to

the Human Resource department for response. Unless prohibited, the agency will 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. The auditor was able to see a report of a request of such information.

The auditor requested information concerning promotions and employee discipline. The HR Manager reports that all internal applicants for a job must complete an application, complete a sexual misconduct self-report form, and submit to another background check. If the employee passes the initial review of requirements, another interview will be completed and the potential supervisor will be made aware of any disciplinary problems.

The auditor was able to review several files of employees who have been promoted to various positions within the facility. A review of the disciplinary reports for these staff members did not review any behavior that would prohibit them for working with the residents in any capacity. No employee had any disciplinary action that would prohibit them from working with residents.

Review:

Policy and procedure

Employee background checks

Employee job applications

Employee reference checks

Employee promotions

Interview with Human Resource Manager

115.218	Upgrades to facilities and technology
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1487 398">Agency policy P100:03 states that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, the Program Director and executive level leadership will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The executive level leadership will solicit feedback from the agency's PREA coordinator to ensure sexual safety considerations have been made.</p> <p data-bbox="242 427 1487 555">The Program Director reports to the auditor that the facility has not acquired any new facility, nor is it planning any substantial expansion or modification of the current facility. The facility has remodeled the main shower area. This is not a change, just an update; however, there is now a scissor gate at the entrance to the shower area that can be closed and locked during the night to prevent residents from going into a blind area during hours where the number of staff members is reduced.</p> <p data-bbox="242 584 1487 712">The policy also states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Program Director and executive level leadership will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Executive level leadership will solicit feedback from the agency's PREA coordinator to ensure sexual safety considerations have been made.</p> <p data-bbox="242 741 1487 837">The facility has updated the camera system; moved several cameras for better line of site views; and increased the number of cameras to reduce the number of blind spots. The PREA Coordinator reports being responsible for the change in camera placement and the additional cameras.</p> <p data-bbox="242 866 1455 963">The Senior VP of Operations states that the PREA Coordinator would be actively involved in addressing video monitoring/electronic surveillance system needs for the facility, and would play a major role in any additions or changes to the system or to the facility in general.</p> <p data-bbox="242 992 327 1021">Review:</p> <ul data-bbox="242 1050 630 1536" style="list-style-type: none"> <li data-bbox="242 1050 454 1079">Policy and procedure <li data-bbox="242 1108 486 1137">Shower remodel invoice <li data-bbox="242 1167 566 1196">Camera system upgrade invoice <li data-bbox="242 1225 406 1254">Camera invoice <li data-bbox="242 1283 359 1312">Facility tour <li data-bbox="242 1341 391 1370">Camera views <li data-bbox="242 1400 566 1429">Interview with PREA Coordinator <li data-bbox="242 1458 566 1487">Interview with Program Director <li data-bbox="242 1516 630 1545">Interview with Senior VP of Operations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy P100:11 The Program Director ensures that their facility has a written Response Plan and Evidence Protocol in place, which is updated as necessary and approved by the PREA Coordinator. Each plan includes:

- Reporting process, including the creation and availability of call trees
- Actions to be taking by staff first responders
- Access to forensic medical examination
- Access to victim advocate
- Notification of local law enforcement, when necessary
- Protection measures in place to ensure that the alleged victim or resident who report incidents are not subject to retaliation

The agency ensures that investigations are conducted by properly trained individuals or local law enforcement who have the legal authority to conduct criminal investigations. Allegations that appear to be criminal in nature will be referred to Mansfield Police Department.

The facility has requested the Mansfield Police Department enter into a Memorandum of Understanding with the facility to investigate all criminal allegations of sexual abuse or sexual harassment at the facility using a uniform evidence protocol 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.

The police department has not responded to the MOU, but has responded to incidents at the facility in the past. The department has a special detective that is trained on investigating violence against women. The department also has a forensic science department that is responsible for processing crime or incident scenes and the collection, analysis, and storage of evidence.

The facility has a Memorandum of Understanding (MOU) with MedCentral Health System, on behalf of OhioHealth MedCentral Mansfield Hospital. The hospital agrees to treat residents from the facility in the Forensic Nursing Department in incidents of sexual assault or rape. Each forensic nurse is a registered nurse who has received specialized training in performing a medical and forensic exam for victims 24-hours a day, 7-days a week.

The Forensic Nursing Department at MedCentral has partnered with Sexual Assault Response Network of Central Ohio (SARNCO) to provide advocacy and emotional support services to victims of sexual assault and sexual abuse.

The auditor was able to communicate via telephone with a representative from MedCentral's Forensic Nursing Department post onsite visit. The representative verified the information found in the MOU and confirmed the partnership with SARNCO and that services are offered free of charge.

The auditor spoke by phone with SARNCO's Manager. The manager states that the agency partners with 18 hospitals in Central Ohio, including all OhioHealth hospitals. The manager states that the agency will provide bedside advocacy and provide emotional support during law enforcement interviews and court proceedings. The manager also reports that the agency is in partnership with Deaf World Against Violence Everywhere to provide advocacy to deaf survivors. The manager reports that the agency is funded through a Violence Against Women Act (VAWA) grant and that all services are free of charge. These services include:

- 24-hour emergency room advocacy
- 24-hour sexual assault helpline
- Emotional support
- Crisis intervention
- Community resource information
- Aftercare advocacy
- Safety planning
- Recovery resources

The auditor reviewed the website for OhioHealth and SARNCO and verified the services offered by both organizations.

The facility has three trained staff members who can act as an emotional support staff at the request of the resident. The auditor interviewed all three staff members during the onsite visit. The staff members report that anytime a resident victim request emotional support, they can provide assistance until an advocate from rape crisis arrives. The emotional support staff members report that they are available for residents anytime they need to talk or be of assistance in any way while the resident is at the facility.

The facility provided the auditor with training certificates for the administrative investigators and emotional support staff members.

Review:

Policy and procedure

MOU with MedCentral

Training certificates

Interview with SARNCO manager

Interview with MedCentral nurse

SARNCO website

MedCentral website

Interview with emotional support staff

Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Agency policy P100:14 requires administrative and/or criminal investigations are completed for all allegations of sexual assault, abuse, and harassment in VAOHIN residential reentry facilities. The agency is to ensure that investigations are conducted by properly trained individuals or local law enforcement following reports of sexual abuse and sexual harassment.

The agency post its investigatory policy on its website, [https://voa-](https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/453/Investigation_Protocols_VAOHIN.pdf)

[production.s3.amazonaws.com/uploads/pdf_file/file/453/Inve](https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/453/Investigation_Protocols_VAOHIN.pdf)

[stigation_Protocols_VAOHIN.pdf](https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/453/Investigation_Protocols_VAOHIN.pdf) The website reports that all allegations of sexual abuse and sexual harassment will be administratively investigated and if at any time the behavior appears to be criminal in nature, the facility will refer the allegation to the local legal authority. The criminal investigatory agency is responsible for referring allegations to the local prosecutor for any allegation deemed appropriate according to their agency policy.

The facility has had the following investigations during the past twelve months:

Investigation #1: A staff member reported a suspicious FaceTime call of a resident. An administrative investigator reviewed the resident's phone and discovered the resident was having an inappropriate relationship with a contract staff member (Aramark employee). The contract staff member was prohibited from accessing the facility. The allegation was determined to be substantiated. The facility could not prove criminal activity, so there was not a referral for a criminal investigation.

Investigation #2: The facility received a third-party report from a resident that a staff member was having an inappropriate relationship with a resident that had recently been released from the facility. An administrative investigator interviewed the alleged victim, abuser, and witnesses. While the victim denied having any sort of inappropriate relationship, and that no staff member has ever sent her inappropriate pictures, the abuser in the case admits to sending the resident inappropriate pictures. The allegation was determined to be substantiated. The staff member was terminated from employment. The facility could not prove criminal activity, so there was not a referral for a criminal investigation.

Investigation #3: A staff member reported suspicious behavior of a co-worker that appeared to be PREA related. The staff member was placed on administrative leave during the administrative investigation. The administrative investigator interviewed the alleged victim and reviewed cell phone evidence. The allegation was substantiated and the staff member employment was terminated. The facility could not prove criminal activity, so there was not a referral for a criminal investigation.

Investigation #4: The facility received a third-party resident-to-resident sexual abuse allegation from another resident. The administrative investigator interviewed the victim, witnesses, abuser, and reviewed facility cameras. The allegation was determined to be substantiated. The abuser was arrested by Adult Parole Authority and the allegation was referred for a criminal investigation. The criminal authority refused to press charges due to the lack of cooperation from the victim.

Investigation #5: The facility received a verbal report from a resident that another resident has been sexually harassing him in the shower area. An administrative investigator interviewed the victim, abuser, and witnesses. The allegation was determined to be substantiated. The facility could not prove criminal behavior, so no criminal referral was made.

Investigation #6: The facility received a verbal report from a resident that another resident was taking pictures of other residents in various states of undress and selling them. In reviewing the evidence in the case and after interviews were conducted, it was determined that there was one abuse victim and four harassment victims. All allegations were determined to be substantiated. The resident was terminated from the facility. The facility could not prove criminal activity, so no criminal investigation referral was made.

Investigation #6 & 7 *The facility has not totally finished this investigation* The facility began an investigation into an inappropriate relationship between a staff member and a resident after rumors were reported. During the investigation, it was determined that three staff members were having an inappropriate relationship with two different residents and that another staff member had knowledge of the these relationships. The resident victims in these investigations admitted to the relationships, and the investigators were able to find cell phone evidence to corroborate the relationship. The allegation was substantiated, and all four staff members were terminated from the facility. The facility did not have evidence of criminal activity, so did not make a referral for a criminal investigation. One victim in this investigation has been named in another investigation of staff sexual misconduct from another confinement facility.

The PREA Coordinator reports that anytime they are able to find evidence of criminal activity, they will report the allegation to the appropriate legal authority. The legal authority has the responsibility to refer for criminal prosecution.

Review:

Policy and procedure

Investigation reports

Agency website

Interview with PREA Coordinator

Interview with administrative investigators

115.231	Employee training
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1484 499">Agency policy P100:02 states that VOA of Ohio and Indiana (VOAOHIN) ensures that all members of the workforce at residential reentry programs who may 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; and that members of the workforce receive all necessary ongoing training related to sexual abuse and sexual harassment prevention, detection, and response. The policy defines workforce as all individuals (employees, volunteers, interns, and contractors) who may have contact with residents if, within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a resident over any period of time.</p> <p data-bbox="242 528 1481 622">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:</p> <ul data-bbox="242 651 901 1196" style="list-style-type: none"> · 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 <p data-bbox="242 1225 1484 1321">Working with Women Offenders in Correctional Institutions is a training assigned to all staff due to potential contact with both male and female residents. Throughout the year, the PREA Coordinator uses the Relias training system to provide staff with "Brain Sparks." These are a series of questions related to the PREA standards as refreshers to agency PREA policies.</p> <p data-bbox="242 1350 1468 1444">Along with training that meets the requirements to standard 115.231, the agency also provides employees with training that also improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. This training includes:</p> <p data-bbox="242 1473 574 1503">Guideline for Workplace Conduct</p> <ul data-bbox="242 1532 539 1848" style="list-style-type: none"> · No fraternization · Professional integrity · Conflicts of interest · Non-reprisal for reporting · Scope of practice · Termination offense <p data-bbox="242 1877 454 1906">Whistleblower Policy</p> <p data-bbox="242 1935 494 1964">Anti-Harassment Policies</p> <p data-bbox="242 1993 422 2022">Personnel Policies</p> <p data-bbox="242 2051 478 2080">Zero Tolerance Policies</p> <ul data-bbox="242 2110 391 2139" style="list-style-type: none"> · Definitions

- Prevention strategies
- Methods of reporting
- Detection/recognition
- Crisis intervention
- Evidence preservation

Standards of Conduct

Grievance Procedures

Conditions of Employment

Site specific on the job Training

- Security
- Policy manual
- Culture

Confidentiality/Limits to Confidentiality

Title VII of the Civil Rights Act of 1964

Professional Client/Staff Relationships

The auditor was able to interview treatment, security, and management staff during the onsite visit. All interviewed staff were questioned on the training they received during onboarding and annually concerning PREA. Staff was able to name some specific topics such as first responder training, pat search training, reporting obligations, LGBTIQ+ communication, and professional boundaries. Most staff was able to describe training topics with phrases like “how to keep residents safe,” “what signs to look for,” “staff red flags,” and “zero tolerance.” During formal and informal interviews, it was clear that staff received the required training and because training was given on a monthly basis, staff was able to retain knowledge of how to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment.

The PREA Coordinator reports that training is tracked through the training department through the Relias system, and that she specifically tracks PREA training. She states that the system is set up to provide reminders to herself as well as to supervisors for employees who have not completed mandatory training. She will notify the employee’s supervisor when staff has not completed the PREA training and the completion date is nearing.

As part of compliance documentation, the auditor received Relias training curriculum, VOA PREA policies, Relias course records, training sign-in sheets, and orientation training materials.

Review:

Policy and procedure

Relias training curriculum

Training sign-in sheets

Course completion records

Interview with staff

Interview with PREA Coordinator

115.232	Volunteer and contractor training
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1476 499">VOAOHIN policy P100:02 ensures that all members of the workforce at residential reentry programs who may 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; and that members of the workforce receive all necessary ongoing training related to sexual abuse and sexual harassment prevention, detection, and response. The policy defines workforce as all individuals (employees, volunteers, interns, and contractors) who may have contact with residents if, within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a resident over any period of time.</p> <p data-bbox="242 528 1428 622">The policy states that the Program Director ensures that all contractors, interns, and volunteers are properly trained on necessary and pertinent topics prior to unsupervised contact with residents. The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contact they have with residents.</p> <p data-bbox="242 651 1412 712">The Program Director is responsible for maintaining documentation confirming their understanding of the training they received.</p> <p data-bbox="242 741 1492 835">Aramark provides the facility with meal services, which includes Aramark staff preparing meals at the facility. All Aramark staff are given the agency's policy on zero tolerance and instructions on how to report allegations of sexual abuse and sexual harassment. The staff at Aramark that work in any type of confinement facility will receive PREA training from Aramark. The training provided by the company includes the topics:</p> <ul data-bbox="242 898 1220 1328" style="list-style-type: none"> · What is PREA · Definitions of sexual harassment, sexual abuse, sexual contact, and consent · How does PREA apply to Aramark · How does Aramark comply with PREA- Responsibilities of an Aramark employee under PREA · Reporting a PREA incident · Aramark's harassment policy and why it is important · Manipulation and PREA · Personal VS Personable <p data-bbox="242 1357 1428 1417">The auditor was able to speak with the kitchen manager, who states that staff are trained on the requirements of PREA before they can work at the facility.</p> <p data-bbox="242 1447 1476 1507">All visitors to the facility must read and sign a PREA Zero Tolerance Acknowledgement before being allowed into the secure perimeter of the facility. The auditor was required to sign the acknowledgement each day of the onsite visit.</p> <p data-bbox="242 1536 1300 1568">The auditor was able to review the signed training acknowledgement form from contractors and volunteers.</p> <p data-bbox="242 1653 327 1682">Review:</p> <p data-bbox="242 1711 454 1740">Policy and procedure</p> <p data-bbox="242 1769 638 1798">Contractor/volunteer acknowledgement</p> <p data-bbox="242 1827 566 1856">Volunteer Standards of Conduct</p>

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Policy P100:07 Requires each resident admitted to a VOAHOIN residential reentry program to receive information on the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Accommodations will be made for residents with disabilities or limited English proficiency to ensure access to information and resources.

The policy requires the facility to:

- Provide all new intakes and transfers with a resident handbook that contains information on the agency's policies and procedures related to sexual abuse and harassment; and sign an acknowledgement of receipt
- Additional information is provided to the new residents during facility orientation group conduct by the Program Director or designee
- Key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats
- Information to be read aloud if a resident has identified or is known to have limited literacy skills. Interpreters (technology or nonresident) are made available for those who are limited English proficient, deaf, or visually impaired. Translations in a client's main language is provided whenever possible.

The policy also requires an assigned staff member to review the facility's "Intake Packet" with the resident within 24-hours of the resident's arrival. The review will also include sexual abuse and sexual harassment information including VOAHOIN's zero tolerance policy, reporting, medical care, advocacy, and mental health resources.

The facility provided the auditor with a copy of the resident's handbook, intake packet, and PREA reporting posters (English and Spanish). 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 Senior Program Director conducts orientation group for the male residents, while the Case Manager in the female facility conducts orientation group for the female residents. The auditor was able to interview both during the onsite visit. The female resident group facilitator states that she provides the residents with a PREA pamphlet (rape crisis information), materials containing information on PREA, reporting options, how to keep safe, confidentiality, and the handbook. She states that she has not had a resident that has needed additional assistance (interpretive services or auxiliary aids). She reports that she would receive notice from intake personnel if she would need to obtain assistance for a resident that was limited English proficient, deaf or hard of hearing, blind, or some other cognitive or physical disability that would prevent them from benefiting from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The Program Director demonstrated for the auditor how staff have an app on their phone to enable communication between any resident that is limited English proficient. The app is able to provide translation for a multitude of languages and include regional differences in some languages such as Spanish. The facility has PREA posters, brochures, and resident handbook in Spanish readily available. The Program Director states that she can publish these materials in any language needed through Google Translate. The Program Director, as well as other staff members, report during interviews that the facility has not housed a resident that is limited English proficient; however, have had residents where English is their second language. These residents are offered material in their preferred language. The facility provided the auditor with documentation of these materials in Spanish. She reports that no resident made any request for materials to be translated. The Program Director reports that if onsite translation/interpretation services are needed, the facility has a MOU with Mansfield Correctional Institution who has staff that can provide these services.

The facility had a former resident who was deaf and required interpretive services. The facility provided the auditor with documentation that detailed how services were secured from Catalyst to assist the resident with completing assessments

and groups. The facility has a staff member that understood sign language who assisted the resident. The resident was also provided a small dry-erase board and marker for ease of communication during times when an interpreter was not available.

The male resident group facilitator also provides the residents with a handbook, PREA pamphlet, reporting information, and limits to confidentiality. She states that she stresses the importance of reporting and the ability to report anonymously.

During her interview, she reports providing information in the resident's primary language and inquiring about the level of assistance needed for residents who are limited English proficient, deaf or hard of hearing, or have a physical or cognitive disability. She reports that during the past audit cycle, she has not had a resident that required any additional services or accommodations to understand the orientation material.

The auditor was able to interview the Resident Support Specialist, who was able to communicate with the deaf resident using American Sign Language. The staff member reports that the resident was adept at reading lips and using the dry-erase board to communicate; however, whenever he was needed to interpret during programming or individual sessions, he was glad to assist. The staff member did not need to assist with any other resident and confirmed that the facility has not had other resident that need any other type of interpreter or auxiliary aids.

The auditor also interviewed twenty (five females, fifteen males) residents during the onsite visit. The clients were questioned on the information they received concerning PREA during intake and orientation group. This includes any resident that was identified as limited English proficient and/or otherwise disabled. The residents interviewed stated that at intake the staff member read over the intake packet material, they received a tour where reporting information was pointed out to them, and they have a handbook that contains the information reviewed at intake. The residents also talked about PREA education during orientation group. The residents were questioned on the reporting posters in the building. All residents stated that the poster have always been up and not posted because of the audit. The residents report that they can make anonymous phone calls from their personal cell phones or use the phone available at the front desk. The residents interviewed state that the phone at the front desk is available for use at anytime and that staff does not monitor the call, but most resident have their own phone or will borrow another resident's phone until they can get one.

Resident files were reviewed by the auditor. The auditor was able to verify residents' acknowledgement of receiving PREA information during intake and attending orientation group. 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. The auditor was able to view residents using their phones and have free access to the phone at the control desk in both buildings.

Review:

Policy and procedure

Resident intake packet

Resident handbook (English and Spanish)

Case notes for deaf resident

Invoice for interpretive services

Orientation group materials

Resident PREA acknowledgement

PREA brochure

PREA posters (English and Spanish)

Resident files

Interview with residents

Interview with Orientation group facilitators

Interview with RSS staff member

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy P100:02 and P100:14 requires staff with administrative investigation responsibilities receive Specialized PREA investigation training prior to conducting an investigation. Training is required to be provided by a qualified provider using an approved curriculum that includes:

- 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 Sexual Assault Investigation Training curriculum used to train staff on administrative investigations. The Curriculum and training was provided by the Massachusetts Department of Corrections. The training includes:

- Inner Perimeter Security Training
- Crime Scene Management/Dissemination and Discovery
- Task Maps
- Crime Scene Management
- Evidence Collection/Tagging/Filing
- Chain of Custody
- Searches and Evidence Collection
- Photography
- Sexual Assault Response
- Sexual Assault Evidence Gathering
- Understand the dynamics of a PREA interview
- Proper use of Miranda and Garrity Warnings
- Build rapport with victims and suspects during the interviewing process
- Overcome common challenges of obtaining relevant information from victims and suspects of sexual abuse allegations in confinement
- Apply appropriate techniques to a victim and suspected perpetrator interview
- Documentation
- Reports and credibility
- Summary of facts
- Statements
- Phone and video recordings
- Protect all inmates and staff who report or cooperate with a sexual abuse/harassment investigation from retaliation
- Track inmates at high risk of being sexually victimized and sexually abusive
- Prepare and deliver a sexual abuse incident review

The training was appropriate for the requirements of this standard. The PREA Coordinator and the Senior Program Director for the facility were trained on how to be an instructor for administrative investigator training. She facilitates training and

refresher training for VOA staff using this curriculum. Most recently, the PREA Coordinator collaborated with other trained administrative investigators around the state of Ohio to provide training to new PREA administrative investigators.

The facility has three trained administrative investigators, and five agency administrative investigators who do not work inside a reentry center. The Senior Program Director and the Clinical Manager are the primary investigators for the facility. The auditor interviewed all three investigators during the onsite visit. The investigators discussed the techniques learned from the training including trauma informed interviews, removing biases, evaluating evidence, and preponderance of evidence versus reasonable doubt. Because the facility is part of a private, non-profit agency, the rules to Garity and Miranda do not apply; however, the investigators report to the auditor that when an allegation involves a staff member, the PREA Coordinator will take the lead in the investigation and refer to the local police department if the allegation seems to be criminal in nature. The administrative investigation will resume after a criminal investigation or with permission from the legal authority.

The facility provided the auditor with the training curriculum used, as well as the completion certificates for the administrative investigators.

Review:

Policy and procedure

Administrative investigator training curriculum

Administrative investigator training certificates

Interview with PREA Coordinator

Interview with administrative investigators

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 416">Mansfield Residential Reentry Program does not employ or contract with medical or mental health practitioners. The PREA Coordinator reports that all resident's medical and mental health needs are met by a community provider. During resident interviews, residents reported to the auditor that all of their medical and/or mental health services have been in the community.</p> <p data-bbox="229 416 1509 456">Review:</p> <p data-bbox="229 456 1509 497">Interview with PREA Coordinator</p> <p data-bbox="229 497 1509 586">Interview with residents</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1452 365">Policy P100:06 requires all VOAHOIN operated residential reentry facilities to assess all residents for risk of sexual victimization and abusiveness during intake, upon transfer from another facility, at 30-days after arrival, and as warranted thereafter. The policy requires the assessment tool to be objective and consider, at a minimum, the following criteria:</p> <ul data-bbox="240 394 1492 936" style="list-style-type: none"> · Whether the resident has a mental, physical, or developmental disability · The age of the resident · The physical build of the resident · Whether the resident has previously been incarcerated · Whether the resident’s criminal history is exclusively nonviolent · Whether the resident has prior convictions for sex offenses against an adult or child · Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming · Whether the resident has previously experienced sexual victimization · The resident’s own perception of vulnerability · Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse <p data-bbox="240 1025 1465 1086">The policy does not allow for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.</p> <p data-bbox="240 1120 1465 1209">Policy P100:15 states the program implements appropriate controls on the dissemination within the facility of responses to PREA Screening questions to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.</p> <p data-bbox="240 1243 1484 1500">The auditor interviewed a case manager who is responsible for conducting risk assessments on the male residents. The case manager was asked to perform a mock assessment so that the auditor could assess the method used to obtain information use to score the assessment. The case manager states that he conducts the assessment, along with other assessments, in the privacy of his office, usually after reviewing the resident’s file for collateral information. He reviewed the agency’s zero tolerance policy; explained the assessment and its purpose; the invasive nature of some questions, and that if the resident choose not to answer the questions, there were no consequences for not answering; and the privacy related to the information provided. He went through each question, elaborating when necessary, and providing definitions of terms used in the questions.</p> <p data-bbox="240 1534 1468 1624">The case manager made the auditor feel comfortable during the mock assessment, and finished the assessment by explaining that counseling services are available in the community, and that should the resident wish to use those services, sessions could be provided free of charge.</p> <p data-bbox="240 1657 1476 1814">The case manager reports that between 20 -30 days, never going over 30-days, he will conduct a reassessment. He states that he will review the initial assessment, and any additional information that has been presented that was not available the first time. He will sit down in a private setting and explain the necessity of completing a reassessment. He states that along with conducting the second assessment, he will question the resident on safety concerns and the need for external counseling services.</p> <p data-bbox="240 1848 1476 1971">The case manager also discussed his experience with conducting reassessments based upon an investigation into sexual abuse or sexual harassment. He states that if a resident on his case load alleges sexual abuse or sexual harassment, and the allegation is determined to be substantiated or unsubstantiated, he will conduct another risk assessment. He states that he has never had a request for an additional reassessment.</p> <p data-bbox="240 2004 1476 2139">The auditor interviewed the case manager, who conducts initial and reassessments on the female residents. The case manager reports that she has received appropriate training on how to use the instrument and the reassessment form. The case manager reports that she is required to complete the assessment within 72 hours of the resident’s arrival to the facility and complete a reassessment before the 30-day mark. She tries to complete the assessment somewhere between 15-30</p>

days. Her process for conducting initial and reassessments is similar to the male case manager's approach.

The Program Director discussed with the auditor the facility's security protocols to ensure that information provided on the risk assessment is not used against the resident. She states that after an assessment is completed, the assessment will be placed in the resident's file. The file is assessable to treatment staff, with other staff being provided the classification when necessary for housing, work, programming, and educational purposes. The details of assessment are not shared.

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

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

The auditor interviewed twenty residents during the onsite visit. All the residents interviewed had an initial assessment; some an initial and reassessment; and one who had a reassessment based on a substantiated PREA allegation. The auditor questioned if the residents remembered having a risk assessment completed, and gave examples of some of the questions that they would have heard during the assessment. All the residents stated that they did have an assessment completed, and some on their own stated that it was completed twice. Most remembered the person conducting the assessment informing them of their right to not answer questions, the confidentiality of the information, and the available counseling services.

The auditor reviewed initial assessments, reassessments, and assessments based on a report of sexual abuse. The instrument was completed appropriately, documented classification status based on score, and comments from the screener. The assessment date was compared to the resident's intake date to ensure all assessments reviewed were completed within the required time frame.

Review:

Policy and procedure

Initial risk assessment

Reassessment 30 day

Reassessment reported abuse

Interview with residents

Interview with screener

Interview with Program Director

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy P100:06 requires the facility to use risk screening information to ensure the safety of each resident and to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy P100:15 describes how the facility will use the screening information. It states:

- Lead Reentry Support Specialist will consider the assessed risk level when assigning residents to dorms and bed assignments; with the intention of keeping those at high risk of victimization separate from those at high risk for abusiveness
- When making decisions for resident assignments, the Program Director makes assignments that assure that residents at high risk of victimization are separated from residents at high risk of abusiveness
- Individualized determinations for resident assignments are made by the Program Director to ensure the safety of each resident

The Program Director and Director of the female facility discussed their plans for keeping residents who have been classified as being at risk for victimization to be kept separate from residents classified as being at risk for abusiveness. The Program Director states that in the male facility, she will house residents, if necessary, in the honor dorm which has an attached private restroom that is lockable. For residents that are at risk, but do not need to be housed in the honor dorm, they will be placed in a dorm on the right side of the corridor, in a bed that is under direct camera supervision. Residents that have been identified as abusive will be placed in a dorm room on the left side of the corridor in a bed that is under direct camera supervision. The female facility director states that the two dorms are divided between those who have been identified as possible victims and those who have been identified as possible abusers. Those residents will be placed in a bed under camera supervision.

As for programming, work assignments, and education, she states that as much as possible they do not assign residents with opposing risk classifications to the same schedule. If they are scheduled at the same time, staff is aware in order to ensure the residents are as separate as possible during that time.

The case managers both described offering residents' community assistance to deal with any underlying issues identified during the risk assessment. The local Domestic Violence Shelter offers programming that addresses trauma related issues. Residents that have identified being abused in the community or while incarcerated are encouraged to participate in this program.

Policy P100:15 declare that programs do not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis identification or status, unless such 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 such residents.

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

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

The Clinical Supervisor and the Program Director reports that once the facility becomes aware that a transgender/intersex resident will be arriving at the facility, they begin to review information that can assist with ensuring the safety of the residents. They state that the clinical team will meet with the resident to assess the resident concerns for safety, gender search preference, and preferred pronouns.

The auditor interviewed management, program, and operational staff during the onsite visit and questioned each on their experience working with residents that identify as lesbian, gay, bisexual, transgender, and/or intersex. The staff report that they have experience working with residents in the LGBTI community and have been trained on how to keep these residents

safe while at the facility. The staff report being informed of any accommodations necessary, and if the resident request pronouns that are different from those assigned at birth. No staff member reported being uncomfortable working with LGBTI residents.

The facility provided the auditor with documentation of providing accommodations to not just residents that identified as transgender, but also to residents that have experienced past sexual abuse and/or have a gender or sexual identity other than cis. These residents were also provided counseling in the community to deal with the sexual abuse trauma.

The auditor met with residents during the onsite visit that identify as gay, lesbian, or bisexual. The residents report being able to discuss safety concerns and requesting accommodations for private shower times. The residents report feeling safe, and did not feel as if their dorm assignment was based on their sexuality.

The facility does not have a dedicated unit for residents that identify as LGBTI. Residents that identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff can have clear line of site view from the camera system. The auditor performed an internet search and confirmed that the facility is not under any consent decree, legal settlement, legal judgment.

Review:

Policy and procedure

Case notes

Interview with case managers

Interview with Program Director

Interview with Clinical Supervisor

Internet search

Auditor Overall Determination: Meets Standard

Auditor Discussion

VOAOHIN policy P100:16 ensures that residents have multiple internal and external ways to privately report allegations of sexual abuse, assault, harassment incidents. Residents are not restricted to reporting such allegations via the agency's complaint and grievance procedures. Residents are encouraged to report allegations of sexual assault, abuse, or harassment through the following established methods:

- 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
- The State of Indiana's toll-free hotline
- The State of Indiana's email report link
- Federal Bureau of Prison'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 were posted in various areas throughout the facility and listed in the resident handbook. Residents can use the free phone near the control center 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. Because residents have access to the community, they can send mail without the assistance of staff and/or contact the local police department to report allegations.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions Assistant Chief. He verified receiving the auditor's call and ensuring all calls are taken seriously. He states that he will report to the PREA Compliance Manager on record for each facility under the BCS's umbrella whenever there is a report to the hotline. Each facility is required to report allegations to BCS through the online reporting system, and provide general details of the investigation, which includes:

- Type of allegation
- How it was reported
- Retaliation monitoring
- Outcome determination
- SART review

The auditor has also tested the email like provided to residents and third-party reporters on their website. The auditor received a return email from the agency's PREA Coordinator within 24 hours.

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 tested both the toll-free hotline number and the email report link to ensure residents could use these options to report allegations.

During resident interviews, they report that during the intake process, PREA posters are pointed out to them by staff during the tour of the facility. They state that reporting information is readily available to them in the handbook they received at intake and the PREA brochure given to them in orientation. The residents report that reporting information has always been posted and not just put up for the audit. When questioned about available reporting methods, the residents report having direct access to staff of all levels, and being able to report directly to them. The residents are really impressed by the Program Director and her availability to address any concern they might have. The residents showed the auditor their personal cell phones that they can use to report to the policy, parole, or other outside agencies. Some residents report that they would not report sexual abuse or sexual harassment and just "handle it" on their own, but that option is not due to the facility or the reporting options available. When questioned about anonymous reporting, the residents state they understand all ways of reporting, including anonymously, to any staff member, in writing, or through a third-party (family members).

According to the employee handbook, staff, once aware of any behavior that is in violation of VOA's Professional Client/Staff Relationship policies, must immediately report such behavior to their immediate supervisor. Failure to report could implicate staff as complicit in the behavior and share in responsibility. The facility had two allegations that resulted in a staff member

being terminated for having knowledge of staff sexual misconduct, but not reporting the information.

All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. There were several staff members interviewed that discussed how they had received verbal reports in the past from residents and have immediately reported those allegations to their supervisor. The staff spoke to the Senior Program Director's open door policy and feel like they can approach her with their own suspicions or to make a private report. The auditor was able to witness the interactions of the Senior Program Director with staff and residents and conclude that all feel comfortable coming up and discussing issues and concerns with her.

Review:

Policy and procedure

Employee Handbook

PREA brochure

PREA posters

Resident handbook

Agency website

Interview with staff

Interview with residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

While the agency does not restrict residents to reporting allegations through the facility's grievance procedure, the agency does have a policy regarding grievances. Policy P100:16 prohibits the facility from imposing a time limit on when a resident may submit a grievance regarding an 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 a resident in filing a 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.

The grievance procedure is given to the residents through the resident handbook. The auditor viewed signed acknowledgements of receiving a copy of the grievance policy during the resident file review.

The auditor interviewed twenty residents during the onsite visit. The auditor questioned the residents on being educated on the grievance process, and if they have ever filed a grievance. If the resident reported filing a grievance, the auditor requested the resident to describe their experience with the process. All residents reporting receiving information about the grievance process during orientation group. Most residents reported not needing to file a grievance. They report they are able to bring any concern to their case manager or to the Program Director. The two residents, who reported using the grievance system, stated that the Program Director met with them either the same day or the next day to inform the resident that the grievance has been received. The residents state that the Program Director address the concern within the grievance within three days. None of the grievances were related to sexual abuse or sexual harassment. The residents were satisfied with the response to their grievance.

The facility received two third-party reports from residents on behalf of other residents. The residents did not use the grievance system to make those reports. An administrative investigator questioned the reported victims in the allegations to ensure that the victim wants to pursue an administrative remedy to the situation. In both allegations, the investigation continued and substantiated determinations were made.

No resident has reported being in fear of being at risk of imminent sexual abuse. The PREA Coordinator and Program Director report that should the facility receive a report of a resident being at risk of imminent sexual abuse, the facility would immediately initiate protective measures. They report that these measures would take place immediately, without delay. They report that after the safety of the resident was secure, management would assess the situation and determine a response appropriate to the situation and provided long term solutions. The PREA Coordinator reports that protection measures taken would be documented in the Unusual Incident Report.

The Program Director reports that no resident has used the grievance system to report being at risk for imminent sexual abuse, and that no resident has been disciplined for reporting a false PREA allegation.

Review:

Policy and procedure

Resident handbook

Orientation group curriculum

Investigation report

Interviews with residents

Interview with Program Director

Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

VOAOHIN policy P100:07 requires the residents with access to outside victims' advocates for emotional support services related to sexual abuse by giving residents mailing address and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations. The facility is required to inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility provided the auditor with brochures given to the residents during intake. The brochure provides the name, contact numbers, and mailing 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 residents are informed that all information provided to a staff member, contractor, or volunteer would be immediately reported to proper authorities. The contact that a resident make with an outside emotional supportive agency or rape crisis center is limited to the specific agency's policies and procedures, and any applicable state or national laws.

During the onsite visit, the auditor was able to view PREA reporting posters throughout the housing unit of both the male and female buildings. The information on the posters included multiple agencies residents could report allegations of sexual harassment and sexual abuse; reporting phone numbers, email addresses, and mailing addresses for these agencies; and ways a resident could report (written, verbal, and anonymously). The agencies represented had local, state, and national options.

The facility has MOU's with the local Domestic Violence Shelter, Third Street Family Health Services, and OhioHealth. These agencies have agreed to serve the residents at VOA Mansfield by providing:

- Behavioral health
- Emotional support services related to sexual assault and abuse
- Follow-up services for victims of sexual assault and abuse
- Receive third-party reports from residents
- Victim advocacy
- Emergency medical services
- Forensic nursing services
- 24-hour help line
- Emotional support
- Crisis intervention
- Recovery resources
- Referral to other community providers

The auditor also spoke with the manager from SARNCO who provides victim advocate services to the residents at RRP-Mansfield. The manager states that the staff are equipped to provide emotional supportive services to any resident that contacts the agency. She states that the residents are able to correspond with any advocate through the mail or via phone.

The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. The manager states that during initiation of services, the advocate disclose to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity). She cannot report any interaction between the agency and residents due to agency policies.

*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.

*SARNCO provides all services at an anonymous level of interaction. They do not disclose the name of their clients. The manager at SARNCO does acknowledge a MOU with RRS Mansfield and will provide services to these residents.

Review:

Policy and procedure

PREA brochure

PREA posters

Email communication with Third Street Family Health Services

Phone interview with SARNCO manager

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1477 365">Policy P100:11 requires the facility to distribute public information on how to report sexual abuse and harassment on behalf of a resident. The policy also states that should the facility receive a third-party report of incidents of sexual abuse, assault, or harassment occurred within the facility, the information will be immediately reported to the Program Director of the facility.</p> <p data-bbox="240 396 1422 456">The auditor reviewed the agency website, https://www.voahin.org/residential-reentry, and was able to see the posted information on how a third party can report an allegation.</p> <p data-bbox="240 488 1489 548">The PREA Coordinator also provided the auditor with her test of the in-house and outside reporting options. The test verified the methods the residents or third-party reporters used worked properly.</p> <p data-bbox="240 580 1489 705">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 auditor noted the various locations of reporting posters, including public locations during the facility tour.</p> <p data-bbox="240 736 1437 898">The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions, PREA Community Corrections Assistant Chief. He verified receiving the auditor’s call and ensuring all calls are taken seriously.</p> <p data-bbox="240 929 1417 990">The auditor has also tested the email like provided to residents and third-party reporters on their website. The auditor received a return email from the agency’s PREA Coordinator within 24 hours.</p> <p data-bbox="240 1021 1477 1081">The two third-party reports received by the facility were from inside the facility by other residents not involved in the incident. Both allegations were investigated and determined to be substantiated.</p> <p data-bbox="240 1113 328 1140">Review:</p> <ul data-bbox="240 1171 703 1538" style="list-style-type: none"> <li data-bbox="240 1171 456 1198">Policy and procedure <li data-bbox="240 1229 448 1256">Investigation reports <li data-bbox="240 1288 360 1314">Facility tour <li data-bbox="240 1346 403 1373">Agency website <li data-bbox="240 1404 424 1431">Reporting posters <li data-bbox="240 1462 703 1489">Telephone interview with BSC Assistant Chief <li data-bbox="240 1520 552 1547">PREA Coordinator system test

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy P100:11 states that staff must 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 must report the incident to the Senior Vice President of Reentry Programs, who is then responsible for conveying the report to the PREA Coordinator. Alternatively, staff may report allegations or suspicions directly to the PREA Coordinator or a trained PREA 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.

During staff interviews, the auditor asked staff from all levels and departments to explain the facility's reporting process. The staff responded by stating that they would immediately report any report, suspicion, or information to their supervisor or the manager on call. The staff report that they can always report to the Facility Director. All staff interviewed stated that the Facility Director, who is also an administrative investigator, has an open door policy and has created a culture where reporting is comfortable.

The auditor questions staff on reporting suspicions or "red flag" behavior. The staff discussed trainings on boundaries and what to watch. Some staff members reported feeling comfortable enough to approach peers and talk about behavior that could be perceived as "flirty" or "too personal." A few staff members talked about their experience reporting suspicions. One staff member questioned the auditor about reporting "mistreatment" that was not considered PREA. The staff member did not have experience working in corrections, but from a field where reporting was also mandatory to an outside agency. The staff member has only briefly started working at the facility, which is the same status as much of the front line employees. The auditor discussed this with the PREA Coordinator and the Facility Director. The auditor had concerns that the new employees may need additional training on not just PREA reporting, including when to report to outside agencies, but any time they have concerns about resident treatment.

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. Staff have ongoing training annually about the PREA reporting requirements as well.

Employee 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 auditor reviewed the facilities investigation reports. The reports document staff members reporting based on suspicions, information from phone checks, and reports directly from the victim. There was also documentation of a staff member being terminated due to knowing about staff sexual misconduct and not reporting.

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

No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult.

Review:

Policy and procedure

Employee handbook

Investigation reports

Training curriculum

Employee files

Interviews with staff

115.262	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1449 398">Policy P100:12 states that the agency has procedures in place to protect at risk residents from sexual abuse and prevent retaliation against residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The protection measures include, but are not limited to, dorm moves, facility reassignments, and close observation of alleged victim or perpetrator.</p> <p data-bbox="242 430 1481 622">The PREA Coordinator reports that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. As far as protection methods used for residents, the Coordinator states that the type of protection will depend upon the situation. She states that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. If the allegation is against another resident, the facility has the ability to move the resident to another dorm, or if appropriate and allowable by the parent agency, place the resident victim on home confinement. The parent agency also has the ability to remove the resident from the program if necessary.</p> <p data-bbox="242 654 1481 913">The auditor discussed protection measures available with staff. The staff report that when residents make reports of feeling unsafe, not just due to PREA, they will do what ever is necessary to make the resident feel safe. The staff recounted stories of allowing residents to sleep in the administrative area, moving residents to the honor dorm (has own dayroom, outdoor area, and bathroom), and completing close observations of residents having issues with others. When asked what close observation entails, the staff report that in addition to the required counts, they would have a staff member "put eyes" on the resident being watched every 15-20 minutes on an irregular schedule. The staff report that most of the reports of feeling unsafe come from residents that have a sex offense. No staff member reported being retaliated against for reporting an allegation.</p> <p data-bbox="242 945 1497 1137">During resident interviews, when question about feeling safe in the facility, several residents discussed requesting dorm moves due to harassment because of their charge. The residents report that staff respond quickly whenever they hear or see the harassment, and have faith that the staff will ensure their safety while at the facility. One of the residents discussed a dorm change due to the harassment. He states that he discussed the issue with his case manager, who then assisted him with a dorm move request. When interviewing the resident that was a victim of staff sexual misconduct, he reports that he has not experienced any retaliation or other concerns, and has not needed to any protection measures.</p> <p data-bbox="242 1169 1485 1265">The auditor reviewed the investigation reports. The reports document different protection measures used once an allegation is reported. The reports state that staff members have been placed on administrative leave at the beginning of an investigation and the resident victims have been moved to a separate dorm.</p> <p data-bbox="242 1296 327 1326">Review:</p> <p data-bbox="242 1357 456 1386">Policy and procedure</p> <p data-bbox="242 1417 448 1447">Investigation reports</p> <p data-bbox="242 1476 443 1505">Interviews with staff</p> <p data-bbox="242 1536 572 1565">Interview with PREA Coordinator</p> <p data-bbox="242 1597 480 1626">Interview with residents</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy P100:11 has a procedure for reporting to other confinement facilities.</p> <ul style="list-style-type: none"> · Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director · The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred · The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation · The agency will document that it has provided such notification · Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation <p>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.</p> <p>The auditor reviewed the investigations completed by the agency, which document how the allegation was reported. None of the reports document receiving the report from another confinement facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA coordinator</p>

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy P100:11 requires Program Directors to ensure that their facility has a written Response Plan and Evidence Protocol in place, which is updated as necessary and approved by the agency PREA coordinator. The plan must include provision for the following:</p> <ul style="list-style-type: none"> · 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 <p>The facility provided the auditor with a copy of the facility's Response Plan and Evidence Protocol. The specific facility protocol includes:</p> <ul style="list-style-type: none"> · Separate the alleged victim and abuser. Locations include the staff office hallway, group room, or the cafeteria. All would be easily under staff supervision until law enforcement arrived, if needed · Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence by law enforcement · If the abuse occurred within a time period that still allowed for the collection of physical evidence, request the alleged victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating · Report the incident to the Program Director · If the Program Director is unavailable, report the incident to the on call manager. The supervisor who received the report will call the local police department to refer the incident for investigation <p>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.</p> <p>All VOA allegation reports document the first responder steps taken after the initial report. The facility has not had an incident which required the facility to immediately contact the policy and/or medical personnel.</p> <p>All staff interviewed were questioned on their understanding of the facility's Response Plan and Evidence Protocol. The staff was able to describe a safe location to take the victim, a place to hold the abuser until the local police arrived where they could not destroy any evidence, and contacting the appropriate community agency for rape crisis assistance. Staff report that they would contact their supervisor or the PREA Compliance Manager for specific instructions if an incident ever occurred.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Response Plan and Evidence Protocol</p> <p>Training curriculum</p> <p>Course completion records</p> <p>Interview with staff</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 206 451 235">Auditor Discussion</p> <p data-bbox="242 271 1484 394">Policy P100:11 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 a reported incident of sexual assault, abuse, or harassment. The facility posts its Coordinated Response Plan and Evidence Protocol in all staff control post. The states that:</p> <ul data-bbox="242 427 1484 808" style="list-style-type: none"> · 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 <p data-bbox="242 842 1484 931">During staff interviews, staff were able to tell the location of the Response Plan and Evidence Protocol and the location of the phone numbers for responsible parties. The staff members talked about their training on the “PREA Book” and how to initiate the coordinated response plan should an incident of sexual abuse occur.</p> <p data-bbox="242 965 319 994">Review</p> <p data-bbox="242 1021 456 1050">Police and procedure</p> <p data-bbox="242 1077 628 1106">Response Plan and Evidence Protocol</p> <p data-bbox="242 1133 397 1162">Staff interviews</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>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.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1461 360">VOAOHIN policy P100:12 states the facility will have procedures in place to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility does this by:</p> <ul data-bbox="240 394 1489 611" style="list-style-type: none"> <li data-bbox="240 394 1489 483">· 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 <li data-bbox="240 517 1489 611">· 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 <p data-bbox="240 645 1461 801">The PREA Compliance Manager (Senior Program Manager) is responsible for retaliation monitoring. She reports to the auditor that she will meet with the resident or staff member every 15 days in a private setting to ensure the resident or staff member is not receiving any retaliation for reporting an allegation or cooperating with an investigation. The Compliance Manager states that should the person being monitored be a resident, then the 15-day monitoring visits will also include status checks. Status checks include monitoring:</p> <ul data-bbox="240 835 592 1030" style="list-style-type: none"> <li data-bbox="240 835 480 862">· Disciplinary reports <li data-bbox="240 891 579 918">· Housing or program changes <li data-bbox="240 947 592 974">· Negative performance reviews <li data-bbox="240 1003 488 1030">· Staff reassignments <p data-bbox="240 1064 1414 1120">The facility has had allegations that required retaliation monitoring. The facility provided the auditor with a copy of the Retaliation Monitoring Form. The form includes:</p> <ul data-bbox="240 1153 1477 1615" style="list-style-type: none"> <li data-bbox="240 1153 576 1180">· Date monitoring begins/ends <li data-bbox="240 1209 475 1236">· Type of monitoring <li data-bbox="240 1265 539 1292">· Staff assigned to monitor <li data-bbox="240 1321 695 1348">· Who's being monitored (resident or staff) <li data-bbox="240 1377 967 1404">· Reason for monitoring (victim, witness, cooperation w/ investigation) <li data-bbox="240 1433 397 1460">· Comments <li data-bbox="240 1489 1114 1516">· 15-day, 30-day, 45-day, 60-day, 75-day, 90-day meeting and status check remarks <li data-bbox="240 1545 1477 1615">· Results from monitoring (no retaliation, retaliation found [address and protection measures], end monitoring [unfounded or resident left program], extend monitoring <p data-bbox="240 1648 1461 1738">The completed monitoring forms document an affirmative check of disciplinary reports (number and types), changes in bed assignment (date of change if moved), negative performance review for staff, staff reassignment (date and location if reassigned). The form also documents that date of every status check.</p> <p data-bbox="240 1771 1489 1962">During interviews with staff, it was reported to the auditor the different ways the facility has used to ensure residents felt safe while at the facility. The protection measures mentioned by staff included bed moves (placing the resident on camera view), dorm moves (including moving into the honor dorm with a private bathroom), allowing the resident to sleep in the administrate area, increased monitoring by staff, being placed on electronic monitoring, and removing the aggressor from the program. The staff report that these measures are deployed for any resident that need to be protected, and not just those involved in a PREA investigation.</p> <p data-bbox="240 1995 1477 2119">The auditor interviewed a resident victim of a staff sexual misconduct investigation. The resident reports that he has not experienced any retaliation from a staff member or resident after the allegation was reported. He states that the Program Director checks in on him periodically, and that he would feel comfortable going to the Program Director if he felt like he was being retaliated against.</p>

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

Review:

Policy and procedure

Retaliation monitoring forms

Investigation reports

Interview with staff

Interview with resident victim

Interview with Program Director

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy P100:14 requires an administrative and/or criminal investigation are completed for all allegations of sexual assault, abuse, and harassment in VOAHOIN residential reentry facilities. 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

Should there also be a criminal investigation, the policy requires the facility to:

- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- The Program Director will be responsible for keeping records of these referrals and the outcomes of police investigations
- Document referral and outcome data in the annual report, compiled by the PREA Coordinator

The auditor was able to review the report form for administrative investigations. The report includes:

- 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

*See standard 115.222 for a summary of the inventions

The auditor interviewed the PREA Coordinator, Clinical Supervisor, and the PREA Compliance Manager, who are all trained administrative investigators, during the onsite visit. The auditor was able to question the investigators on investigation initiation process, investigation techniques, investigating third-party or confinement facility referred allegations, credibility assessments, and referral for criminal investigations. The investigators report that all allegations, regardless of how they are reported, are investigated the same; they begin investigations by collecting as much information as possible including conducting interviews, reviewing camera footage, and reviewing/collecting any other data that is available; and reviewing past reports, allegations, complaints, rule violations, and other information in order to make credibility assessments. They state that the facility is prohibited by agency policy to use polygraph examinations or other truth telling devices.

The investigators state they may need to conduct interviews with staff in order to conduct credibility assessments on all involved in the allegation. The PREA Coordinator states that while the facility is not required to offer Garity or Miranda (not a public agency) the facility always errs on the side of caution and will contact the local legal authority anytime an investigation suggest criminal behavior.

The PREA Compliance Manager states that during any investigation, she would proceed with guidance from the PREA Coordinator. She states that all residents are separated during the investigation stages and if the allegation is against a staff member, if necessary, that staff member is placed on administrative leave during the investigation. She states that she will review all available video of the incident and interview the victim and any witnesses before interviewing the abuser. Furthermore, she states that she document the investigation in a report and present it and the evidence to the PREA Coordinator with a recommendation for a finding. The PREA Coordinator will make the final determination of allegation outcome.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution. When asked how the facility assist in criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the police department will collect the physical evidence. DNA collection from any alleged victim will be collected at Ohio Health. She reports that the staff will be of assistance in whatever way the police direct, and that the Senior Program Director or Program Director will maintain communication with the police department in order to remain informed on the progress of the investigation.

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

When questioned about document retention, the PREA Coordinator states that at the conclusion of the investigation, all documents, notes, and any other materials collected relevant to the investigation will be turned over to the PREA Coordinator who will retain the information for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All information is stored on the Agency's intranet in a secure file only assessable to authorized staff.

Review:

Policy and procedure

Administrative investigator training certificates

Investigation reports

Interview with administrative investigators

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy P100:14 states that the administrative investigator will impose a standard of preponderance of evidence or a lower standard of proof when determining whether an allegation of sexual abuse or sexual harassment can be substantiated. Preponderance of evidence is measured at 51%.</p> <p>The auditor interviewed the facility's administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation.</p> <p>The auditor reviewed the allegations from the past twelve months to verify the standard of proof used. All allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA administrative investigators</p>

115.273	Reporting to residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 432">Agency policy P100:14 requires the assigned PREA investigator to inform residents of the outcome of the investigation, and document all notification or attempts to notify 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.</p> <p data-bbox="242 461 1182 490">Policy states that the notification for substantiated and unsubstantiated allegations will include:</p> <ul data-bbox="242 517 1452 902" style="list-style-type: none"> <li data-bbox="242 517 983 546">· If the alleged staff member is no longer posted in the resident's facility <li data-bbox="242 575 943 604">· If the alleged staff member is no longer employed with the agency <li data-bbox="242 633 1433 696">· If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility <li data-bbox="242 725 1449 788">· If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility <li data-bbox="242 817 1294 846">· If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility <li data-bbox="242 875 1313 904">· If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility <p data-bbox="242 931 1469 1025">The facility provided the auditor with the Resident Notification Form that was used to inform the residents of the outcome of the investigation. The form included all required elements of this standard. The form provides the disposition of the investigation and, if substantiated, the outcome of the abuser. Notifications were signed and dated by the resident.</p> <p data-bbox="242 1055 1474 1117">The auditor was able to interview one resident who was the victim in a substantiated staff sexual misconduct allegation. He reports to the auditor that he received documentation about the outcome of his allegation.</p> <p data-bbox="242 1146 1449 1209">The Senior Program Director reports she would be the person collecting all relevant information to complete the form and have the resident sign the notification or the emotional support person, whichever is more appropriate.</p> <p data-bbox="242 1238 325 1267">Review:</p> <p data-bbox="242 1296 456 1326">Policy and procedure</p> <p data-bbox="242 1355 520 1384">Resident Notification Forms</p> <p data-bbox="242 1413 632 1442">Interview with Senior Program Director</p> <p data-bbox="242 1471 531 1500">Interview with resident victim</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1497 533">Policy P100:13 states that staff who violate the agency policies against sexual abuse and sexual harassment are subject to disciplinary sanctions up to and including termination, and that termination is the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 562 1497 689">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 reviewed acknowledgement form and signatures during the employee file review.</p> <p data-bbox="242 719 1449 815">The auditor was able to review investigations, including those alleging staff sexual misconduct. At the conclusion of substantiated investigations that involved staff members, there is a termination notice. The notice outlines the fact of the investigation, violation, and consequence for noncompliance.</p> <p data-bbox="242 844 1485 940">The facility had two staff members who resigned from their positions during an investigation into sexual abuse or sexual harassment (one who resigned before the investigation opened). No allegation led to a discovery of criminal behavior, so no report to law enforcement or licensing bodies was necessary.</p> <p data-bbox="242 969 1481 1066">The HR Manager states that it is agency practice to place staff on administrative leave during the course of an investigation. Should the investigation determine that the staff member substantially committed an act of sexual abuse or sexual harassment, the agency will terminate employment or contract service.</p> <p data-bbox="242 1095 327 1124">Review:</p> <ul data-bbox="242 1153 574 1406" style="list-style-type: none"> <li data-bbox="242 1153 454 1182">Policy and procedure <li data-bbox="242 1211 454 1240">Employee handbook <li data-bbox="242 1270 454 1299">Investigation reports <li data-bbox="242 1328 454 1357">Termination notices <li data-bbox="242 1386 574 1415">Interview with PREA Coordinator

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 456">Policy P100:13 states that VOAHOIN has disciplinary sanctions in place for staff, contractors, volunteers, and residents for violating agency sexual abuse and harassment policies. The policy prohibits contractors/volunteers who engaged in sexual abuse from contact with residents and will report behavior to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency will prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="229 456 1508 524">The facility had one investigation involving a contract staff member. The allegation was substantiated. The incident was reported to Aramark, and the contract staff member was no longer allowed to work at a VOA facility.</p> <p data-bbox="229 524 1508 591">Review:</p> <p data-bbox="229 591 1508 658">Policy and procedure</p> <p data-bbox="229 658 1508 725">Investigation report</p> <p data-bbox="229 725 1508 826">Interview with administrative investigators</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy P100:13 states residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or harassment or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy states:

- Sanctions will be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories
- The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motives for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits:
- The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact
- For the purpose of disciplinary action, a report of sexual abuse or harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate an allegation
- Consensual sexual activity between residents, while prohibited by agency rules, does not constitute sexual abuse, unless coercion was used

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

The Program Director states that after the conclusion of a substantiated sexual harassment allegation, management will review all collateral information, which includes the resident's disciplinary record, cognitive abilities, and any number of complaints, before deciding on an appropriate sanction. She states that all substantiated sexual abuse allegations result in removal from the program. If not removed, the Clinical Director would assess whether requiring the abuser to participate in community therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse would be appropriate.

The auditor interviewed RSS staff as well as the Orientation group facilitator. The RSS staff are the first to interact with a resident upon arrival to the facility. The RSS staff state that they are given information from intake as to the residents' ability to read, write, and understand. If there is a deficit report or noticed during intake, the RSS staff will read the handbook and ensure understanding with the resident. The RSS state that they stress the rule violations and possible sanctions during this review. The Orientation facilitator states she stresses the agency's zero tolerance policy during education of the PREA standards. This includes the possible consequences for violations of that policy.

During resident interviews, the auditor was able to question residents on the sanctions related to violations of the zero tolerance policy. All residents interviewed stated that any violations to the zero tolerance policy would result in being "walked out." A few of the female residents were able to give their opinion based on watching a resident be removed from the program for violations to the policy.

In review of the substantiated resident-to-resident sexual abuse investigation, the abuser was terminated from the program. The abuser was arrested by Adult Parole Authority and transported to the county jail. The victim in the case refused to participate in the criminal investigation, so the legal authority informed the facility that no criminal investigation would take place. In review of the substantiated resident-to-resident sexual harassment and sexual abuse investigation, the abuser was terminated from the program and removed from the facility.

The facility also provided the auditor with a report of a resident who allegedly sexually abused a non-resident while off-site at work. The facility documented the allegation and reported the incident to the Adult Parole Authority. The resident was arrested and removed from the program.

There was no resident that was disciplined based upon having sexual contact with staff. The auditor was able to interview a resident victim during the onsite visit. The resident stated that he had an inappropriate relationship with two staff members.

He was cocky in description of how he was able to engage in these relationships and get away with it. He states that he has not received any sanction or retaliation for these relationships. The resident was fully aware that once a staff member engaged in the relationship he was trying to establish, he could not be disciplined. He also admitted to having a relationship with an employee at his parent correction facility (the facility is aware of this, and the parent institution has started an investigation).

The facility has not disciplined a resident for making a report of sexual abuse or sexual harassment. Residents are made aware of the possibility that disciplinary action could result from falsely reporting an incident or lying.

Review:

Policy and procedure

Resident handbook

Investigation reports

Interview with residents

Interview with PREA Coordinator

Interview with Program Director

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy P100:05 requires all VOAHOIN residential reentry facilities to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. VOAHOIN ensures that the medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The services required to be provided include:</p> <ul style="list-style-type: none"> · 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 <p>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.</p> <p>The Senior Program Director reports that clients needing mental health services will be directed to community organizations. The Director reports that the residents are referred to Third Street Family Health Services for mental health; all medical services are provided by OhioHealth providers unless the resident has a personal medical provider in the area they wish to attend; and SARNCO will provide rape crisis services.</p> <p>All staff are trained on the facility's Coordinated Response Plan and Evidence Protocol that requires first responders to offer the victim access to a forensic medical examination and offer a victim advocate from the rape crisis center but if none are available, to contact the qualified staff member to perform emotional support duties.</p> <p>The facility provided the auditor with case notes documenting community counseling services provided to residents who experienced previous sexual victimization. The auditor was able to interview several residents during the onsite visit who report receiving counseling services in the community. The residents report that obtaining and maintaining these services is easy as making a request to their case manager. The auditor also spoke to residents who were offered services based upon past sexual victimization and as a result of a PREA allegation. The facility has not made a referral for medical services due to a sexual abuse incident during this audit cycle.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated Response Plan and Evidence Protocol</p> <p>Case notes</p> <p>Interview with residents</p> <p>Interview with Program Director</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy 100:05 states that the agency will ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The agency will ensure that medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This includes providing ongoing medical and mental health evaluation and, as appropriate treatment, to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, including but not limited to:</p> <ul style="list-style-type: none"> • Follow-up services • Treatment plans • Referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody, when necessary <p>The policy calls for the facility to provide such victims with, or makes, appropriate referrals for medical and mental health services consistent with the community level of care. If pregnancy results from such abuse, resident victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60-days of learning of such abuse history and offer treatment, when deemed appropriate by mental health practitioners. The Clinical Supervisor reports that residents can receive an assessment for medical and mental health services from OhioHealth and/or Third Street Family Health Services.</p> <p>The Program Director reports that should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer a pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered to test for sexual transmitted infections as medically appropriate.</p> <p>The facility provided the auditor with case notes that document residents receiving community mental health services for previous incidents of sexual victimization. The services were free of charge to these residents. The facility did not have an allegation of sexual abuse that required medical services, including testing for sexually transmitted infections.</p> <p>The Program Director reports that that facility has not housed a known resident-on-resident abuser. She states that should the facility become aware that a known abuser is being housed at the facility, the case manager or Clinical Supervisor will ensure the abuser is referred to an appropriate community provider.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Case notes</p> <p>Interview with residents</p> <p>Interview with Program Director</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

VOAOHIN policy P100:14 states a Sexual Abuse Review Team (SART) will conduct an incident review after every sexual abuse investigation, unless the allegations are determined to be unfounded. The review is required to take place within 30-days of the conclusion of the investigation. The SART members include the PREA coordinator, Program Director, investigator(s), medical or mental health practitioners (when applicable), and any other staff member as needed.

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 Vice President of Residential Reentry Programs. The Program Director will ensure that the facility implements recommendations within thirty days after the SART publishes its findings.

The facility did provide the auditor with a copy of the SART review form. The report documents:

- Team members present for review
- Evidence collected
- Summary of incident
- Related past incidents
- Motivation for allegation
- Victim care
- Staff deficiencies
- Monitoring technology deficiencies
- Physical plan review
- Risk level re-screening
- Recommendations

The facility conducted four SART reviews during the past audit cycle. The review team consisted of the PREA Coordinator, Senior Program Director, Program Director of Female program, HR representative, Director of CQI, and the Senior VP of Residential Reentry Programs. The team reviewed summary of incident, previous reports, allegation motivation, victim care, policy and procedure review, staffing, facility vulnerabilities, and screening. The team made the following recommendations from the four SART reviews:

- Provide in person training on boundaries, social media rules, policy and procedures, client relationships, and reports to staff if a previous relationship exist
- Request funding to cover more blind spot areas
- Posting signage that restricts resident access to the area the incident occurred and keeping the door locked
- Providing additional training to contract staff

- Have staff conduct extra rounds in the area the incident occurred

During SART interviews, the team stated that during sexual harassment allegations, an informal meeting may take place to determine if policies, procedures, practices, or training needs to be augmented. The Senior Program Director states that it is her responsibility to ensure all recommendations are implemented after approval from senior administrative leadership. The PREA Coordinator would address needs that would require policy and procedure changes, supplementing electronic monitoring, and staffing levels.

The Senior Vice President of Operations states that she is dedicated to compliance and invested in the success of the facility. She states that SART wants to be proactive in identifying trends/needs and will not only address needs to maintain compliance in individual facilities being reviewed due to a substantiated or unsubstantiated allegation, but those recommendations will be implemented in all VOA facilities if applicable.

Review:

Policy and procedure

SART after incident reviews

Interview with SART members

Onsite review of implemented changes

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy P100:09 requires VOAHOIN to collect and maintain accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility's PREA compliance Manager is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA coordinator.</p> <p>The facility provided the auditor with the agency's data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The information includes definition of PREA sexual victimization (non-consensual sexual acts, abusive sexual contact, and sexual harassment) and staff sexual misconduct (sexual abuse, sexual harassment, and voyeurism); resident on resident sexual harassment and sexual abuse incidents and the outcome; and staff to resident sexual abuse and sexual harassment incident and the outcome.</p> <p>The information on the form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/2977/2021_PREA_Annual_Report_Ohio_Indiana.pdf. The auditor accessed the agency's website and reviewed the 2021 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all VOAHOIN operated facilities.</p> <p>2021 PREA Investigations Outcomes by Case Type</p> <ul style="list-style-type: none"> • One Unfounded Resident-Resident Sexual Abuse • Three Substantiated Resident-Resident Sexual Harassment • Three Unsubstantiated Resident-Resident Sexual Harassment • One Unsubstantiated Staff-Resident Sexual Abuse • One Unsubstantiated Staff-Resident Sexual Harassment • One Unfounded Staff-Resident Sexual harassment • *All other categories had 0 investigations <p>2021 PREA Incident Reports by Facility</p> <ul style="list-style-type: none"> • CRRP – Cincinnati Residential Reentry Program- One Investigation DRRP – Dayton Residential Reentry Program- Zero Investigations MRRP – Mansfield Residential Reentry Program- Five Investigations TRRP- Toledo Residential Reentry Program- One Investigation Hope Hall - Evansville, Indiana- Once Investigation Brandon Hall – Indianapolis, Indiana- Two Investigations <p>The PREA coordinator reports that the agency has not had a request from the Department of Justice to provide this information.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Residential Reentry Program Allegation Report (2019, 2020, 2021)</p> <p>Agency website</p> <p>2021 PREA annual report</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy P100:09 requires the PREA Coordinator and Senior 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 agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The annual report is not allowed to include personal identifiers of anyone involved in a PREA related incident. The report will be sent to the Chief Executive Officer for approval and published on the agency's website.

The auditor accessed the website and reviewed the agency's annual report. The report contains aggregated data on the number of reported allegations (facility specific and as a whole), identifying problem areas, and corrective actions, and the agency's progress in addressing sexual abuse.

The report indicates that the agency has identified that staff could benefit from additional training related to understanding sexual harassment within the PREA definitions, as well as continued training on interpersonal communication and boundaries with residents. This training would be provided to staff, contractors, and volunteers, with additional training for staff who have the most contact with residents.

During CY 2021 several facilities received additional monitoring technology. MRRP men's facility had their entire camera system upgraded with new technology. TRRP had two new camera monitors installed at Control 2 in 2021. New servers had already been added in 2020 for Toledo, and this allowed for the retrieval of video surveillance for at least 30 days instead of 15 days. With the new servers they also installed new camera software which was an upgrade from the previous software. CRRP purchased several new cameras to replace those that were outdated. They were able to gain newer technology, such as 180-degree camera angles. There are additional plans in CY2022 to continue updating cameras and security systems at the residential reentry facilities.

Further training opportunities are scheduled for PREA investigators in January during CY2022 to combat staff turnover. Additional investigators are needed to cover both states. Continued PREA trainings for all staff will be offered in the upcoming year. The report includes actions to be taken at the agency level:

- Continued annual review and revision of agency policy and procedure
- Selection and training of additional investigators and trainers to cover all program locations
- Selection and training of additional victim advocates at all locations
- Additional training for all staff on communication and boundaries via Relias online Learning Management System
- Continued review of PREA training modules assigned to all staff in the Relias online Learning Management System
- Training review for all modules required contractors and volunteers

The annual report is completed by the agency PREA Coordinator, and reviewed and approved by the agency Chief Executive Officer. The information in the report did not contain any personal identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.

Review:

Policy and procedure

Agency website

2021 PREA annual report

Email from CEO granting approval of report

Interview with PREA Coordinator

115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy P100:09 requires the agency ensures that data collected pursuant to standard 115.287 is aggregated at least annually and made available to the public through the agency's website. The information in the report will not contain any information that would present a clear and specific threat to the safety and security of the facility, and will indicate the nature of any redacted material. The collected data 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.</p> <p>The PREA coordinator states that each facility Program Director will provide 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. The coordinator states that the information is digitally stored on an encrypted database that only specific, qualified executive staff members have access. She develops an annual report based on the information and make the information available to the public through the agency website.</p> <p>The annual report can be found at: https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/2977/2021_PREA_Annual_Report_Ohio_Indiana.pdf</p> <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>2021 PREA annual report</p> <p>Agency website</p> <p>Interview with PREA coordinator</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1477 495">The agency post all final audit reports of each of its facilities on the agency website, https://www.voaohin.org/residential-reentry. The auditor reviewed the agency's website to confirm that the agency conducts audits one-third (1/3) of its facility each year during a three-year audit cycle. VOA of Greater Ohio recently merged with VOA of Indiana, leaving the agency with a total of six facilities. The PREA Coordinator completes two audits each year of the cycle to ensure compliance with the 1/3 completion requirement. The auditor has completed PREA audits for all VOAHOIN community confinement facilities during this audit cycle. The audit of Mansfield Residential Reentry Program is the final facility to be audited during the last year of this audit cycle.</p> <p data-bbox="242 530 1477 754">The auditor was given full access to the facility during the onsite visit. The PREA coordinator, Senior Program Director, and Program Director (female facility) 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 center, 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 provided the auditor with agency and facility documentation prior to the onsite visit through the PREA Online Audit System. The auditor was also provided additional information as requested during the onsite visit.</p> <p data-bbox="242 790 1445 846">The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor review ten resident files and fourteen staff files for additional information and confirmation of reported information.</p> <p data-bbox="242 882 1485 1005">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 six 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.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, https://www.voahin.org/residential-reentry, the final audit report for all VOA operated facilities in both Ohio and Indiana. The final report for Mansfield Residential Reentry Program from 2019 is currently posted. The auditor reviewed the agency's website and verified that the final audit report for all facilities were posted.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

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