

Prison Rape Elimination Act (PREA) Audit Report community confinement Facilities

Interim Final

Date of Report June 18, 2022

Auditor Information

Name: Kayleen Murray Email: kmurray.prea@yahoo.com

company Name: Click or tap here to enter text.

Mailing Address: P.O. Box 2400 City, State, Zip: Wintersville, Ohio 43953

Telephone: 7403176630 Date of Facility Visit: August 5-6, 2019

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Volunteers of America of Ohio & Indiana Click or tap here to enter text.

Physical Address: 1776 E. Broad Street City, State, Zip: Columbus, Ohio 43203

Mailing Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal county State Federal

Agency Website with PREA Information: <https://www.voahin.org/residential-reentry>

Agency Chief Executive Officer

Name: John vonArx

Email: John.vonArx@voago.org Telephone: 317-686-5809

Agency-Wide PREA coordinator

Name: Stacey Seif

Email: Stacey.seif@voago.org Telephone: 419-564-9373

PREA coordinator Reports to: Number of compliance Managers who report to the PREA coordinator:
LaRaun Clayton, Director of CQIT 6

Facility Information

Name of Facility: Hope Hall Residential Reentry Center

Physical Address: 811 E. Franklin Street

City, State, Zip: Evansville, IN 47711

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

county

State

Federal

Facility Website with PREA Information: <https://www.voahin.org/residential-reentry>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Federal Bureau of Prisons)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Facility Director

Name: Robert DiCarli

Robert.decarli@voahin.org

812-423-1949 x 0211

Facility PREA compliance Manager

Name: Sheri cox

Email: sheri.cox@voahin.org

Telephone: 812-423-1949 x 0202

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics	
Designated Facility Capacity:	100
Current Population of Facility:	57
Average daily population for the past 12 months:	60
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18 and older
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	community custody/IDOC/BOP
Number of residents admitted to facility during the past 12 months	351
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	351
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	351
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> county correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	15
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	3
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	13
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

The PREA onsite visit for Hope Hall Residential Reentry Program halfway house, 811 E. Franklin Street, Evansville, Indiana, was conducted on May 17 and 18, 2022. The facility is part of the Volunteers of America of Ohio and Indiana (VOAOHIN) operated community confinement facilities. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act (PREA) standards for community confinement facilities.

The PREA coordinator forwarded a flash drive with documentation showing compliance with each standard. The auditor received the flash drive with the documentation approximately five weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedure, MOUs, facility staffing plan, table of organization, job descriptions, investigation reports, training records, training curriculum, and other miscellaneous documents.

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

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

The onsite visit was conducted over two days where the auditor received a complete tour of the facility and perimeter areas. The tour included observations of the male and female housing units, dorm rooms, bathrooms, closets/storage rooms, administration area,

and outdoor recreation area. During the walkthrough, the auditor was able to have informal conversations with both staff and residents. The auditor made notes of cameras, security mirrors, blind spot areas, and staff/resident interaction. The auditor was provided a private office to conduct formal interviews with staff and residents.

The auditor interviewed sixteen residents based on the population of fifty-seven in house residents during the onsite visit. The residents selected were based on the requirements of the PREA Resource Center's Auditor Handbook guidelines. The residents were selected based on their housing unit, targeted interview status, risk assessment screening, intake dates, general demographics, and commitment status. The auditor conducted the following interviews:

- Random = 13
- Targeted = 3

The breakdown of the number of targeted interviews is as follows:

- Residents that have a physical impairment = 1
- Residents that have a cognitive impairment = 2
- Resident that reported prior sexual victimization during risk screening (in the community) = 1

* Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.

The facility did not have a resident that identified as transgender or intersex; reported prior sexual victimization during the risk screening (while incarcerated); gay, lesbian, or gender non-conforming; or limited English proficient. The auditor conducted the interviews in accordance with the PREA compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. The auditor explained the interview process to each resident and that they were under no obligation to answer questions. The auditor asked questions concerning the resident's experience with PREA education, allegation reporting requirements, retaliation, staff communication, grievance reporting, knock and announcements, searches (pat, enhanced pat, strip, body cavity, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has a total of 15 staff members including the Program Director. The auditor was able to talk with agency leadership, specialized interviews, and random staff members during the onsite visit, which includes:

- Vice President of Residential Reentry Programs
- PREA coordinator
- Human Resource Manager
- Human Resource Generalist
- PREA compliance Manager
- Administrative Investigators
- Program Director
- Risk Screener
- Retaliation Monitor
- SART members
- First Responders (security and non-security)
- PREA Education Facilitator

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

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

The auditor reached out to the facility's community resources by email to confirm the MOUs and scope of services. These community partners include representatives from Deaconess Hospital and Albion Fellows Bacon Center. The auditor was able confirm the services they would provide to residents free of charge and their partnership with each other.

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

Facility Characteristics

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

Hope Hall Residential Reentry Program is a halfway house in Evansville, Indiana that serves both male and female felony offenders. The facility is a single level brick building that has one main entrance.

Male Unit: The facility has two male housing units. One unit is used to house residents whose parent agency is the State of Indiana and the other unit is used to house residents whose parent agency is the Federal Bureau of Prisons (FBOP). The facility will cross over for housing placement in order to facilitate protective measures when necessary. The state housing unit can house up to thirty-four (34) residents. The unit contains the dorm area, bathroom, laundry room, and lounge area. One will enter the unit through a door located off the cafeteria. Once inside, the dorm area is visible. The beds are in various groups within the unit. The PREA Coordinator and the PREA Compliance Manager reconfigured the room based on a recommendation from the last PREA audit of the facility. The beds in the dorm are now group in such a way as to reduce blind spot areas and offer more clear line of site views. The bathroom is closed off from the dorm area by a curtain. Inside the bathroom are five sinks with mirrors above, three individual showers with curtains at the entrance of each, three toilet stalls with doors, and one urinal with a partition. A wall of lockers separates the dorm area from the lounge area. The lounge area has a bulletin board posted with audit notices and PREA informational posters. The posters contained information on how residents can report sexual abuse and sexual harassment, reporting phone numbers and email addresses, and emotional supportive organizations contact information. Residents can also obtain grievance forms in the lounge area. There is a camera that points to the lounge area of the housing unit but does not show views of the bunks. The auditor was able to view the camera monitors and ensure that the cameras did not show views into the dorm area. There is an emergency exit inside the housing unit. The door is not locked, but is alarmed. Next to the door is access to the intercom system.

On the other side of the cafeteria, is the housing unit for the FBOP residents. The unit contains the dorm area, bathroom, laundry room, and lounge area. There is a solid door at the entrance. To the right of the entrance is the laundry room. There is a door with a window at the entrance of the laundry room. The bathroom has a curtain at the entrance so that you cannot see in from the dorm area. The bathroom has six sinks with mirrors above, three toilet stalls with doors, and two urinals with partitions. Across from this are seven individual showers with curtains at each entrance. The dorm area has beds that are grouped together in an open area. A wall of lockers separates the dorm area from the lounge area. The lounge area has a bulletin board posted with audit notices and PREA informational posters. The posters contained information on how residents can report sexual abuse and sexual harassment, reporting phone numbers and email addresses, and emotional supportive organizations contact information. Residents can also obtain grievance forms in the lounge area. There is a camera that points to the lounge area of the housing unit but does not show views of the bunks. The auditor was able to view the camera monitors and ensure that the cameras did not show views into the dorm area. There is an emergency exit inside the housing unit. The door is not locked, but is alarmed. There is also a door that leads out to the administrative area. The door is locked at all times.

Female Unit: The female housing unit is located right off from the control center. The staff member who is working the center monitors the movement of those into and out of the unit. There is a solid door at the entrance. To the right of the entrance is the bathroom that has a curtain at the entrance. The bathroom contains two sinks with mirrors above, two toilet stalls with doors, and two individual shower stalls with curtains at the entrance. The laundry room has a door with a window at the entrance. The lounge area is separated from the dorm area and has an open entrance at the back of the housing unit. The lounge area has a bulletin board posted with audit notices and PREA informational posters. The posters contained information on how residents can report sexual abuse and sexual harassment, reporting phone numbers and email addresses, and emotional supportive organizations contact information. Residents can also obtain grievance forms in the lounge area. There is a camera that points to the lounge area of the housing unit but does not show views of the bunks. The auditor was able to view the camera monitors and ensure that the cameras did not show views into the dorm area. There is an emergency exit inside the housing unit. The door is not locked, but is alarmed. The female residents have access to an intercom near the door to communicate with staff at the control desk.

The auditor was able to test the emergency door alarm system and the intercom system during the onsite visit.

At the main entrance, one will need a staff member to provide access to the facility. The staff member working control center will grant access and have residents and visitors sign into the facility. Once inside the secured perimeter of the facility, to the left of the entrance is the administrative office area. Residents are not allowed in this area without staff escorts. To the right of the entrance is the doorway to the control center and the female housing unit. Inside the control center, there are monitors for the cameras located throughout the interior and exterior of the facility. Residents are required to stay in the housing units and can only exit with permission from staff. The resident will contact staff at the control center using the intercom system. Straight ahead of the main entrance are staff offices, cafeteria, kitchen, storage area, conference/group room, and commercial laundry area.

The cafeteria is a large room that has vending machines at the front and a serving window for the kitchen toward the back. The perimeter of the cafeteria has staff offices. All staff offices have windows in the doors that allow for clear line of site views into the room. The back of the cafeteria leads to a hallway that has entrances to the kitchen area and conference/group room. The males and females have scheduled times to use the cafeteria for meals or access to the vending machines. Should there be a need to have cross-gender interaction a staff member will supervise.

The kitchen has a solid door at the entrance. Aramark contracts with the facility to provide meals to the residents. Aramark staff will serve meals for breakfast and dinner and provide sack lunches. Residents do not work in the kitchen with Aramark workers. Once meals are complete, residents do clean up under the supervision of Hope Hall correction Officers.

The conference/group room has a solid door at the entrance and is locked when not in use. There is not a camera in the room, but the camera that points down this corridor can view who enters the room.

The facility has a smoke area near the main entrance of the facility and a recreation area on the side of the building. The residents are able to go outside for smoke breaks seven times a day (weather and time permitting), and twice a day for 1-hour recreation time. The rec area has a basketball hoop, exercise equipment, and a sitting area. Males and females have separate smoke and rec time.

The facility has thirteen cameras located throughout the interior and exterior of the facility. Camera footage record to a DVR and can be played back for 30-days depending upon the level of movement in that area. The Program Director and Assistant Program Director have monitors in their offices where they can also view the camera system. Correction Officers perform three counts per shift and one walk through per hour. Both are completed with one male and one female correction Officer walking together.

There is no perimeter fencing around the facility.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.231

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA coordinator? Yes No
- Is the PREA coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Agency policy 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.

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.

During the onsite visit, the auditor was able to interview the Vice President of Operations- Residential Reentry Programs. She is responsible for ensuring PREA compliance within all VOA facilities. She reports to the auditor that her role in PREA

compliance is to remove barriers for the PREA coordinator to ensure she has the tools she needs to maintain compliance.

The facility's PREA compliance Manger is the Assistant Facility Director. The Assistant Program Director is responsible for ensuring day to day compliance with the standards and creating a culture where there is zero tolerance for sexual abuse and sexual harassment. The auditor was able to interview with Program Manager during the onsite visit. The Assistant Program Manager reports that she is responsible for ensuring everyone is aware of and follows the agency's PREA policies. She works with the agency PREA coordinator in drafting staffing plans, conducting administrative investigations, and providing site specific PREA training. The compliance Manager states that she has sufficient time to ensure the facility is complying with all agency PREA policies.

The auditor interviewed the Facility Director during the onsite visit. He reports to the auditor that the Assistant Facility Director reports directly to him and that he provides her with sufficient time and authority to ensure compliance with the PREA standards. He states that he has full faith in the PREA compliance Manager to set the standard for developing and maintaining a zero tolerance culture.

Review:

Policy and procedure

Agency Table of Organization

Quality Improvement Manager Job Description

Interview with PREA coordinator

Interview with PREA compliance Manager

Interview with Facility Director

Interview with Senior Vice President of Operations-Residential Reentry Programs

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other

entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

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

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

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

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the 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 No 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 No
- 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 No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires corrective Action)

Instructions for Overall compliance Determination Narrative

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

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 Program Director to document and justify all deviations from the staffing plan. The 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 Program Director is required to review and revise, if necessary, the staffing plan annually. The 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:

Layout of the facility

- The VOAHOIN facilities are regularly reviewed for blind spots and potential dead areas from camera view. Regular building reviews in regards to safety and security are completed by designated staff. Additional facility reviews as a result of any PREA incidents will be completed by SART members. Hope hall houses both female and male residents in a single level brick building that has one main entrance. The female housing unit is located right off the main control center. The facility has two male housing units. One unit is used to house residents whose parent agency is the State of Indiana and the other unit is used to house residents whose parent agency is the Federal Bureau of Prisons (FBOP). The PREA coordinator will continue to review all facility renovations in regards to sexual safety.

composition of residents

- Hope Hall serves male and female offenders. Average daily populations in 2020 was 100, composed of 87 males and 13 females (Including residents on home confinement). 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 printed, signed and stored in the resident file as well as the SecurManage system. If accommodations are necessary based on the assessment, it would be forwarded to the Facility Director or Assistant Facility Director.

Incidents of Sexual abuse

- Across all four Ohio residential reentry programs, Volunteers of America Ohio & Indiana (VOAHOIN) served 1952 residents in CY2020. VOAHOIN served 721 less residents in Ohio during CY2020 than in CY2019. Indiana residential reentry programs served a total of 557 residents. Brandon Hall served 358 and Hope Hall served 199 in CY2020. The number of reported PREA incidents (n= 20) is not disproportionate to the number of residents served in a twelve-month period.
- 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 having no deviations in the staffing plan

Staffing patterns are also reviewed during the staffing plan review. Agency policy call for at least two staff members in the facility 24-hours a day that are able to respond to resident needs. Because Hope Hall houses one male and one female residents, a male and female staff member will be on duty at all times. 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:

- 6:00 am – 6 pm 2 Reentry Support Specialist
- 6:00 am – 2 pm 1 Reentry Support Specialist
- 2:00 pm – 10 pm 1 Reentry Support Specialist
- 10:00 pm – 6:00 am 1 Reentry Support Specialist

Program staff work Monday – Friday 8:00 am – 4:00 pm with one evening day (12:00 pm – 8:00 pm). Administrative Staff have a rotating on-call schedule to respond to off hour needs.

The facility has a total of thirteen (13) cameras. These cameras are strategically located in common areas throughout the interior and perimeter of the facility. Facility administrative staff have the ability to monitor cameras from their office. 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 and can commute with residents in dorm areas through an intercom system. The auditor reviewed both camera angles and activated the intercom system during the onsite visit.

During the last audit, the auditor recommended to the facility to change bed placement in the dorms in order to have clear line of site views or to add security mirrors, or a combination of the two. The facility made changes into the room and installed a security mirror. These changes allow for staff to inspect all areas of the rooms when not conducting an official walk-through and minimize areas in the dorm that could be used to sexually harass or abuse residents.

Annually, there is a meeting to discuss staffing and budget plans for our Residential Reentry facilities. During FY 22, the meeting included Andrew Roberts Executive Vice President, Joan Deever and Rich Stepp, Accounting Managers, Tom Kmetz, Executive Vice President Finance and CFO, Michael Lloyd, Senior Vice President of Residential Reentry Programs and Amanda Hall, Senior Vice President of Operations. Additional

discussions took place prior to budget finalization related to other program/facility needs that might impact the fiscal year 2022 budget.

Review:

Policy and procedure

FY 2020, 2021, and 2022 Staffing plan

Floor plan

Staff schedules

Camera view screenshots

Tour of facility

Interview with Program Director

Interview with PREA Coordinator

Interview with Senior VP of Operations

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Policy 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.

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:

- 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

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 by Bureau of Prison staff on pat search techniques. These training also include instructions on who 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.

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.

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 of the residents interviewed have received at least one pat search during their stay at the facility. Three female residents were interviewed. All three residents stated that they have never received a pat search from a male staff member. The residents report that if a female staff member is unavailable, a male staff member will only use a security wand to search their person. The report that all searches (pat and with the wand) are conducted professionally and respectfully. No resident interviewed had any complaints about how the searches were conducted. 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. The females reported that the female staff member always searched the bathroom area. No female resident reported any incident of incidental viewing from a member of the opposite sex when questioned by the auditor.

Thirteen male residents were interviewed during the onsite visit. The residents all 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 males stated that anytime a female staff enters the housing unit, 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. During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice. One male resident requested that the auditor look at the length of the shower curtains to ensure that the curtains were not cut to high. He felt that residents that were shorter, were subject to having themselves exposed due to the curtain being cut. He states that he spoke to the Lead Resident Support Specialist about his concerns. The resident reported that the staff member did check into his concerns, but did not change the height of the curtain. He resident reports that the shower he uses does provide adequate privacy. The auditor went back to the shower area where the resident reported his concern. The curtains were cut at the bottom so security staff could easily see if a resident was in distress while in the shower, but still offer appropriate levels of privacy. The shower curtains were at an appropriate level.

The auditor viewed searches on both male and female residents. The searches were conducted according to agency policy.

The facility has three housing units (1 female and 2 male) each with its own bathroom within the unit. All the bathrooms have a curtain at the entrance, doors on toilet stalls,

and curtains on the individual use showers. 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 five (5) Reentry Support Specialist interviews, including the 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 gender. When discussing policies and procedures for pat searches, all interviewed stated that it is the practice of the facility to have one male and one female staff working at all times and to allow the same gender staff do the search. Two female RSS staff were interviewed. Both stated that they have used the wand to perform searches on male residents and were comfortable performing that type of search. The male RSS staff interviewed stated that female staff are to search female residents and only in special circumstances are they to wand a female resident. All male staff reported that at no time will they ever use their hands to pat search a female resident. All staff interviewed felt like the training was sufficient enough that they could conduct pat searches appropriately including pat searches on transgender/intersex residents.

The facility does not currently house a transgender resident; however, the facility has housed one within this audit cycle. The auditor questioned the RSS staff on the procedure they used when searching the transgender resident. The staff reported to the auditor that administration informed them of the gender of staff allowed to conduct a hands on search and the gender that must use a security wand to conduct a search. The staff report that male staff conducted the search and that no issues or concerns were ever reported.

The Lead Reentry Support Specialist reports that he is responsible for ensuring all staff are trained on how to conduct proper same gender, cross-gender, and transgender/intersex pat searches. The training is provided to RSS staff annually. The Lead RSS also states that he regularly reviews camera footage and in person pat searches to ensure all pat searches are conducted according to agency policy. The Lead RSS discussed the resident concerns about the shower curtain level. He states that he went to the shower area where the resident reported the concern and had residents of various heights stand behind the shower curtain to ensure the level provided appropriate levels of privacy. He states that the curtains were cut at an appropriate level.

The Program Director reports that the facility has housed a transgender resident. The Director was able to discuss the facility's plan to provide private shower time and access to a private bathroom for transgender clients. He states that administration, including the

PREA Compliance Manager, spoke with the resident and address the resident's concerns and accommodation request. The Director states that the resident was pat searched by male staff at the residents request and housed in the male unit; however, the resident showered in the female housing unit when the girls were not in the unit. Later, the resident reported that they felt comfortable in the male unit and did not need to shower in the female unit. The facility honored that request. The Facility Director stated that there were no incidents or concerns reported in relation to the transgender resident.

The Facility Director reports that should the facility house another transgender/intersex resident, the specific housing unit would be determined on a case-by-case bases and the assigned bed would be one closes to the dorm entrance with clear line of site views. He 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.

The auditor reviewed employee files and was able to verify staff training through training sign-in sheets and Relias course completion records. Staff also are required to view the video "*Guidance of Cross-Gender and Transgender Pat Searches*" produced by the PREA Resource Center.

Review:

Policy and procedure

Facility tour

Meeting notes with resident on accommodations

Training curriculum

Training video

Training sign-in sheets

Course completion records

Resident interviews

Staff interviews

Program Director interview

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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.

The facility provided the auditor with a list of available interpreting services for both language and sign language in the local area. The Program Director reports that they have not needed to access these services. He states that during the intake process, staff are instructed on how to determine if assistance is needed and who to contact in order to obtain the needed assistance. The Director reports that all assistance is offered at no cost to the resident.

The orientation group facilitator is rotated between case management staff. During interviews with case management staff, they report during orientation group, they review the entire handbook with the residents by having the residents read aloud each section. Staff reads the PREA section of the handbook to the residents, and provides them with handouts that contain reporting information (how to report including anonymously), reporting phone numbers and addresses, and limits to confidentiality. Staff will inform the residents where they can find reporting posters, grievance forms, and explains retaliation. The case managers report that they have not had to obtain translation or interpretive services or provide auxiliary aids for residents who are blind, deaf/heard of hearing, or limited English proficient. They report that they have had to work one on one with residents that have cognitive disorders or no/limited reading ability.

The auditor interviewed all residents that were identified as having a reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. No resident in the targeted category was in need of any additional services in

order to benefit from the facility's efforts to prevent, detect, or respond to sexual abuse or sexual harassment. All specialized resident interviewed where able to describe the PREA education provided to them at orientation group and knew all ways they were able to report an allegation.

Review:

Policy and procedure

Community resource list

Staff training curriculum

Targeted resident interviews

Interview with Program Director

Interview with Orientation group facilitators

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy 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 threats 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 reviewed employee files. The auditor was able to confirm initial and five-year background checks. All background checks were completed by the FBOP. The agency also conducted background checks through ADP. The Human Resource Manager states that all VOA facilities that have a contract with the FBOP, have a contract that is renewed every five years. During the contract renewal, the FBOP requires all staff who have contact with FBOP offenders 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 of 2014 had a reference check that included a PREA allegation check from previous institutional employers.

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.

During the interview of the Human Resource Manager, 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.

During the file review, 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 whose file was reviewed had any disciplinary action that would prohibit them from working with residents.

Review:

Policy and procedure

Employee files

Employee background checks (initial and re-check)

Applications
Reference checks
Disciplinary records
Interview with Human Resource Manager

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Agency policy 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.

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 currently facility.

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.

The facility has moved several cameras for better line of site views that reduce blind spot areas, but has not increased the number of cameras or made upgrades to the electronic monitoring system. The facility is planning to update the system in the near future. The PREA Coordinator reports being actively involved with the plans to upgrade the system, camera locations, and controlling access to the system.

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.

Review:

Policy and procedure

Camera system proposal

Camera system contract agreement

Interview with Program Director

Interview with PREA Coordinator

Interview with Senior VP of Operations

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

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

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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 the City of Evansville Police Department.

The facility has requested the City of Evansville 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 sent correspondence to the facility that department does not enter into MOU's but advises the Special Victims Unit (which includes sexual assaults) is based in Holly's House, which is a location with integrated services for victim sensitive interviewing and follow up counseling. The department also works with Deaconess Hospital's SANE program and informs the facility that SANE protocols are initiated automatically and universally when a sexual assault it reported.

Holly's House is a non-residential child and adult victim advocacy center. Advocates at the center are qualified to assist with forensic interviews and related court proceedings,

offer referrals for support groups, counseling, and advocacy for survivors, and developing safety plans. All services are offered free of charge.

Deaconess Hospital have Sexual Assault Nurse Examiners (SANE) on staff and available 24/7. The SANE nurses are highly-skilled and expertly trained to care for victims in a compassionate manner while also following legal rules for collecting and preserving evidence. A trained SANE will provide the following to any and all victims of sexual violence regardless of age, race, gender, ethnicity, religious preference, sexual orientation, or gender identity:

- Medical care and treatment
- Evidence collection
- Injury identification and documentation
- Necessary preventive medication
- Safety planning
- Support group referrals

Local law enforcement, Holly's House, and Deaconess Hospital have a close relationship. These three organizations work directly with the victim to address personal, financial, and legal needs.

The facility has provided the auditor with documented attempts to enter into MOU's with the City of Evansville Police Department, Holly's House, and Deaconess Hospital. None of the organizations have provided documentation entering into a MOU. They have; however, confirmed their services offered to all citizens free of charge.

The auditor was able to communicate via email with the Executive Director of Albion Fellows Bacon Center post onsite visit. Albion Fellows Bacon Center is a dual service agency that provides supportive services to victims of domestic and sexual violence victims. The Executive Director writes that the organization offers residential shelter, mobile advocacy, and prevention including 24/7 safe shelter to those in danger of imminent danger of domestic or sexual abuse. She states that the organization will provide crisis response, on-going advocacy, and therapeutic counseling referrals. She also provided the facility with the organizations hot line number and mailing address. She states that no client has requested the services of the rape crisis center. Should a client need emotional supportive services, the facility would connect the resident with an advocate from Albion Fellows Bacon Center or Holly's House.

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

Review:

Policy and procedure

MOU attempt with City of Evansville Police Department

MOU attempt with Deaconess Hospital

Email correspondence with community organizations

Training certificates

Interview with PREA coordinator

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Agency policy P100:14 requires administrative and/or criminal investigations are completed for all allegations of sexual assault, abuse, and harassment in VOA OHIN 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-production.s3.amazonaws.com/uploads/pdf_file/file/453/Investigation_Protocols_VOAO_HIN.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 conducted one investigation during the past 12 months.

Investigation #1: A resident made a complain via the agency hotline number. He reported that a staff member was touching him inappropriately during pat searches. The administrative investigator interviewed the alleged victim, abuser, and reviewed video evidence. The resident admitted that the staff member did not touch him in a sexual

manner but felt like the staff member was just harassing him in general and not in a general rule enforcement way. The video evidence confirmed that the staff member conducted a proper pat search and no inappropriate touching took place. The allegation was determined to be unfounded.

Review:

Policy and procedure

Agency website

Investigation report

Video evidence

Interview with PREA Compliance Manager

Interview with PREA Coordinator

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

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

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Agency policy 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 reasonable foreseeable that the person will have physical, visual, or auditory contact with a resident over any period of time.

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

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

Training is given on both genders due to staff having contact with both male and female residents. 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.

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:

Guideline for Workplace conduct

- No fraternization
- Professional integrity
- conflicts of interest
- Non-reprisal for reporting
- Scope of practice
- Termination offense

Whistleblower Policy

Anti-Harassment Policies

Personnel Policies

Zero Tolerance Policies

- 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

During staff interviews (targeted and random), staff was able to describe the training provided to them through the Relias system. The staff stated that after orientation training during onboarding, they receive a few questions each month through Relias and then a full PREA training annually. When pressed on some of the subjects/topics covered in the training, staff responded with topics that included reporting, first responder duties, LGBTI communication, transgender residents, retaliation, and pat searches. Case management staff also discussed receiving training on conducting risk assessments and accommodation strategies.

The PREA coordinator reports that training is tracked by the training department through the Relias system and that she specifically tracks PREA training. She states that 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.

The agency is still under COVID protocols and is not conducting in-person training. All training is provided through the agency's web based Learning Management System.

Review:

Policy and procedure

Relias training curriculum

Training sign-in sheets

Course completion records

Interview with staff

Interview with PREA Coordinator

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

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 reasonable foreseeable that the person will have physical, visual, or auditory contact with a resident over any period of time.

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.

The Program Director is responsible for maintaining documentation confirming their understanding the training they received.

During the onsite visit, there were no volunteers, interns, or contractors. The facility does contract with Aramark for food services; however, Aramark staff does not have contact with residents. Aramark provides services to numerous correction facilities across the united states. The agency provides its own PREA training to their employees before placing those employees inside correction facilities. The training Aramark provides includes:

- 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

The auditor was able to review the signed training acknowledgement from contractors and volunteers.

Any visitor entering the facility for official business must read and sign a PREA acknowledgement. The auditor read and signed an acknowledgement during the onsite visit.

Review:

Policy and procedure

Contractor/volunteer acknowledgement

Volunteer Standards of conduct

Aramark training curriculum

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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 orientation group is facilitated by case management staff. The staff reviews the entire handbook with the residents by having the residents read aloud each section. Staff reads the PREA section of the handbook to the residents, and provides them with handouts that contain reporting information (how to report including anonymously), reporting phone numbers and addresses, and limits to confidentiality. Staff will break down each section to ensure each residents understands their rights to be free from sexual abuse and sexual harassment. They will also direct them to where they can find reporting posters, grievance forms, and explains retaliation. During interviews, they report to the auditor that there has not been a client that has needed interpretation services or auxiliary aids but they have sat down one-on-one with a resident to ensure that all aspects of the zero tolerance policy is understood when needed.

The auditor also interviewed sixteen residents during the onsite visit. The clients were questioned on the information they received concerning PREA during intake and orientation group. The residents were able to verbalize their education and understanding of the agency's zero tolerance policy. The residents stated that during intake a staff member would review the handbook ensuring to point out the phone numbers and remind them that there were posters throughout the facility with the information posted. A resident that has been identified as having reading limitations, discussed with the auditor the assistance he receives from staff to ensure that he is able to benefit from all aspects of the program, including understanding his rights under the PREA standards. The residents also stated that in addition to receiving the information at intake and during orientation, their case manager would also discuss PREA reporting options, limits to confidentiality, and sanctions regarding PREA violations.

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

Resident intake packet

Resident handbook

Orientation group materials

Resident PREA acknowledgement

PREA brochure
PREA posters (English and Spanish)
Resident files
Interview with residents
Interview with case managers

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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 was appropriate for the requirements of this standard. The PREA coordinator was trained on how to be an instructor for administrative investigator training. She facilitates training and refresher training for VOA staff using this curriculum.

The facility has one trained administrative investigator. The auditor was able to conduct an interview with the investigator during the onsite visit. The auditor was able to describe the training and investigation techniques to be used during an investigation. The administrative investigator was able to discuss she training they received on trauma informed care, evidence collection as it relates to administrative investigations in a

confinement setting, proper documentation, and how to determine an appropriate finding to an investigation.

The PREA coordinator reports that the agency has a total of thirteen (13) trained administrative investigators. The coordinator was provided with the training certificates for all administrative investigators. She also reports that administrative investigators are prohibited from conducting criminal investigations.

Review:

Policy and procedure

Administrative investigator training curriculum

Administrative investigator training certificates

Interview with PREA coordinator

Interview with administrative investigator

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No 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.) Yes No 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.) Yes No 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.)
 Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Agency policy P100:02 states that members of the workforce who may have contact with residents receive all necessary ongoing training related to sexual abuse and sexual harassment prevention, detection, and response. All medical and mental health personnel

or contractors will complete specialized training which outlines their responsibilities related to sexual abuse and sexual harassment using an approved curriculum. Documentation of acknowledgement is maintained in the employee's electronic personnel record.

Hope Hall does not employ or contract with medical or mental health practitioners. The PREA coordinator reports that all residents medical and mental health needs are met by a community provider.

Review:

Interview with PREA coordinator

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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:

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

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

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.

The case managers reviewed their process for conducting a risk screening during the onsite visit. The case managers reviewed the agency's zero tolerance policy and the purpose of the risk assessment. They would explain that some of the questions would be uncomfortable but answering honestly would be beneficial in helping keeping the resident safe while at the facility. Residents are told all answers are confidential and that the only time they would need to report information is if necessary to keep them safe and only to those who need to know that information. At the completion of the assessment, staff will review the importance of reporting allegations and the ways in which the resident could report including anonymously.

During one case manager interview, the case manager states the she is required to complete the assessment within 72 hours of the resident's arrival to the facility. She

usually tries to complete the assessment on the day of arrival. She states that she is required to complete a reassessment before the 30-day mark. She tries to complete the assessment somewhere between 15-30 days. She reports the only person that has access to the form is the case manager and supervisor. She states that she is required to complete another assessment should she receive additional information that impacts the risk level or an allegation of sexual harassment or sexual abuse. The initial assessment form and the reassessment form are exactly the same. She states that she asks all the questions both times the assessment is completed.

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 sixteen residents during the onsite visit. The residents have had an initial assessment and some interviewed had both an initial and a reassessment. The residents agreed they receive an assessment and an explanation of the assessment was given to them by their case manager. A handful of residents that have received a reassessment stated that their case manager did two assessments where they asked the same questions during the second assessment.

The completed assessments are reviewed to ensure accuracy of data and for timeliness.

The auditor also reviewed resident files. The files contained initial risk assessments for all residents. All assessments reviewed where completed within the appropriate time period for initial or reassessment.

Review:

Policy and procedure

Initial risk assessment

Reassessment

Resident files

Interview with case manager
Interview with residents

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the

resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (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 No NA
- 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 No NA
- 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 No NA

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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 Assistant Program Director has identified the facility's plan to keep separate residents identified as high risk of victimization from those identified as high risk of abusiveness. She states that they use housing units and bed selection for separation. As for programing, 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 case managers report that working on issues identified during the risk assessment is always a choice made by the resident. They report informing the residents that at any time they can request to seek community counseling services.

The facility is housing a resident that reported sexual abuse during the risk assessment. The resident reports that he was offered community counseling services, along with

access to outside emotional supportive services, but he is not interested in those services at this time. He reports that he does have some issues based on sexual victimization, and the staff at the facility have gone above and beyond to assist him in dealing with these issues, including moving his bed to be near the bathroom and the intercom button.

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 auditor conducted an Internet search on the facility and VOA as an agency and did not find any pending or completed judgements, settlements, or consent decrees.

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 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 Program Director reports that the facility has housed a transgender resident during this audit cycle. He states that before being housed at the facility; facility leadership met to ensure that a proper safety plan was in place before the resident arrived. He also states that once at the facility, the PREA Compliance Manager met with the resident to identify what concerns they may have while at the facility. He states that those concerns were addressed and taken into consideration during housing decisions.

The facility provided the auditor with case notes documenting the meeting with the resident and identified accommodations requested by the resident. The facility identified the appropriate gender to conduct pat searches, where the resident could use a private bathroom, and private shower access in the female housing unit while being housed in the male unit. Staff were questioned on their experience working with a transgender resident and staff who were present during the resident's stay report that there were no issues reported. The PREA Compliance Manager reports meeting with the resident bi-weekly to check in and ensure the safety and security of the resident.

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 upon entering the housing unit and the resident as quick access to the intercom system. During interviews with specialized residents, including residents that identified as being LGBTI, the residents report feeling safe and being housed based on their parent agency and not on their gender identity or sexual orientation.

Review:

Policy and procedure

Case notes

Facility tour

Web search

Interview with case managers

Interview with residents

Interview with Program Director

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

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

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

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.

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 the onsite visit, the auditor interviewed sixteen (16) residents. The residents were asked questions in accordance with the PREA compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents.

This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents were able to relay how they were able to report allegations and understood their right to be able to report anonymously. While all the resident knew how to report, not all the residents stated that they would report allegations even anonymously. None of the residents felt like Hope Hall was a place where sexually abusive or harassing behavior took place and could not imagine needing to report an allegation. The residents interviewed stated that not all staff are “friendly” but all are respectful and professional. They report that staff would assist them if they had a problem, and each of them could identify at least one staff member they would feel comfortable approaching with a problem. The residents state the Program Director and Assistant Program Director are seen consistently throughout the facility and have an open door policy.

The facility received one allegation reported through the agency hotline reported by a resident. The resident’s allegation was forwarded to the PREA Coordinator who assigned an administrative investigator to conduct an administrative investigation.

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.

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. The staff reported to the auditor that they felt comfortable reporting allegations or their own suspicions of sexual misconduct. None of the staff interviewed stated that they have ever reported an allegation. Both program and security staff stated that the Program Director and the Assistant Program Director have open door policies and that they could go directly to them to report any issues, concerns, suspicions, or allegations.

Review:

Policy and procedure

Employee Handbook

PREA brochure

PREA posters

Resident handbook

Agency website

Investigation report

Interview with staff
Interview with residents

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond

is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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 resident in filing request for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such request on behalf of residents. However, the alleged victim must agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

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

The grievance procedure is given to the residents through the resident handbook and staff inform residents of the grievance process during orientation group. The auditor also viewed signed acknowledgements of receiving a copy of the grievance policy during the resident file review.

During resident interviews, all residents were able to site the grievance process and where to find grievance forms. Two residents that were interviewed had filed grievances during their stay at the facility; however, none of the grievances were PREA related. The residents that did file grievances stated that they received a response to their grievance either the same day or the next day. They were satisfied with the response to their grievance.

Review:

Policy and procedure

Resident handbook

Orientation group

Resident files

Resident interviews

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

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 resident interviews, they report to the auditor that they are given information regarding contact with outside supportive services agencies. They understand that the communication with these agencies are free of charge; however, the facility cannot guarantee information the resident provides to the agency is confidential.

The auditor was able to communicate via email with the Executive Director of Albion Fellows Bacon Center (Holly's House) post onsite visit. Albion Fellows Bacon Center is a dual service agency that provides supportive services to victims of domestic and sexual violence victims. The Executive Director writes that the organization offers residential shelter, mobile advocacy, and prevention including 24/7 safe shelter to those in danger of imminent danger of domestic or sexual abuse. She states that the organization will provide crisis response, on-going advocacy, and therapeutic counseling referrals. She also provided the facility with the organizations hot line number and mailing address. The Director reports that no resident from Hope Hall has contacted the agency for emotional supportive services.

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

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

Review:

Policy and procedure

PREA brochure

PREA posters

Email communication with Albion Fellows Bacon Center

Interview with residents

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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.

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. The website includes the email address- reportsline@voahin.org and the hotline number- 855-297-1492. The auditor was able to test the reporting methods to ensure that both were viable options for third parties to report sexual abuse and sexual harassment.

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.

The PREA Compliance Manager reports that they have not received any allegations reported via third party during this audit cycle.

Review:

Policy and procedure

Agency website

Facility posters

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
 Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

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.

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.

During staff interviews, staff reported to the auditor that they know the reporting process and would report any allegation made to them or any suspicions to their direct supervisor. All staff interviewed could tell the auditor the location of the binder that contains the proper forms, instructions, and reporting phone numbers. When asked about private reporting, staff stated that they have access to the PREA Coordinator, Administrative Investigators, or PREA Compliance Specialist and could make a private report with any of those people. They state that they have no problem reporting a co-worker, and would address a co-worker directly if they noticed "red flag" behavior. The PREA Compliance Manager states that staff are reminded during trainings that they have a duty to report and that staff can be disciplined for not reporting knowledge, suspicion, or information related to sexual abuse and sexual harassment.

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.

The auditor reviewed employee files. The files contained signed acknowledgments of receiving the following information:

- Client confidentiality

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

Indiana Administrative Code 31-33-5-2 identifies anyone working in a youth serving program as a Professional Reporter and by law must report suspected abuse and neglect. Professionals who knowingly fail to make a report can face criminal consequences. Indiana Administrative Code 12-10-3-9 requires any individual who believes or has reason to believe that an individual is an endangered adult shall immediately communicate the report to the adult protective services unit.

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

Review:

Policy and procedure

Employee files

Indiana Administrative Code

Interview with staff

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy 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.

The Program Director states that they are vested in the safety and security of residents and staff at the facility. Any resident that alleges they are at risk for sexual abuse will be immediately accommodated to ensure that the resident is safe. As far as protection methods used for residents, the coordinator states that the type of protection will depend upon the situation.

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. 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.

The facility had one allegation of sexual abuse against a staff member. The facility did not to engage any protection measures due to the staff member involved not being on the schedule for the next few days. This allowed the administrative investigator to conduct an investigation into the allegation while the alleged abuser was not at the facility.

The facility has not had to use protection measures for at risk residents, the Program Director reports. The Director reviewed the plan to protect residents with the auditor.

Review:

Policy and procedure

Interview with PREA Coordinator

Interview with Program Director

Standard 115.263: Reporting to other Confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy P100:11 has a procedure for reporting to other confinement facilities.

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director

- The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred
- The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation
- The agency will document that it has provided such notification
- Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation

The 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.

Review:

Policy and procedure

Interview with PREA coordinator

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy P100:11 requires Program Directors ensure that their facility has a written *Response Plan and Evidence Protocol* in place, which is updated as necessary and approved the agency PREA coordinator. The plan must include provision for the following:

- 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

The facility provided the auditor with a copy of the facility's Response Plan and Evidence Protocol. The specific facility protocol includes:

- 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

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.

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.

The facility had one allegation of sexual abuse. The first response steps were not necessary in this situation; however, the facility always ensures that the alleged victim and the alleged abuser are separated during the investigation.

Review:

Policy and procedure

Response Plan and Evidence Protocol

Training curriculum

Course completion records

Interview with staff

Standard 115.265: coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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 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:

- 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

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.

Review

Police and procedure

Response Plan and Evidence Protocol

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

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

Review:

Interview with PREA coordinator

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

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:

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

Hope Hall's PREA Compliance 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:

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

The facility had one allegation of sexual abuse during this allegation. The staff member was not at the facility during the investigation. The administrative investigator was able to quickly determine that the allegation was unfounded. Due to the allegation being determined unfounded, the retaliation monitoring did not continue. The facility did provide the auditor with a copy of the Retaliation Monitoring Form. The form includes:

- Date monitoring begins/ends
- Type of monitoring

- Staff assigned to monitor
- Who's being monitor (resident or staff)
- Reason for monitoring (victim, witness, cooperation w/ investigation)
- comments
- 15-day, 30-day, 45-day, 60-day, 75-day, 90-day meeting and status check remarks
- Results from monitoring (no retaliation, retaliation found [address and protection measures], end monitoring [unfounded or resident left program], extend monitoring

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

Review:

Policy and procedure

Retaliation Monitoring Form

Interview with PREA compliance Manager

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy P100:14 requires and 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 facility has had one allegation of sexual abuse or sexual harassment during this audit cycle. 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 investigation

The auditor interviewed the PREA coordinator and the PREA Compliance Manager who both are trained administrative investigators during the onsite visit. The auditor was able to question both 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 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. 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 all allegations will be administratively investigated and if at any time during the investigation, the incident appears to be criminal, the facility will make a referral to the City of Evansville Police Department who has the legal authority to conduct such investigations. She also 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 Deaconess Hospital by a trained Sexual Assault Nurse Examiner. She reports that the staff at Hope Hall will be of assistance in whatever way the police direct and that the Program Director or Assistant Director will maintain communication with the police department in order to remain informed on the progress of the investigation.

The auditor was giving 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.

Review:

Policy and procedure

Administrative investigator training certificates

Investigation report

Administrative investigator interviews

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Policy 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%.

The auditor interviewed the facility's administrative investigator and the PREA coordinator, who is also an administrative investigator and is the person who will make the determination, on the standard of proof used when making allegation determinations. Both report using 51% as the measure to substantiate an allegation.

The auditor reviewed the one investigation the facility conducted within the past twelve months. The determination reached by the administrative investigators and the PREA Coordinator was appropriate based on the evidence collected.

Review:

Policy and procedure

Investigation report

Interview with PREA administrative investigators

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

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

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Agency policy 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.

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

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

The facility has had one allegation of sexual harassment. The PREA Compliance Manager reports that the PREA Coordinator will complete the notification form and send to the facility. She states it is then her responsibility to provide the resident with the notification and have the resident sign and date the form. The resident will receive a copy of the notification and the signed form will be returned to the PREA Coordinator to be placed in a file. She reports that she will review the findings with the resident and answer any questions or concerns they may have.

The facility provided the auditor with the Resident Notification Form that would be used to inform a resident of the outcome of the investigation. The form included all required elements of this standard. The PREA Coordinator reports she would be the person

collecting all relevant information to complete the form and then have the PREA Compliance Manager review the form with the resident.

Review:

Policy and procedure

Resident Notification Form

Interview with PREA Coordinator

Interview with PREA Compliance Manager

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy 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.

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.

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

The auditor interviewed staff from administration, treatment, and security to discuss their knowledge of the agency's zero tolerance and disciplinary policies. The staff state that termination is the expected sanction for any staff member who violates the zero tolerance

policy. Many staff members report that employees can be terminated or disciplined for knowing about violations and not reporting it to administration. Some staff that had longevity with the facility was able to discuss past situation where staff was disciplined for violations of the facility's policies and procedures.

The facility had one allegation against a staff member during the past twelve months. The allegation accuses a staff member of sexually harassing a resident. The administrative investigation determined the allegation to be unfounded. There was no discipline for the staff member based on the allegation determination.

Review:

Policy and procedure

Employee handbook

Employee files

Interview with staff

Interview with Human Resource Manager

Standard 115.277: Corrective action for Contractors and volunteers

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

115.277 (a)

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

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy P100:13 states that VOA OHIN 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 resident, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The PREA coordinator reports that the facility has not received an allegation of sexual abuse or sexual harassment against a contractor or volunteer during this audit cycle.

Review:
Policy and procedure
Interview with PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

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

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy 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 auditor interviewed sixteen residents during the onsite visit. The interviewed residents stated that upon intake they received a resident handbook and the resident rules and responsibilities were reviewed with them during orientation group. All residents stated they understood the facility's zero tolerance policies and that termination was the expected outcome for anyone violating the sexual abuse and sexual harassment policies.

The case managers who conduct PREA education, state they review all rules concerning PREA and subsequent sanctions for violation of those rules were reviewed. The auditor

also reviewed resident files and reviewed signed acknowledgements from residents concerning the facility's zero tolerance policies and receiving a copy of the resident handbook.

The facility has not had an allegation of resident-on-resident sexual abuse or sexual harassment. The facility has not disciplined a resident for filing a false allegation.

Review:

Policy and procedure

Orientation group

Resident handbook

Interview with residents

Interview with PREA Coordinator

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy P100:05 requires all VOAHOIN residential reentry facilities 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.

The services required to be provided include:

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

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

The Program Director reports that clients needing mental health services will be directed to community organizations. The facility works with English counseling Services and NaphCare to provide free mental health services to approved residents. Medical services will be directed to Deaconess Hospital. The hospital has partnered with Holly's House to offer free sexual abuse crisis intervention services. The Director states that all services will be at the discretions of the medical or mental health provider.

The facility has not made a referral to a medical or mental health provider for services due to a sexual abuse incident during this audit cycle. The facility is housing a resident that reported sexual abuse during the risk assessment. The resident reports that he was offered community counseling services, along with access to outside emotional supportive services, but he is not interested in those services at this time. He reports that he does have some issues based on sexual victimization, and the staff at the facility have gone above and beyond to assist him in dealing with these issues, including moving his bed to be near the bathroom and the intercom button.

Review:

Policy and procedure

Interview with Program Director

Interview with resident

Deaconess Hospital website- Sexual Assault Protocol

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

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *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 No NA

115.283 (e)

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

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The agency provides community medical and mental health counseling services for residents who have been sexual abused in a jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility as outlined in policy P100:05. All services provided to residents are from community providers (Deaconess Hospital and English counseling Services or NaphCare).

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

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

The facility has not had a substantiated or unsubstantiated allegation of sexual abuse or sexual harassment during this audit cycle.

Review:

Policy and procedure

Investigation report

Interview with Program Director

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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 insure that the facility implements recommendations within thirty days after the SART publishes its findings.

The facility has not had an allegation during this audit cycle that would require a SART review. 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 auditor interviewed the Senior Vice President of Operations during the onsite visit. She 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 recommendation will be implemented in all VOA facilities if applicable.

The Program Director states that it is his responsibility to ensure all recommendations from the SART are implemented.

Review:

Policy and procedure

SART review form

Interview with Program Director

Interview with Vice President of Residential Reentry Programs

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy 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.

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 (nonconsensual 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.

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.

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

Review:

Policy and procedure

Hope Hall quantitative data report (2019, 2020, 2021)

Agency website

2021 PREA annual report

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

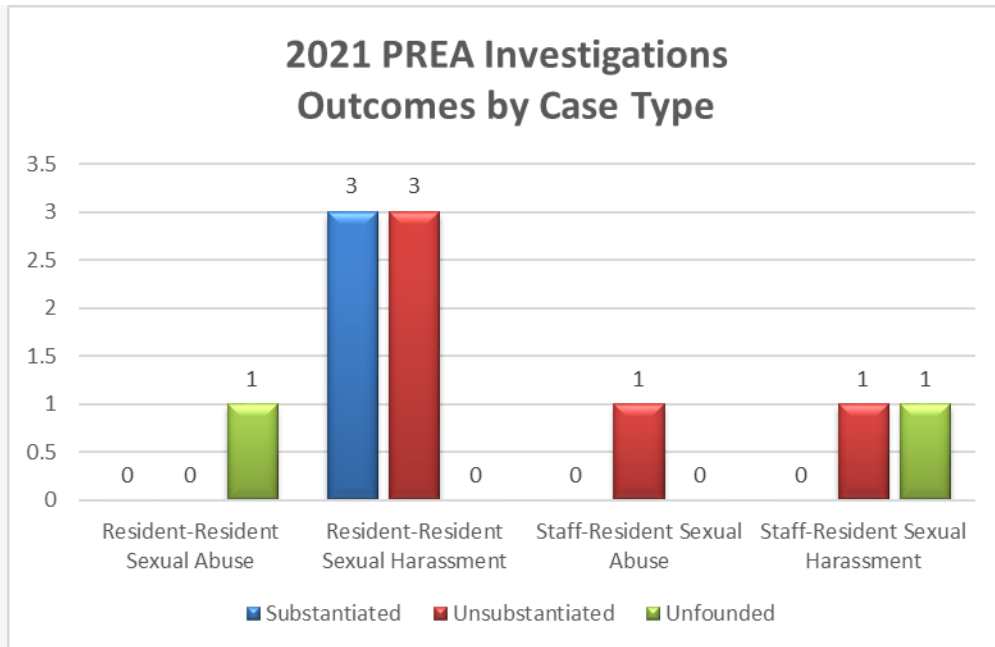
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility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

Policy 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 agency has recognized, based on the information collected that the facilities across the agency could benefit from additional training related to understanding sexual harassment as well as training on interpersonal communication and boundaries with residents. Additional training should target staff who have the most consistent training with resident. The report noted that most training was conducted through the agency’s web based Learning Management System due to COVID protocols and that staff should benefit with the return of in person trainings.

Improvements to the agency’s prevention, detection, reporting and responding protocols include upgrades to some facility’s electronic monitoring system, adding cameras, increasing video retention time, training additional administrative investigators, and continued training/education of both staff and residents.

Ongoing reviews include:

- Continued annual review and revision of agency policy and procedure
- Selection and training of additional investigators and trainers, to cover all program site locations
- Selection and training of additional victim advocates at all locations
- Additional training for all staff on communication and boundaries via the Relias online training system

- Continued review of PREA Training modules assigned to all staff in the Relias online training system
- Training review for all modules required for Contractors and Volunteers

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 Annual PREA report

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

Policy 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.

The PREA coordinator states that each facility Program Director will provided the required information to the auditor, and she collects and retains control of the information. She states that she is required to keep the information for ten years. 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.

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

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

Review:

Policy and procedure

Agency website

2021 PREA annual report

Agency website

Interview with PREA coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No 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 No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

The agency post all final audit reports of each of its facilities on the agency website, <https://www.voahin.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 auditor was given full access to the facility during the onsite visit. The PREA coordinator, Program Manager, and Assistant Program Director escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control 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 a flash drive mailed to the auditor. The auditor was also provided additional information as requested during the onsite visit.

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

Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA coordinator

sent photographic proof of the notices being posted approximately four weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit, nor did a staff member or resident request to speak to the auditor during the onsite visit.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires corrective Action*)

Instructions for Overall compliance Determination Narrative

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

The agency has published on its agency website, <https://www.voahin.org/residential-reentry>, the final audit report for all VOA operated facilities in both Ohio and Indiana. The final report for Hope Hall 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.

The PREA coordinator states that she understands the audit requirements of having 1/3 of its facilities during each year of the three-year audit cycle. She also understands the requirement of posting all final audit reports on the agency’s website. In the state of Ohio, all final audit reports are also posted on the Ohio Department of Rehabilitation and corrections website, <https://www.drc.ohio.gov/prea>.

Review:

Agency website

Ohio Department of Rehabilitation and correction website

Interview with PREA coordinator

AUDITOR CERTIFICATION

I certify that:

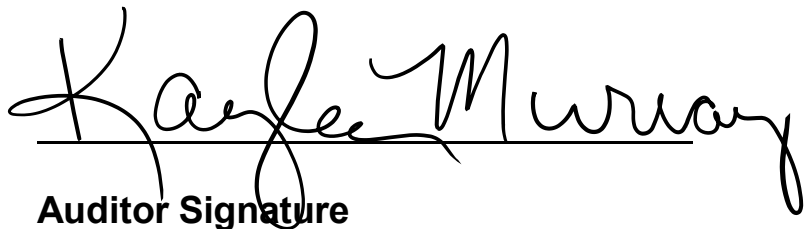
- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

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

been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



Auditor Signature

June 18, 2022

Date

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report, V5