

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

Interim Final

Date of Report December 7, 2021

Auditor Information

Name: Kayleen Murray	Email: kmurray.prea@yahoo.com
Company Name: <small>Click or tap here to enter text.</small>	
Mailing Address: P.O. Box 2400	City, State, Zip: Wintersville, Ohio 43953
Telephone: 7403176630	Date of Facility Visit: December 2-3, 2021

Agency Information

Name of Agency: Volunteers of America of Ohio & Indiana		Governing Authority or Parent Agency (If Applicable): <small>Click or tap here to enter text.</small>	
Physical Address: 1776 E. Broad Street		City, State, Zip: Columbus, Ohio 43203	
Mailing Address: <small>Click or tap here to enter text.</small>		City, State, Zip: <small>Click or tap here to enter text.</small>	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.voahin.org/residential-reentry			

Agency Chief Executive Officer

Name: John vonArx III	
Email: John.vonArx@voahin.org	Telephone: 317-743-9810

Agency-Wide PREA Coordinator

Name: Stacey Seif	
Email: Stacey.seif@voahin.org	Telephone: 419-525-4589 x 1277
PREA Coordinator Reports to: LaRaun Clayton	Number of Compliance Managers who report to the PREA Coordinator: 6

Facility Information

Name of Facility: Toledo Residential Reentry Program

Physical Address: 1323 Champlain St

City, State, Zip: Toledo, Ohio 43604

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: CARF

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: Alan Fabry

Email: alan.fabry@voahin.org

Telephone: 567-806-5145

Facility PREA Compliance Manager

Name: Kim Ludwig

Email: kim.ludwig@voahin.org

Telephone: 567-806-5140

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:	120
Current Population of Facility:	95
Average daily population for the past 12 months:	94
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	84 days
Facility security levels/resident custody levels	minimum
Number of residents admitted to facility during the past 12 months	241
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	235
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	229
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
<p>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):</p>	<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:	35
Number of staff hired by the facility during the past 12 months who may have contact with residents:	10

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
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>	2
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:	5
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 checked="" type="checkbox"/> Yes <input 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 checked="" 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?	14
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 Toledo Residential Reentry Program halfway house, 1323 Champlain Street, Toledo, Ohio, December 2-3, 2021. 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 an encrypted flash drive with documentation showing compliance with each standard. The auditor received the flash drive with the documentation approximately six weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedure, MOUs, facility staffing plan, table of organization, job descriptions, investigation reports, training records, training curriculum, and other miscellaneous documents. The auditor conducted the initial audit for TRRP in 2015 and a reaccreditation audit in 2018. The auditor reviewed the previous audit reports and documentation for comparison to the current audit.

The audit notice posting was sent to the auditor showed the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to have confidential correspondence with the auditor. The auditor did not receive any correspondence from residents or staff prior to or 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. After the onsite visit, the auditor attempted to make contact with relevant community partners.

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

The auditor interviewed sixteen residents based on the population of ninety-five (eighty-seven males and eight females) 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, and commitment status. The auditor conducted the following interviews:

- Random = 5
- Targeted = 11

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

- Residents that has a physical disability = 2
- Residents that identified as gay = 2
- Residents that identify as transgender = 1
- Resident that is deaf = 1
- Resident that has a cognitive disability = 1

*Residents in targeted categories were only counted once. Multiple residents in the same category were interviewed but counted as a random interview.

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, transgender, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has thirty-five (35) full and part-time 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:

- Director of Compliance, Quality Improvement, and Training
- Interim Senior Vice President of Reentry Services
- PREA Coordinator
- Human Resource Manager
- Human Resource Generalist
- PREA Compliance Manager
- Administrative Investigators
- Program Director
- Assistant 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. Reentry Support Specialist (RSS) staff from all three shifts were interviewed. Several staff members were responsible for more than one specialized area. The auditor was unable to interview the minimum of twelve random staff member due to the limited number of staff employed at this facility.

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

The auditor reached out to the facility's community resources by phone to confirm the MOUs and scope of services. These community partners include representatives from St. Vincent Hospital and YWCA Rape Crisis Center. The auditor was able confirm the services they would provide to residents free of charge.

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

Facility Characteristics

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

Toledo Residential Reentry Program is a halfway house in Toledo, Ohio that serves male and female felony offenders. The facility is single story building that can house up to 120 offenders with separate entrances for male and female residents. Visitors entering the building must be “buzzed in” to the building by staff at Control 1, sign-in at the desk, and sign a PREA acknowledgment form.

Male Unit: To access the facility, one must either have a key fob to access the outside door, or be “buzzed” into the building by TRRP staff. To the right in the lobby is access to an outpatient group room. To the left, is the entrance to the dining hall, and next to the dining hall entrance door is the door to a sally port with access to the male housing unit. Male resident entering the building will come through the main entrance and receive a pat search in the lobby area. Should a resident need an enhanced pat search, the resident will be escorted by staff to the designated bathroom. All pat searches are captured on camera.

After being searched, male residents will be placed in the sally port to complete an Alco-Sensor screening. The RSS staff at Control 1 (manned 24/7) handles visitors, managing male residents entering and exiting the facility, and monitoring security cameras. Once past the sally port, one is inside the secure area of the male unit.

The male unit houses the kitchen, dining hall, exercise room, and computer room that is shared with the female residents. There are scheduled times where male residents must stay in their housing unit in order to allow the female residents access to these areas. All of these rooms have windows to give clear line of site views to the staff at Control 1 or Control 2, as well as camera monitors. There are blinds on the windows to the exercise room which will be closed when female residents are using the room.

These rooms are along the corridor which leads to the male housing unit. At the top of the unit is Control 2. This desk is manned 24/7 and female residents can use an intercom system to contact staff at this desk. Across from this desk is the bathroom. The bathroom has an open entrance; however, the design is set up to provide residents with an appropriate level of privacy. No one on the outside of the bathroom can see into the shower, toilet, or urinal areas.

The male housing unit has one bathroom. The bathroom is bifurcated into a shower room and a toilet/sink room. The shower room has a swing door at its entrance in order to protect the view from the open entryway to the bathroom from the main corridor. Inside the shower room is a sink area with mirrors and sixteen single use showers with curtains. Showers are separated from each other with $\frac{3}{4}$ height walls. The toilet room area is open from the entryway. On the right side of the area are sinks with mirrors above with four urinals with partitions in between on the same side. Across from the sinks are two urinals with a partition in between and six toilet stalls with doors.

Directly in front of Control 2 is the corridor for the male dorms and lounge areas. The unit has four dorm rooms that are set up Jack and Jill style with a lounge area in between. All dorms are set up with thirteen bunk beds on the perimeter walls. All dorms have windows that give clear line of site views from the corridor as well as cameras. Each dorm room has access to the lounge area and to an outdoor smoke pit area that is also accessible from the lounge. Residents have free access to this area until 9:00 pm. Each outdoor break area is surrounded by a brick wall. At the end of the corridor is the main recreation yard.

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

Female Unit: To access the female unit from the outside, one must go to the side of the building. Residents will ring a bell and will be "buzzed" into a sally port area. Staff can access the female housing unit from inside the facility. Depending upon the number of female residents, the control desk may or may not be manned 24/7. At the time of the audit, the female unit housed eight offenders. Female staff from the male unit will check the female residents into the facility and perform a pat search on camera. Should the resident need an enhanced pat search, they will be escorted to the designated bathroom.

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

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

The housing unit has a lounge area on the other side of the bathroom and behind the lounge is the female resident's laundry room. The female residents have access to an outdoor smoke pit area from the lounge area.

Both housing units have appropriate notices containing information on ways residents can report allegations, who a resident can report an allegation; including anonymously and to outside third-party agencies; grievance forms; and posted is the resident rules.

The kitchen is staffed and managed by Aramark. Aramark staff are responsible for cooking and serving meals, while residents are responsible for clean-up. All Aramark staff receive PREA training from both the facility and from Aramark. The dining hall faces Control 1 and has a door at the entrance. The dining hall is also used for male resident visitation (female resident visitation is held in the outpatient group room).

All staff offices, group rooms, conference room, and computer lab have large windows either in the door on a floor-to-ceiling length narrow wall window. The windows allow for clear line of site views into all rooms. All common areas of the facility have cameras.

The facility has a total of seventy-nine (79) interior and perimeter cameras. Camera footage records to a DVR and can be played back for 30-days depending upon the level of movement in that area. Management level staff can view camera angles on their desktop computers and some with permission can view from outside the facility.

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

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: 40

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 the point of contact and reporting for a client allegation of sexual assault or abuse and coordinating with staff trained to complete investigations.
- Working with program Leadership to develop and implement a training plan that fulfills the PREA training standards.
- Monitoring resident screening procedures and investigations according to the PREA standards.
- Overseeing internal audits of the agency's compliance with PREA standards.
- 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 improvements.
- 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.
- Providing copies of PREA investigation reports as requested by the Ohio Department of Rehabilitation and Correction's Community PREA Compliance Liaison, within 10 business days of request.
- Participate in the annual policy review.

According to the Table of Organization provided to the auditor, the agency-wide PREA Coordinator is the agency's Quality Improvement Manager-Reentry Services. She works under the Director of Compliance, Quality Improvement, and Training. During an interview with the PREA Coordinator states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the Community Confinement PREA Standards. The Coordinator states that she is responsible for the facilities in both Indiana and Ohio. She has integrated the policies, procedures, and practices into one both states can use. She maintains continuity by working closely with each facility's PREA Compliance Manager and monitoring visits to each facility.

The auditor was able to interview the PREA Coordinator's direct supervisor, Director of Compliance, Quality Improvement and Training. He is new to the position but not to the agency or understanding the need to ensure the PREA Coordinator has enough time and authority to implement appropriate policies, procedures, and practices, and maintain compliance with the PREA standards. He fully supports the PREA Coordinator and will ensure she has everything she needs to maintain compliance.

The auditor also interviewed the interim Senior Vice President of Re-Entry Services during the onsite visit. Her responsibilities include addressing all compliance issues (CARF, ACA, BCS, PREA); ensure all facilities are outfitted and resourced with everything they need to break down barriers to compliance; and consistently improve processes. She states that she supports the PREA Coordinator, who she considered the PREA subject matter expert, and will provide the tools requested to ensure PREA compliance.

The facility's PREA Compliance Manager 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 the Compliance Manager during the onsite visit. The manager states that she is responsible for ensuring all staff are trained in the specifics of the facility concerning PREA policies and practices, ensuring separation and protection for at risk residents, retaliation monitoring and status checks, conducting quality assurance checks on risk assessments, and conducting assessments to see where the facility could improve in the areas of prevention, detection, responding, and reporting incidents of sexual harassment and sexual abuse.

Review:

Policy and procedure

Agency Table of Organization

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Director of Compliance, Quality Improvement and Training

Interview with Interim Senior VP of Reentry Services

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 and report deviations to Vice President and PREA Coordinator.

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

- Blind spots and potential dead areas from camera view
- Physical barriers identified during PREA incidents (review/address by SART)
- Issues/concerns identified during weekly facility checks

Composition of residents

- Serves male and female offenders
- Average population (max 120 offenders)
- Risk assessment information is completed by cog specialist (initial) and case managers (30-day and rescreens)

Incidents of Sexual abuse

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

Deviations from staffing plan

- Staffing plan calls for at least three staff members to be in the facility 24-hours a day, and for at least one of those staff members to be female
- Program staff maybe used to meet the required staffing ratio
- The facility will address any call-offs through another staff member or the Assistant Program Director or Program Director providing coverage as needed

Staffing patterns are also reviewed during the staffing plan review. Agency policy calls for at least three staff members in the facility 24-hours a day that are able to respond to resident needs. 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 staffing plan reports that when a RSS reports off, the facility makes its best effort to replace that staff member with the use of another RSS.

The prevailing staffing pattern is as follows:

- 7:00 am – 3:00 pm 3-5 RSS
- 3:00 pm – 11:00 pm 4-5 RSS
- 11:00 pm – 7:00 am 3-4 RSS

Program staff work Monday – Friday 8:00 am – 5:00 pm and this includes the administrative staff. All case managers are assigned to work noon-8 pm one day per week and rotating Saturdays.

The facility has a total of seventy-nine (79) 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. RSS staff conduct head count two times per shift and circulations each hour. The staff will conduct increased circulations on residents that are of increased risk for victimization or on retaliation watch. The auditor reviewed camera angles during the onsite visit and received a printout of each camera angle.

Movement around the facility is controlled by staff. Residents have free movement in their housing units. Male and female residents do not have any interaction with each other. The male residents are sequestered to their rooms/lounge area while female residents have access to the dining hall/vending area, or indoor recreation room.

The Interim Senior VP of Reentry Services reports that the agency is conducting an organizational staffing analysis that will evaluate staffing patterns, physical plant, and facility activities to ensure each facility has adequate staffing.

Review:

Policy and procedure

FY 2021, 2020, and 2019 Staffing plan

Floor plan

Camera view screenshots

Tour of facility

Interview with Program Director

Interview with Assistant Program Director

Interview with PREA Coordinator

Interview with Interim Senior VP of Reentry Services

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 who 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 and 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 includes video on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents and safe management of LGBTI residents, and facilitated hands-on training on pat search techniques.

- Pat Search- a search of a fully clothed person using a patting motion with the hands on the body of the subject
- Enhanced Pat Search- a search in which the subject is required to remove his/her clothing, with the exception of underwear and bra, for the purposes of a visual search after the initial pat search has been conducted
- Cross-gender Search- a search that is conducted using a metal security wand and no touching of the subject's body

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 practice 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 (16) residents, both male and female. 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. 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. No female resident reported any incident of incidental viewing from a member of the opposite sex when questioned by the auditor. All female residents report that every search has been conducted by a female staff member.

Male resident stated that all hands-on searches were conducted by a male staff member and that a male staff member would be called to conduct a search if necessary. When asked about cross-gender announcements, all males stated that anytime a female staff enters the dorm announces herself before entering into the unit, and that female RSS would announce from the entrance of the bathroom but no go in. They state that the female RSS would ask who is in the bathroom and if there was cause to enter, she would get a male RSS staff member.

The dorm rooms have video cameras. Because of this, residents are not allowed to change in the dorms. During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice.

The auditor interviewed all identified transgender/intersex residents during the onsite visit. The resident interviewed indicated that there was no issues or concerns with pat searches, cross-gender announcements, or appropriate levels of privacy in the bathroom. The searches were described as professional and respectful. The resident reported to having a specific shower time and did not worry about safety while showering.

The auditor conducted Reentry Support Specialist interviews from all three shifts, including the Lead RSS Supervisor. All staff interviewed indicated that they received annual training on how to conduct proper pat searches and to use the security wand to perform a pat search on a member of the opposite gender. The staff report that it is not the practice of the facility do conduct cross gender pat searches. They all state that at no time do they conduct strip or body cavity searches. When questioned on how they were trained to conduct a cross-gender pat search, the staff state they will use a security wand to go over the person's body. At no time during this type of search will the staff member touch the resident. If a pat search becomes necessary, they will call a member of the same gender as the resident.

When discussing training for searches on transgender or intersex residents, the staff state that have received training annually. The staff have watched a training video on how to complete a professional, respectful search on a transgender client in the least intrusive

manner. The staff also understand that no search is allowed for the sole purpose of identifying genitalia. When discussing the search process for the current transgender resident. The staff report that they feel comfortable performing professional respectful searches and that no issues or concerns have been reported.

The auditor interviewed the Lead RSS Supervisor during the onsite visit. He was questioned regarding the training and ongoing reviews of various pat searches. The Lead reports that during onboarding and then annually, all staff are required to complete pat search training through Relias. The Relias training requires the staff member to pass a post-test after completing the training. The agency provided the auditor with the training video and copies of the sign-in sheet.

The Program Director reports that the facility has housed transgender resident and was able to discuss the facility's plan to house transgender/intersex residents in direct site of the camera. The Program Director states that all RSS staff are trained annually on the proper techniques including on how to be respectful and professional as possible when searching all residents. He states that the transgender resident was questioned on concerns and preferences and was allowed to make a request for private shower times.

The auditor was able to verify staff training through training sign-in sheets and Relias course completion records.

Review:

Policy and procedure

Facility tour

Training curriculum

Training video

Training sign-in sheets

Course completion records

Resident interviews

Staff interviews

PREA Coordinator interview

Assistant Lead RSS Supervisor interview

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 P100:07 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.

Information is 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 resident’s main language is provided whenever possible.

The facility will:

- During the Intake/Orientation process, staff will read and explain all rules and regulations of the program to the residents if needed, including information about sexual abuse/ assault. Local social service agencies will be contacted for further assistance if needed.
- Persons who are deaf will be provided with written explanations of all program guidelines.
- The agency will provide communication assistance for limited-English proficiency residents, family members, and significant others whenever necessary in order to ensure that they may participate fully in program services at, no additional cost.
- Where bilingual staff is not available, local social service and/or advocacy groups representing the particular minority group will be contacted for volunteer assistance or local educational institutions with foreign language or literacy departments will be contacted for assistance.
- Persons with learning disabilities or who are unable to read will have all materials read and explained in simple language.
- The agency will provide auxiliary aids for sensory-impaired residents, family members, and significant others whenever necessary in order to ensure that they may participate fully in program services, at no additional cost.
- The agency will not rely on resident interpreters, resident readers, or other types of resident assistant 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 PREA §115.264, or the investigation of the resident’s allegations.

The facility provided the auditor with a list of possible agencies the facility can use should there be a resident who is limited English proficient:

- Interpreting & Services for the Hearing Impaired

- Resolute Interpreting

The Assistant Program Director reports that the facility currently is housing a resident that is hearing impaired, one with a cognitive disability, and two with physical disabilities. The residents that have physical disabilities have not needed any special assistance to benefit from the agency's plan to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The resident with a cognitive disability has staff assistance in insuring that he understands all rights and responsibilities under the agency's PREA policies and procedures. The deaf resident can read lips and communicates mainly through American Sign Language or written notes.

During the onsite visit, the auditor was able to interview the staff member responsible for conducting PREA Education. The cog specialist responsible for conducting orientation group report using a curriculum and materials to ensure that all residents receive the appropriate information on how to report allegations, including anonymously, reporting phone numbers and addresses, and limits to confidentiality. The training includes watching the "*just detention*" PREA resident education video, where to find reporting posters, grievance forms, and explains retaliation.

The Clinical Supervisor or Assistant Program Director will contact community resources for interpretation services or auxiliary aids and will work one-on-one with a resident to ensure that all aspects of the zero tolerance policy is understood when needed.

The auditor interviewed all residents that were identified as having a physical, reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. The auditor and the resident identified as being deaf, communicated through written notes. The resident stated that while his main form of communication is ASL, he has been able to participate in programming and interacting with staff and other residents through notes. He was able to explain how to report PREA and where to located reporting information. The resident that has a cognitive disability states that once he was honest to staff about his disability, all staff take the time to ensure he understands the information. He was able to give the auditor examples of PREA definitions and how to keep himself safe.

The auditor also interviewed the residents with physical disabilities. Both did not need any assistance with understanding their rights and responsibilities under the PREA guidelines.

Review:

Policy and procedure
Staff training curriculum
Community resource list
Targeted resident interviews
Interview with Associate Program Director
Interview with Orientation group facilitator

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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 online 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 ADP. The Human Resource Manager states that all VOA facilities have a contract with the FBOP that is renewed every five years. During the contract renewal, the FBOP requires all staff who have contact with FBOP offenders have an updated background check. All staff members, even those who have recently received a background check, will receive one. TRRP houses offenders for the FBOP. The agency uses this same time period to conduct background checks on staff that work in facilities that do not house FBOP offenders. 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 notification of any PREA allegations.

The Program Director is 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.

Due to COVID-19 protocols, the facility has limited the contact of contractors and volunteers.

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 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 from 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 interim Senior VP of Reentry Services reports that since the last audit, the facility has not made any substantial expansion or modification of the existing facility. She states that there are no plans for any physical plant changes.

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 installed a new camera server. The new server will stabilize the camera system and allow for increased play back time. The facility has also added seven new cameras since the last audit in 2018. The facility most recently installed a new camera monitoring system at Control 2. These upgrades will assist investigators during allegations and reduce the number of blind spot areas.

The Interim Senior VP of Reentry Services reports that all facilities will address electronic monitoring needs as the budget allows.

Review:

Policy and procedure

Interview with Interim Senior VP of Reentry Services

Interview with PREA Coordinator

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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 Police Department. City of Toledo Police Department.

The facility has requested the City of Toledo 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 responded to the request by stating that they do not enter into MOU's with individuals or agencies, but will respond to all request for services.

The agency has trained administrative investigators that can conduct an administrative investigation.

The policy also requires the agency to offer all victims of sexual abuse access to a forensic medical examination, without cost, performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE or SANE is not made available, the examination can be performed by other qualified medical practitioners. The facility has an MOU with St. Vincent Hospital to perform a forensic exam on any resident that is a victim of sexual abuse while at the facility.

The nurses at St. Vincent Hospital are trained to recognize signs of sexual assault, collect microscopic evidence, and document the patient's mental and emotional state. The auditor had an interview with the Chief Nursing Executive who signed the MOU after the onsite visit. She reports that the hospital partners with the YWCA's Sexual Assault Response Team. She verified the MOU, services provided, and that the services were offered free of charge. The nurse stated that the hospital has not provided forensic exams to any resident at the facility.

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

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

The facility has provided the auditor with documentation of administrative investigator and emotional support person training.

Review:

Policy and procedure

MOU attempt with St. Vincent Hospital

MOU with YWCA Rape Crisis

Training certificates

Interview with PREA Coordinator

Interview with emotional support staff

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 provided the auditor with the investigations for this audit cycle.

Investigation #1: A staff member reported to the facility’s Assistant Program Director and PREA investigator that a former resident is causing problems for her and threatened to report that the staff member and the resident were in a relationship and that the relationship started while the person was a resident at the facility. The former resident made an allegation approximately two weeks later and stated that he had proof in the form of text messages and phone calls. The administrative investigator was unable to view any text messages but did verify phone calls to and from the staff member and the resident. The investigation was substantiated; however, the City of Toledo Police Department declined to open a criminal investigation based on the evidence presented. The staff member was terminated.

Investigation #2: Staff at the facility received a written statement from a resident alleging that a staff member was making sexually inappropriate comments. The resident was transferred to another facility (this new placement was already in the works prior to the allegation) during the investigation. Prior to transfer, the resident was able to meet with the facility’s emotional support person. During the interview of the alleged victim, she reported that she may have “exaggerated” some parts of her report, and that she was “tired of this place and willing to throw anyone under the bus.” She then admitted that the situation she described never happened, she hoped to be able to go home and not to another facility. While the resident did recant her allegation, the facility questioned her about any concerns she may have about her safety or any special accommodations she needs. The resident stated that she felt safe and did not need any safety plans or special accommodations. The allegations was determined to be unfounded.

Review:
Policy and procedure

Agency website
Investigation reports
Interview with PREA Coordinator
Interview with administrative investigator

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 in Correctional Systems
- Safe Management of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex Populations
- Practice for Paraprofessionals for Managing Common Boundary Situations
- Boundaries and Dual Relationships for Paraprofessionals
- Overview of Motivational Interviewing for Community Corrections Professionals
- PREA Cross-Gender and Transgender Pat Searches
- PREA: Reporting Obligations and Retaliation Protections
- PREA: An Introduction and Overview
- Sexual Harassment for Employees
- Working More Effectively with the LGBTQ+ Community
- Professional Ethics in Corrections
- Respectful Communication with LGBTI Offenders
- Working with Women Offenders in Correctional Institutions
- Working Effectively with Gender and Sexual Minorities

During onboarding training, staff receive PREA Introduction training. This training covers the origins of PREA, related definitions, mandatory reporting obligations, creating a reporting culture, retaliation, protection responsibilities, all types of searches, and ways residents can report. 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
- PREA Intake Assessment
- Community Agency Partnerships

Confidentiality/Limits to Confidentiality

Title VII of the Civil Rights Act of 1964

Professional Client/Staff Relationships

The auditor reviewed employee files. During the file review, the auditor was able to verify staff received the additional training and policies and procedures through signed and dated acknowledgments.

The auditor was able to interview treatment, security, and management staff during the onsite visit. All interviewed staff were questioned on the training they received during onboarding and annually concerning PREA. The staff discussed completing training online through Relias and receiving in person training during staff meetings. The staff felt training was adequate enough to inform staff on how to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment. The staff state because refresher training is given monthly, the material sticks with them and they feel prepared to ensure compliance with the standards.

Facilitated training is provided by the facility's Clinical Supervisor. The Clinical Supervisor states that he reviews a PREA topic during staff training. He will take topics provided in the Learning Management System and discuss how each specifically works at the facility. The Program Director will also provide scenarios or role plays that help staff understand how to respond in various situations. Both state they spend a great deal of time teaching professional boundaries, creating a reporting culture, and coaching proper techniques and practices.

The PREA Coordinator reports that training is tracked through the training department through the Relias system and that she specifically tracks PREA training. She states that 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 training curriculum provided goes beyond the minimum requirements of the standards. The course history review shows the staff have completed the required training annually. The auditor was also provided with updated policy acknowledgements for all facility staff.

Review:

Policy and procedure

Relias training curriculum

Training sign-in sheets

Course completion records

Policy acknowledgements

Interview with staff

Interview with PREA Coordinator

Interview with Clinical Supervisor
Interview with Program Director

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.

Aramark provides the facility with meal services which includes Aramark staff preparing meals at the facility. All Aramark staff are given the agency's policy on zero tolerance and instructions on how to report allegations of sexual abuse and sexual harassment. Because Aramark is an agency that serves all levels of confinement facilities, the agency also provides its staff with PREA training.

The auditor was able to speak to the Aramark supervisor during the onsite visit. He confirms that Aramark provides all staff that work in a confinement setting annual PREA training. He states that this training is in conjunction with the training provided by TRRP. The auditor was provided a training sign-in sheet and curriculum for Aramark staff. The training includes:

- What is PREA
- Definitions of sexual harassment, sexual abuse, sexual contact, and consent
- 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's important
- Manipulation and PREA

All visitors that enter the facility are required to sign a PREA Zero Tolerance Acknowledgement including the auditor.

The auditor was able to review the signed training acknowledgement from contractors and volunteers. The facility does not have any volunteers at this time due to COVID-19 protocols which have not been fully lifted.

Review:

Policy and procedure

Contractor/volunteer acknowledgement

Volunteer Standards of Conduct

Interview with Aramark kitchen supervisor

Aramark training sign-in sheet

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 facility's cog specialist conducts orientation group for the residents. The cog specialist reports that she provides the residents with a PREA pamphlet (rape crisis information), materials containing information on PREA, reporting options, how to keep safe, confidentiality, and reporting numbers for local, state, and national advocate agencies. The orientation curriculum covers how residents can file a grievance, including a grievance alleging sexual abuse or sexual harassment, and PREA education. The staff facilitator will review the process for both grievances and PREA, and also show a resident centered PREA education video produced by *Just Detention*. The instructor ensures that every residents understands what behavior could be considered PREA and all the ways they can report incidents of sexual abuse and sexual harassment, and should a resident need special assistance to understand all the benefits provided under that PREA standards, the facilitator will ensure that assistance is provided (see standard 115.116). At the conclusion of each orientation group, the residents are required to complete a post-test at the completion of all orientation sessions. The post-test includes questions on ways to report allegations.

The auditor also interviewed sixteen residents during the onsite visit. The residents were questioned on the information they received concerning PREA at intake and orientation group. The residents reported receiving information on reporting, location of PREA posters, and watched the "PREA video." Some residents also reported being encouraged to add the reporting numbers to their contact in their personal cell phones.

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. The auditor also reviewed the session summary for the PREA orientation class where residents have to identify different elements learned from the sessions. The files also contained the orientation post-test.

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 Orientation group facilitator

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 Garity 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 and includes:

- Defining PREA allegations
- Evidence protocol and forensic medical examinations
- Interviewing victims and suspected perpetrators
- Investigative outcomes
- Documentation
- Post allegation tracking and monitoring

The training was appropriate for the requirements of this standard. The PREA Coordinator and another staff member were 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 three trained administrative investigators and the agency has a total of fourteen trained investigators. The auditor interviewed the PREA Coordinator who is a trained investigator during the onsite visit. She discussed the techniques learned from the training including understanding the spectrum of trauma as it related to resident victims, collaborating with other investigators, providing justifications of investigation outcomes, and preserving evidence for collection.

The auditor also interviewed two facility trained investigators during the onsite visit. The investigators discussed their investigative techniques and the process for reviewing and evaluating evidence. Both state that they collaborate with the PREA investigator and she is responsible for investigation determinations.

Because the facility is part of a private, non-profit agency, the rules to Garity and Miranda do not apply; however, the PREA Coordinator will refer to the local police department if the allegation seems to be criminal in nature. The administrative investigation will resume after a criminal investigation or with permission from the legal authority.

The auditor was provided with the training certificates for all administrative investigators. The PREA Coordinator 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

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.

The facility does not employ or contract with medical or mental health practitioners. The PREA Coordinator reports that a community provider meets all residents' medical and mental health needs.

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 VOA OHIN 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 auditor was able to interview the cog specialist who conducts the initial PREA risk assessment, case managers who conduct the 30-day or special screening, and the Clinical

Supervisor who reviews assessments for timeliness and accuracy. The cog specialist reports that she reviews any collateral information before conducting the assessment. Prior to conducting the screen, she states that she tries to make the resident feel welcome and safe. She will review the purpose of the assessment, who has access to the information, and provide definitions/explanations to some of the terms including in the assessment. The facility is required to provide the resident with the results of the assessment and what the resulting classification may mean in terms of keeping the resident safe. The cog specialist reports that if a resident reveals previous victimization in the community or in another confinement facility during the screening process, she will offer mental health/counseling services and inform the Clinical Supervisor.

The case managers report that prior to initiation of the re-screening instrument, they will review the initial assessment and supplemental information. The case managers state that they discuss any changes or concerns the resident may have since intake and will also document any new information or concerns the facility may have since intake. The case managers also discussed reminding residents that if at any time they have any concerns for their safety that they could report those concerns to any staff member.

All risk assessments are signed off by the assessor, the resident, and the Clinical Supervisor. This serves as a quality control measure for timeliness and accuracy. The Clinical Supervisor provided the auditor with PREA outcome measures for FY 20 and FY 21. During FY 20, the facility conducted 237 assessments. The facility had a 97% timeliness rate. The report noted that the late assessments were conducted on day 4. During FY 21, the facility conducted 235 assessments. The facility had a 94% timeliness rate. The report noted that the late assessments were conducted on day 4. Currently (FY 22), the facility has conducted 118 assessments. The facility has a timeliness rate of 97% with the late assessments being conducted on day 4. The report confirms the facility's QA process for ensuring assessments are completed on time and when noted that assessments were late, only one day passed before assessments were 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. All residents report having the questions read to them and that they understood the purpose for the assessment. No resident reporting feeling uncomfortable with the questions or refusing to answer. Residents that had a special classification were able to discuss the reason for the classification and the safety precautions.

The auditor reviewed resident files. The files contained initial risk assessments for all residents as well as reassessments for residents who have been at the facility for more than thirty days. The dates marked on the assessments show all assessments have been conducted within the specified time period. The files also contained case notes for each of the assessments documenting risk score, supplemental information, services offered, and referrals. All resident files are locked in a secure location accessible to case managers and management staff.

Review:

Policy and procedure

Initial risk assessment

Reassessment

Resident files

Interview with Clinical Supervisor

Interview with Cog Specialist

Interview with case managers

Interview with residents

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (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:

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

The Program Director discussed the facility's plan to keep separate the residents identified as high risk from victimization from those identified as high risk for abusiveness. The measures include separate housing units, bed placement, and/or staff supervision. The Lead Resident Supervisor reviewed the dorm placement map that shows locations of residents identified as at increased risk of victimization and residents identified as at increased risk to abuse. The residents that were identified as at increased risk for victimization were in locations that were easily visible to staff- in front of the windows/door at the front of the dorm or under a security camera that gave staff at Control Desks a clear view of the resident.

The Assistant Program Director reports to the auditor that residents will be moved to a bed that is in direct site of a camera at any time during the residents stay if that resident needs to be monitored more closely by staff.

During case manager interviews and interview with the Clinical Supervisor, they report to the auditor that any identified treatment needed based on the results of the risk assessment are discussed with the resident and any requested mental health/counseling needs would be referred to community providers. The cognitive specialist reports that she will conduct a *Beyond Violence, Beyond Trauma* group with female residents if there are enough residents to participate.

Policy P100:15 declare that programs do not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis identification or status, unless such placement is in a dedicated facility unit or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

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

- Whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems, especially when determining whether to assign 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 facility is currently housing a transgender resident. The auditor interviewed the resident during the onsite visit. The resident stated that she initially did not request any specific pronouns, bed accommodation, or shower accommodation; however, since then she would like to be addressed with female pronouns and has requested private shower time. The resident reports that staff have met with her to discuss her concerns for safety and accommodation request. The resident reported to staff an issue with another resident, but did not want it listed as PREA. The staff informed her that all reports would be investigated and that they would insure her safety and prevent retaliation. The Assistant Program Director is responsible for retaliation monitoring and will meet with the resident to ensure she is not facing retaliation and that all concerns with her safety have been addressed appropriately. The resident was satisfied with the response the facility has given all her concerns.

The auditor interviewed any resident that identified as LGBTI during the onsite visit. The residents were questioned on any incidents of bullying, harassment, or discrimination. The residents report that at no time did they feel bullied, harassed, or discriminated against. All residents were complimentary of the staff and the efforts to provide a safe and secure environment. No resident reported being housed in a dorm or housing unit based on their gender identity or sexual preference.

Review:

Policy and procedure

Interview with case managers

Interview with Program Director

Interview with Assistant Program Director

Interview with PREA Coordinator

Interview with Residents

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 computer in the housing units to email a report 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.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions PREA Community Corrections Compliance Liaison. She verified receiving the auditor's call and ensuring all calls are taken seriously. She states that the hotline number has not received a call from this facility during the past twelve months.

The auditor has also tested the internal hotline number that is posted on the agency's website as one of the third party reporting options as well as to the residents on facility posters. The number is answered by a recording that asks the caller to:

- Leave name of facility
- Details of the incident
- Option to remain anonymous
- Leave return call information if the reporter would like a call back

The auditor left a message and the PREA Coordinator returned the phone call within 20 minutes.

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.

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 recite all reporting options including reporting anonymously. The resident talked about being encouraged to put reporting phone numbers in their personal cell phones and knowing the location of reporting posters should they need the number. The residents were able to identify staff members they felt comfortable reporting allegations, and they felt the Program Director created a safe environment where residents were not preyed upon.

The facility had two allegations that were reported by residents. One resident reported via a written note while the other was made in person (the resident had already completed the program but returned to make an allegation against a staff member). Both allegations were investigated.

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 stated they felt comfortable privately reporting to the Program Director or the Assistant Program Director.

Review:

Policy and procedure

Employee Handbook

PREA brochure

PREA posters

Resident handbook

Agency website

Investigation report

Interview with staff

Interview with residents

Reporting methods

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. Any staff member who is the subject of a grievance may not participate in the investigation or final determination of such.

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. The facility will document the resident's decision.

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

The grievance procedure is given to the residents through the resident handbook. The resident handbook states:

- Residents are encouraged to use pro-social skills in resolving concerns or complaints
- Residents have a right to due process in filing a complaint or grievance

- No resident will be harassment nor will punitive action be taken for filing a complaint or grievance
- Residents can obtain a complaint form from any staff member
- All complaints or grievances must use this form
- Complaints or grievances for sexual abuse can be filed at any time regardless of when the incident occurred
- The resident will be provided with an *Acknowledgment of Complaint* within three business days
- Review with the resident the outcome of the complaint within 10 calendar days of receipt of the complaint
- If a resident does not wish to write a complaint or grievance, they can verbally report the issue to staff and request the staff member write the complaint
- Third-parties such as fellow staff, family members, attorneys, and outside advocates can assist in completing and submitting a complaint
- Residents may also call the complaint hotline at 614-253-6100 ext. 1535
- If a sexual abuse allegation complaint or grievance is filed in bad faith, the resident may be disciplined for the false report
- A resident can file a report with an outside regulatory agency (multiple outside agency addresses and phone numbers listed)
- A resident can be disciplined for filing a bad faith complaint or grievance

The auditor viewed signed acknowledgements of receiving a copy of the grievance policy during the resident file review. The cog specialist reviews the grievance process during orientation group.

During resident interviews, all residents stated they understood the grievance policy and that they could obtain a grievance form at the file box near the case manager hallway. During the resident interviews, all residents were questioned on their use of the grievance system. Two residents had file formal grievances during their stay at the facility. The residents report receiving acknowledgement of their grievance within 24-hours and a response within 5 days. Both residents were satisfied with the process.

The Program Director is responsible for receiving all grievances. He reports that he will provide the appropriate staff member (Clinical Supervisor or Lead Resident Supervisor) with the grievance. Appeals to the decision will be decided by the Program Director. The Program Director reports that no resident has used the grievance procedure to report a PREA allegation.

Review:

Policy and procedure

Resident handbook

Orientation group

Resident files

Resident interviews

Interview with cog specialist

Interview with Program Director

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 facility will use the services of the YWCA Rape Crisis Center for residents who need confidential emotional supportive services. The YWCA provides services that include advocacy and support. The Center allows the facility to use their address and 24-hour crisis line for their residents. The available services are listed on their website (<https://www.ywcanwo.org/what-were-doing/sexual-assault-services/>).

The agreed upon services include:

- Free, confidential hotline support
- Use of YWCA's address for advocate support
- Support groups

- Advocate accompaniment to hospital, during police interviews, and court proceedings
- STI testing
- Crisis intervention
- Referrals

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 residents that were interviewed during the onsite visit, all report receiving PREA reporting information and being encouraged to put the reporting phone numbers into their personal cell phones.

*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

MOU with YWCA of Toledo

YWCA website

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 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 poster includes:

- VOAHOIN Hotline- 855-297-1492
- DPCS Hotline 614-728-3399
- YWCA Hotline- 419-241-3235
- YWCA address- 1018 Jefferson Ave, Toledo, Oh 43604
- National Hotline R.A.I.N.N.- 800-656-4673
- VOAHOIN email- reportsline@voago.org
- Ohio Department of Corrections email- DRC.ReportSexualMisconduct@odrc.state.oh.us

The auditor noted the various locations of reporting posters including public locations during the facility tour. The auditor called the VOAHOIN Hotline and received a call back from the PREA Coordinator within 20 minutes.

The facility did not receive any third-party reports during this audit cycle.

Review:

Policy and procedure

Agency website

Facility posters

Outside hotline number

VOAOHIN hotline number

Investigation report

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.

Employees interviewed all stated that they understood the reporting process, who they are to make reports to, and that all allegations must be investigated by a trained investigator. The staff report that they feel the facility had created a culture where staff and residents

can feel comfortable reporting allegations and that all reports will be taken seriously. The interviewed staff also discussed having a duty to report all information or suspicions regardless of who is the alleged abuser (including staff) and that there is disciplinary action against staff who do not report staff misconduct. Staff reported understanding to limit who has knowledge of PREA incident details and would only report information to their supervisor, management staff, or the PREA Coordinator.

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 during the onsite visit. The files contained signed acknowledgments of receiving the following information:

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

Case management staff and staff with licensure report informing residents of their obligation to report allegations of sexual abuse and sexual harassment, and other limitations of confidentiality. The cog specialist reports to the auditor that she reviews mandatory reporting obligations and informed consent with residents during orientation.

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 under a State or local vulnerable person's statute, the PREA Coordinator will report the allegation to the designated State or local service agency under applicable mandatory reporting laws.

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

The facility had two allegations reported during the past twelve months. One was a written allegation given to a staff member and one was a verbal report from a former resident. Both allegations were turned over to the PREA Coordinator who insured an administrative investigation was completed. The facility received two allegations from residents for other confinement facilities. Those reports were forwarded to the Program Director who insured the allegations were reported to the warden at that facility.

Review:

Policy and procedure

Employee files

Investigation reports

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, housing unit moves, electric monitoring, and close observation of alleged victim or perpetrator. The facility can also transfer resident victims or abusers and/or place staff on administrative leave.

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. Depending on the type and severity of the allegation, the facility also has the option of assigning that staff member to another facility during the investigation. As far as protection methods used for residents, the Coordinator states that the type of protection will depend upon the situation.

The facility has provided the auditor with documentation of bed moves due to investigations and/or other risk factors (PREA risk assessment information). The facility has also moved a resident to another facility after an allegation of staff sexual misconduct was made (the move was already in process before the allegation, but the decision was made to continue with the move in order to separate the alleged abuse from the alleged victim).

The facility has not received a report that any resident was at risk for imminent abuse.

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 that the facility has reported two allegations reported to them to other institutions. The auditor reviewed the emails that were sent and the responses from the institution that was notified.

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

Emails to warden at NCCI (2x)

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 group rooms, cafeteria, conference room, or the staff office hallway. 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
 - Director will document the referral for investigation to the local law enforcement agencies
 - Director will follow up with the local police department to obtain the outcome of their investigation
 - Supervisor who received the report will convey the incident report to the PREA Coordinator

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

During interviews of targeted and random staff members. The staff members mentioned the first responder steps first when ever asked about PREA training they received from the agency. All were able to list the steps and following the posted Coordinated Response Plan and Evidence Protocol. The staff members interviewed stated that during one of the investigations, they facility ensured the alleged abuser and victim were separated during the allegation; however, no other first responder steps were necessary based on the circumstances of the allegation.

Once an allegation is reported, the staff first responder is required to document their actions on an *Unusual Incident Report*. This report documents how the victim and alleged abuser were separated, if the scene was secure for law enforcement officers, if the victim was offered victim advocate/rape crisis services, and if a SANE/SAFE was contacted for medical attention.

The facility has not had an allegation of sexual abuse or sexual harassment during this audit cycle that required protection of a crime scene or calls to medical personnel.

Review:

Policy and procedure

Response Plan and Evidence Protocol

Training curriculum

Course completion records

Interview with staff
Investigation reports

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, without financial cost, where evidentiary or medically appropriate

- 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
- The victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews, and will provide emotional support, crisis intervention, information and referrals
- If the alleged victim is under the age of 18 or is considered a vulnerable adult under a State or local vulnerable person’s stature, the PREA Coordinator reports the allegation to the designated State or local services agency under applicable mandatory reporting laws
- 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. The plan outlines what each member of the response plan is supposed to do or call. Near the computer at each post desk are the phone numbers of members of the coordinated response team.

Review

Police and procedure

Response Plan and Evidence Protocol

Staff interviews

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
 Employee handbook

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

The Assistant Program Director states that she is responsible for retaliation monitoring. The person being monitored will meet with her every fifteen 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 PREA Coordinator states that should the person being monitored be a resident, then the monitoring visits will also include status checks. Status checks include monitoring:

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

The PREA Coordinator is able to conduct status checks of disciplinary reports, housing or program changes, performance reviews, and staff reassignments through the agency's SecurManage resident database system, and through Relias. All other staff, especially the RSS staff will be tasked with ensuring the residents safety while the case manager or emotional support person will help the resident with any mental or medical issues.

The facility provided 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
- Weekly meetings and status check remarks (13 weeks)
- Results from monitoring (no retaliation, retaliation found [address and protection measures], end monitoring [unfounded or resident left program], extend monitoring

The completed forms for the other allegation document an affirmative check of disciplinary reports (number and types), changes in bed assignment (date of change if moved), negative performance review for staff, staff reassignment (date and location if reassigned).

The facility had one allegation where the resident victim was transferred to another facility during the administrative investigation. The resident was already scheduled to be transferred to another VOAHOIN facility due to her specific mental health needs. The facility documented all contact staff had with the resident which included:

- Rewards/violations
- Support
- Interventions
- Physical and mental health
- Chemical health

The monitoring ended once the allegation was determined to be unfounded.

The second allegation was reported by a former resident and no retaliation monitoring was required.

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

Review:

Policy and procedure

Investigation reports

Retaliation Monitoring Form

Interview with Program Director

Interview with PREA Coordinator

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
- Determine whether staff actions or failures to act contributed to abuse
- Document the investigation in a written report

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

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

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

- Date and time of incident
- Date incident was reported
- Type of allegation
- Alleged victim's name
- Alleged perpetrator's name
- Alleged perpetrator's status (resident or staff)
- How allegation was reported
- Evidence collected
- Witnesses name
- Statements
- Law enforcement referral
- Victim advocate or emotional support referral
- Forensic medical exam
- Separation from abuser

- Allegation determination
- Resident notification of determination
- SART referral
- 90-day retaliation monitoring

The auditor reviewed investigation reports from the allegations during the past twelve months. The facility received two allegations of staff sexual misconduct. Please see standard 115.222 for a summary of the investigations.

The auditor interviewed the PREA Coordinator, who is trained administrative investigator and two other trained administrative investigators during the onsite visit. The auditor was able to question the investigators on investigation initiation process, investigation techniques, investigating third-party or confinement facility referred allegations, credibility assessments, and referral for criminal investigations.

The PREA Coordinator reports she or an agency level administrative investigator will lead any investigations that involve a staff member. Facility investigators will assist in those investigations when needed. Investigations that involve residents only, will be investigated by facility investigators. The facility investigators will assist each other and confer with the PREA Coordinator in those investigations. The investigators also spoke about conducting trauma informed victim interviews, using a team approach when assessing evidence, and not relying on a resident's status to determine credibility.

When asked about investigation techniques, the Coordinator reports collecting as much collateral information as possible which can corroborate allegations or assist in credibility assessments. The PREA Coordinator states that while the facility is not required to offer Garrity or Miranda (not a public agency) the facility always errs on the side of caution and will contact the local legal authority anytime an investigation suggests criminal behavior. The facility is prohibited by agency policy to use polygraph examinations or other truth telling devices.

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 Toledo 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 refer allegations for criminal prosecution. When asked how the facility assists 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 St. Vincent Hospital by a trained Sexual Assault Nurse Examiner. She reports that the staff 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 Coordinator spoke of the allegation that was administratively substantiated and referred for a criminal investigation. The City of Toledo Police Department declined to investigate based on the evidence.

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

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

Review:

Policy and procedure

Administrative investigator training certificates

Investigation reports

Administrative investigator interview

Agency website

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 investigators, which included the PREA Coordinator, on the standard of proof used when making allegation determinations. All investigators report using 51% as the measure to substantiate an allegation.

The auditor reviewed the allegations from this audit cycle to verify the standard of proof used. All allegations were determined with that standard.

Review:

Policy and procedure

Investigation reports

Interview with PREA administrative investigator

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 provided the auditor with the Resident Notification Form that was used to inform the residents of the outcome of the investigation. The form included all required

elements of this standard. The form provides the disposition of the investigation and if substantiated, the outcome of the abuser.

The facility had two allegations during the past twelve months. Only one of the allegations required notification to the resident. The other allegation was reported by a former resident. The notification was signed and dated by the resident. Residents receive a copy of their signed and dated notification.

The PREA Coordinator reports she would be the person collecting all relevant information to complete the form and the Assistant Program Director will have the resident sign the notification and discuss the outcome.

- Review:
- Policy and procedure
 - Investigation reports
 - Resident Notification Form
 - Interview with Assistant Program Director
 - Interview with PREA Coordinator

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. Staff members are required to annually sign acknowledgement of personnel policies and procedures.

During staff interviews, staff acknowledged they received a copy of the employee handbook and agency zero tolerance policy during staff orientation. They understood that termination would likely result for substantiated allegations of sexual abuse and/or sexual harassment. Staff report that the agency makes clear the zero tolerance policy every training and during monthly staff meetings.

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 facility had two allegations against staff members. Both allegations were administratively investigated by a trained investigator. One allegation was determined to be unfounded while the other was determined to be substantiated. The staff member in this allegation was terminated from the facility.

Review:

Policy and procedure

Employee handbook

Employee files

Investigation reports

Employee interviews

Interview with Human Resource Manager

Interview with PREA Coordinator

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

Investigation reports

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. The residents also state that the resident handbook is posted in each of the housing units. The residents understood that a violation of the zero tolerance policies would result in termination from the program. During intake, the residents state that the zero tolerance policy is read to them and they sign an acknowledgment of receiving and understanding the policy.

The Reentry Support Supervisor staff are the first to interact with a resident upon arrival to the facility. The RSS staff will read the handbook and ensure understanding with the resident should there be any issues with reading or comprehension.

The auditor was able to interview six RSS staff members during the onsite visit. They provide PREA information along with a resident handbook. The staff ensure that the residents understand that no type of relationship between another resident or a staff member is allowed and that violations of the agency PREA policy can result in discipline including termination.

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 auditor reviewed all investigation reports. The facility had no allegations against residents; however, there was one allegation against a staff member where the determination was the resident filed a malicious allegation against a staff member. The resident received a rule violation for filing the false malicious report.

Review:
Policy and procedure
Orientation group

Resident handbook
Investigation reports
Interview with residents
Interview with Program Director
Interview with Correction Officer staff

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 VOA OHIN 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. VOA OHIN 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 (for VOA OHIN facilities that house female offenders)

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 partners including the Zepf Center. Medical services, including SANE

services will be provided by St. Vincent Hospital, while Rape Crisis services will be provided by the YWCA Rape Crisis Center. While there are residents that have been offered services, no resident has been sexually abused or harassed while at the facility. The Program Director reports all services related to sexual abuse are free of charge.

The auditor reviewed the services provided by the hospital (see standard 115. 221) and the rape crisis center (see standard 115.221 and 115. 253) to ensure the services meet the requirements stated in policy.

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.

Review:

Policy and procedure

Interview with PREA Coordinator

Interview with Program Director

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *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 (St. Vincent Hospital, YWCA Rape Crisis Center, and Zepf Center).

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. Males that are sexually abused while in the facility will receive appropriate medical attention. 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 an allegation of sexual abuse during this audit cycle where the resident victim required or requested medical, mental health or rape crisis services. One resident requested services of the facility's emotional support person, while the other resident was no longer housed at the facility. There have been residents that have had previous victimization and have been offered services.

Review:

Policy and procedure

Case notes

Interview with Program Director

Interview with the Assistant 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 Interim Senior VP of Reentry Services. The Program Director will insure that the facility implements recommendations within thirty days after the SART publishes its findings.

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

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

The facility conducted one SART. The team did not make any recommendations based on the SART's review of the incident details and investigation. The audit did discuss with team members the processes for reviewing substantiated or unsubstantiated sexual abuse allegations. The team would review previous reports, allegation motivation, victim care, policy and procedure review, staffing, facility vulnerabilities, and screening. The Program Director has the responsibility to ensure all recommendations are implemented after approval from senior administrative Leadership. The PREA Coordinator and Senior VP of Reentry Services would address needs that would require policy and procedure changes, supplementing electronic monitoring, and staffing levels. While the other investigation was determined to be unfounded, the when reviewing the incident details, it was decided to training staff on reporting all interactions, regardless how small, that staff have with residents outside of the facility.

Review:

Policy and procedure

SART review form

Interview with Program Director

Interview with PREA Coordinator

Interview with Assistant Program Director

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.

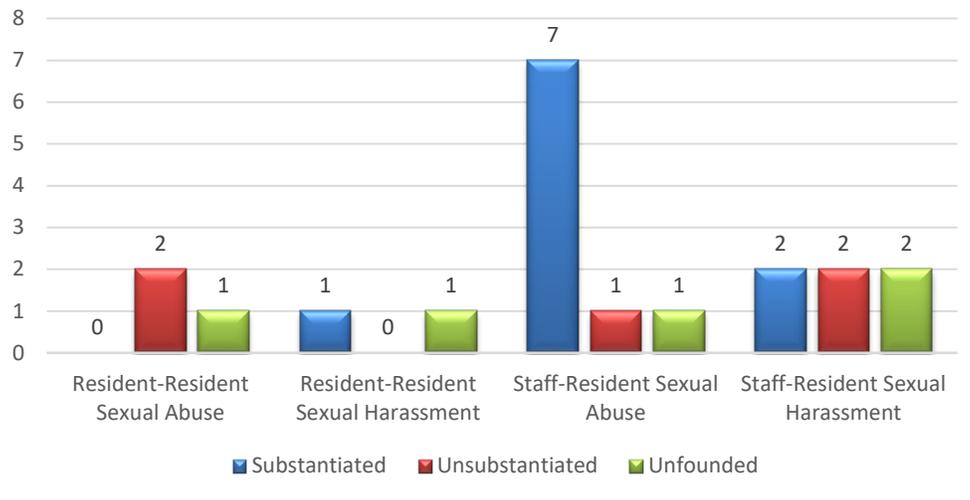
Policy P100:09 requires VOAHOIN to collect and maintain accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility's PREA Compliance Manager is responsible for collecting the data for every allegation 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 tool includes data on:

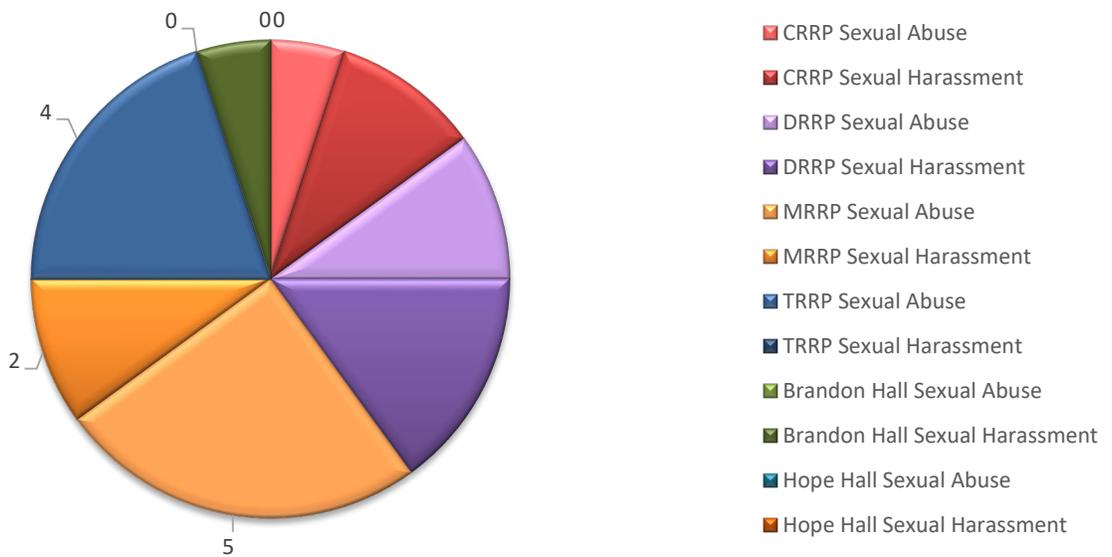
- Resident-to-Resident sexual abuse
- Resident-to-Resident sexual harassment
- Staff-to-Resident sexual abuse
- Staff-to-Resident sexual harassment
- Administrative investigations
- Criminal investigations
- Retaliation
- Staff training
- Resident education
- Initial and 30-day risk screening

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/2977/2020_PREA_Annual_Report_Ohio__Indiana.pdf. The auditor accessed the agency's website and reviewed the 2020 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all VOAHOIN operated facilities.

2020 PREA Investigations Outcomes by Case Type



2020 PREA Incident Reports (n=20)



Program Legend: CRRP – Cincinnati Residential Reentry Program
 DRRP – Dayton Residential Reentry Program
 MRRP – Mansfield Residential Reentry Program
 TRRP – Toledo Residential Reentry Program

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

Residential Reentry Programs allegation report (2018, 2019, and 2020)

Agency website

2020 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 report includes the following review:

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.

There are additional plans in CY2021 to continue updating cameras and security systems at the residential reentry facilities.

Further training opportunities were offered for PREA investigators in January during CY2020 to combat staff turnover. Additional investigators were trained covering a larger area across the state. Also the agency gained additional neutral PREA Investigators for any staff related investigations. Continued PREA trainings for all staff will be offered in the upcoming year.

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. The report can be found at https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/2977/2020_PREA_Annual_Report_Ohio__Indiana.pdf.

Review:

Policy and procedure

Agency website

2020 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 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's 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 report contains aggregated data on all VOAHOIN sexual abuse and sexual harassment investigations.

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. The report can be found at https://www.voahin.org/pdf_files/prea-outcomes-report.

Review:

Policy and procedure

Agency website

2020 PREA annual report

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. The agency has already conducted audits for the Mansfield, Dayton, Brandon Hall, and Cincinnati Residential Reentry Programs. The final audit report for those facility is posted on the agency's website.

The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, Lead Residential Supervisor and Assistant Program Manager escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, 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 resident files and 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 six weeks prior to the onsite visit. No resident or staff member requested to speak to the auditor prior to or

during the onsite visit. The auditor was able to interview the resident during the onsite visit and assist the resident with their concerns.

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 Toledo Residential Reentry Program is currently posted. The auditor reviewed the agency's website and verified that the final audit report for all facilities were posted.

This is year three of the current audit cycle. The facility has completed two audits during year one and two audits during year two of the audit cycle. The agency has a total of six

facilities and will have two audits conducted each audit year. The agency will have its last facility audited before the end of the audit year.

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.

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

Review:

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



Auditor Signature

December 7, 2021

Date

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

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