

# PREA Facility Audit Report: Final

**Name of Facility:** Cincinnati Residential Reentry Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 08/11/2023

**Date Final Report Submitted:** 01/09/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 01/09/ 2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	03/29/2023
<b>End Date of On-Site Audit:</b>	03/30/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Cincinnati Residential Reentry Program
<b>Facility physical address:</b>	115 W. McMicken Avenue, Cincinnati, Ohio - 45202
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Stacey Seif
<b>Email Address:</b>	stacey.seif@voaohin.org
<b>Telephone Number:</b>	4195649373

<b>Facility Director</b>	
<b>Name:</b>	Brian Schmidt
<b>Email Address:</b>	brian.schmidt@voaohin.org
<b>Telephone Number:</b>	513-926-1040

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	145
<b>Current population of facility:</b>	109
<b>Average daily population for the past 12 months:</b>	128
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	21-80
<b>Facility security levels/resident custody levels:</b>	1-4
<b>Number of staff currently employed at the</b>	39

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Volunteers of America Ohio and Indiana
<b>Governing authority or parent agency (if applicable):</b>	Volunteers of America, Inc.
<b>Physical Address:</b>	1780 East Broad Street, Columbus, Ohio - 43203
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	John von Arx
<b>Email Address:</b>	John.vonArx@voahin.org
<b>Telephone Number:</b>	317.686.5809

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Stacey Seif	<b>Email Address:</b>	stacey.seif@voahin.org

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-29
2. End date of the onsite portion of the audit:	2023-03-30

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Women Helping Women- RAPE Crisis Ohio Department of Rehabilitation and Correction/Bureau of Community Sanctions- External reporting option University of Cincinnati Hospital- SANE

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	145
15. Average daily population for the past 12 months:	128
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	97
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The facility did not have LEP residents, but ESL residents were interviewed for this characteristic.</p> <p>The agency provided the auditor with a list of residents and identified targeted areas.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>26</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>4</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>There were no volunteers present during the onsite visit. The Contract staff consisted of Aramark staff.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The facility provided the auditor with a list of current residents.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>7</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>

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

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have a segregated housing unit or isolated cells.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Resident supervisor staff from every shift were interviewed, as well as multiple program staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and the electronic resident database system.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views and the electronic resident database system.</p>

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	3	0	3	0
<b>Staff-on-inmate sexual abuse</b>	2	0	2	0
<b>Total</b>	5	0	5	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	2	0	2	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	3
<b>Staff-on-inmate sexual abuse</b>	0	1	0	1
<b>Total</b>	0	1	0	4

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	2	0	0
<b>Total</b>	0	2	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

5

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility had 7 allegations in the past twelve months. The auditor reviewed all investigation reports.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>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.</p> <p>Agency policy P100:09 provides definitions for all terms used in its PREA policies. These definitions include:</p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• Consent</li> <li>• Sexual Abuse- staff and resident</li> <li>• Sexual Harassment- staff and resident</li> <li>• Voyeurism</li> </ul>

- Nonconsensual Acts
- Abusive Sexual Contact

Affiliate Policy 500.15 states that all residents that are in the care of VOAHOIN resident and participate in safe facilities and programs free from sexual and other forms of abuse or harassment, financial and other forms of exploitation, retaliation, humiliation, and neglect. Residents, regardless of age, are unable to give consent for participation in any personal relationship, sexual contact, or any other nonwork related interaction with staff, volunteers, or contractors.

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

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

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

The facility's PREA Compliance Manger is the Program Director. The Program Director has taken on this role as of February 2023, and is responsible for ensuring day to day compliance with the standards and creating a culture where there is zero

	<p>tolerance for sexual abuse and sexual harassment. The auditor was able to interview with the Program Director during the onsite visit. He states that while he is new to the position, directors from other VOA/HIN facilities have assisted with providing training on how to maintain compliance with the standards. He reports that there has been lots of change, but leadership is developing processes and protocols to keep the facility on track. He states that he has an open door policy and tries to build a good rapport with staff and residents, so they feel comfortable approaching him with problems, issues, or concerns. When asked, the Compliance Manager states that he has sufficient time to ensure the facility is complying with all agency PREA policies.</p> <p>This auditor conducts audits for all VOA reentry facilities in Ohio and Indiana, and has had the opportunity to interview the Vice President of Reentry Programs, the Senior Director of Outreach and Program Development for Residential Reentry Programs, and the Director of Compliance, Quality Improvement, and Training.</p> <p>These Executive Level Management members all state that the PREA Coordinator is give must latitude in developing and implementing policies, procedures, and practices that ensure all VOA reentry facilities are in compliance with the PREA standards. They report that their function is to provide the PREA Coordinator with sufficient support to remove any barriers to compliance.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency table of organization</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Senior Director of Outreach and Program Development/RRP</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

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

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

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

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

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

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

**Lay out of facility**

Two-story building that houses both male offenders on the main floor and female offenders in the basements, with complete separation of the male and female residents. The male and female residents have their own dayroom, bathroom, laundry area, and dorm, while sharing a dining room, recreation room, and outdoor smoke pit that are used separately. Facility management review the facility regularly for blind spots and potential dead areas from camera view.

**Composition of residents**

The facility can house a maximum of 120 male offenders and 20 female offenders.

**Incident of sexual abuse**

The facility investigated ten reports of sexual abuse and sexual harassment during FY 22. Three allegations were determined to be substantiated.

**Deviations from staffing plan**

Policy calls for at least 3 staff persons in each facility 24 hours a day that are available and responsible for resident needs. When both males and females are housed in the same facility, at least one male and one female staff person should be on duty at all times. Generally this refers to RSS staff, though program staff help may be used to meet this ratio and provide coverage during their normal working hours. Emergency assistance is available from the local police departments.

Security staff call offs are covered by another security staff member whenever possible, with the Assistant Director and Senior Program Director providing coverage as needed on 2nd and 3rd shifts and program staff filling in on 1st shift during normal business hours.

The facility has struggled with RSS retention and is at risk of maintaining gender staffing patterns anytime there is a call-off. The facility is trying to address the issue through ongoing hiring.

**Prevailing staffing pattern**

Maximum staffing levels, with a minimum of three Reentry Support Specialist per shift.

First shift: Six Reentry Support Specialist

Second shift: Five Reentry Support Specialist

Third Shift: Four Reentry Support Specialist

Case Managers work 1st shift M-F, with one chosen late day per week (noon - 8 pm) and rotating Saturdays (1 CM is present on 1st shift each Saturday); Counselors work 1st shift M-F; Senior Program Director, Assistant Director and Clinical Supervisors work 1st shift M-F, with a rotating on-call schedule to respond to off hours needs at each program; Administrative staff work 1st shift Monday through Friday. Program staff and management may adjust their schedule to meet the needs of their current residents.

During the staff plan review, it was determined that the RSS staffing coverage at Cincinnati would remain at 6-5-4. While money is available to pay for overtime coverage and/or temporary security staff, any use of such should be limited and pre-approved. Case Management and other program staff will continue to be cross-trained on RSS duties so that they can provide security coverage, when necessary, during their normal working hours.

**Monitoring**

Video/audio surveillance is available in all group rooms, classrooms, dayrooms, rec



yard, smoke pits, hallways, and kitchen areas. Monitoring cameras can be done from each control center. Administrative staff with permission can also view the camera system from their desktops. Surveillance system has record and playback features of both audio and video. A Reentry Support Specialist is staffed at the control center, where they monitor cameras. Administrative staff, with permission, can view the camera system from their desktops. The auditor reviewed camera angles during the onsite visit, and received an electronic copy of all camera views.

During the onsite visit, the auditor toured all areas of the facility. The auditor was able to view the flow of movement around the facility and how residents accessed all areas.

**CORRECTIVE ACTION:**

Reentry Support Specialist (RSS) staff are required to conduct two counts per shift and rounds throughout the facility every 30 minutes. During the onsite visit, both female residents and RSS staff report that during reduced staffing levels, RSS staff are not posted on the female floor. One staff member will be posted in central control, where they can monitor cameras and sign residents/visitors in and out of the facility. The other RSS staff members on duty will attend to the needs of the residents on the floors by conducting constant circulations throughout the male and female housing unit. The female residents report during interviews that staff do not conduct regular rounds on the unit when staff is not posted on the floor. They report having to call central control during long stretches of time when staff has not come onto the floor in order to get needs met. RSS staff interviewed report that they will conduct a security round on the female unit periodically and will respond to any call made to central control. The auditor discussed with the PREA Compliance Manager and the PREA Coordinator the need to have a specific schedule, not periodic which is subject to individual interpretation, for conducting rounds when the staffing levels do not allow for a staff member to be posted on the female unit. The lack of supervision allows for increased risk of sexual abuse or sexual harassment.

**FACILITY RESPONSE:**

The facility has created post order for each shift. The post orders include the job duties expected at each post. RS staff that are assigned to dorms, are required to have "constant walk through", while the RS assigned to post 2 is required to conduct facility checks and counts. The facility has hired enough staff to have more than the minimum required for each shift, and has developed a staffing plan to cover posts when staffing levels fall to minimum levels.

The facility provided the auditor with shift logs that document RS staff completing rounds and counts during the corrective action period. The rounds are documented in SecurManage which allows for supervisors to run reports to verify rounds are being completed as required.

Review:

	<p>Policy and procedure</p> <p>Staffing plan FY 21, FY 22, and FY 23</p> <p>Floor plan</p> <p>Camera views</p> <p>Tour of facility</p> <p>Interview with RSS staff</p> <p>Interview with residents</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy P100:04 prohibits all strip searches, body cavity searches, and cross-gender enhanced pat-down searches of residents. The policy requires all staff to will be responsible for conducting pat searches to be properly trained on pat searches, cross-gender pat searches, and transgender/intersex pat searches. The policy states that cross-gender pat searches are only performed in exigent circumstances. The policy describes an exigent circumstance as any set of unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. The policy specifically prohibits searches for the sole purpose of determining genitalia.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Full account of the incident and staff involved</li> <li>• The exigent circumstance that necessitated the cross-gender search</li> <li>• How and when supervisory approval was obtained</li> <li>• The results of the search</li> </ul> <p>RRP policy 600:04 requires all staff with search responsibilities, receive training during orientation on how to conduct searches of residents. Training includes how to conduct a pat-down search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are notified of</p>

the agency's prohibition against cross-gender pat-down searches.

Pat-down Search:

A pat-down search is an inspection of a fully clothed person using a patting motion with the hands on the body of the subject.

- This type of search is only conducted on and by the same gender.
- The resident's groin area is not to be touched.
- This type of search will routinely be conducted with residents entering the building and randomly with residents in the building

Enhanced Pat-down Search:

Enhanced pat searches are conducted on a limited basis, based on contractual requirements.

- Only the Program Director or designee can authorize enhanced pat searches
- All enhanced pat searches are to be conducted in private, by at least (2) same sex as the resident staff members
- All enhanced pat searches must be thoroughly documented in the shift log and on an Unusual Incident Report
- Security staff will be trained in how to conduct searches of transgender and intersex residents, in a professional and respectful manner consistent with security needs
- Staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. This will be determined through conversations with the resident and by reviewing medical records.

As part of supportive documentation sent prior to the onsite visit, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training included video on appropriate pat search techniques for cross-gender and transgender searches (produced by the PREA Resource Center), respectful communication with LGBTI residents and safe management of LGBTI residents, and facilitated hands-on training on pat search techniques. These training also include instructions on whom to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. As part of the agency's training program, Reentry Support Specialist staff receive this training during orientation and annually thereafter.

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 male and female residents. The auditor inquired about searches as well as cross-gender announcements. All the residents interviewed have received at least one pat search during their stay at the facility.

The female residents interviewed stated that they have never received a pat search from a male staff member. They report that male staff members will call for a female staff to conduct a pat search, or if a female staff is not available at the moment, will use a security wand on them. The female residents interviewed stated that during staff walk-throughs, staff would announce before coming onto the dayroom floor and knock on the entrance door to the housing unit and then announce their presence before entering into the room. The residents report that when male staff conduct rounds on the female unit, there is always another staff member with them. Female residents report that no male staff member has ever searched the bathroom. When questioned on incidental viewing, female residents did not report any incident of incidental viewing from a member of the opposite sex. While the dorm rooms have solid door entrances, there are cameras in each dorm. Residents are required to change in the bathroom due to the cameras. Male staff members are still required to knock before entering the dorm room or bathroom. The auditor was able to see this practice during the onsite visit.

All the male residents interviewed stated that at some time during their stay, they have had a security wand used on them by a female staff member, but never an actual pat search. They stated that all hands-on searches were conducted by a male staff member. When asked about cross-gender announcements, all residents stated that anytime a female staff enters the bathroom, she first knocks and then announces herself before entering into the room. None of the male residents interviewed reported any incidental viewing from a member of the opposite sex. The dorm rooms do not have a door at entrances, and there are cameras in each dorm. Residents are required to change in the bathroom due to the cameras. Female staff members are still required to knock before entering the dorm room or bathroom. The auditor was able to see this practice during the onsite visit.

The facility has two housing units (one male and one female). The female bathroom is located inside the dorm area. There is a wide entrance, but you cannot see into the bathroom unless you step inside the entryway. To the right of the entrance are three toilet stalls with doors. On the far wall next to the toilet stalls is a single use handicap bathroom that is equipped with a toilet, sink, and shower. There is a solid door at the entrance to the handicap bathroom and is only used for handicap residents, transgender residents, or other identified high-risk residents. Farther into the bathroom, there are six sinks with mirrors above and across from the sinks is the multiuse shower area. There is a shower curtain at the entrance of the shower area. There are eight shower heads inside the shower area.

The males share a bathroom that has an entrance point from the dayroom and from the large dorm room. Both entrance are open, but residents cannot be seen from outside the bathroom. At the entrance from the dorm room, to the left, are three urinals and four toilet stalls with curtains. Farther in the bathroom are the shower

and sink areas. The shower area has a narrow entrance with a shower on either side of the entrance wall. There is another small entrance to a multiuse shower area. There is a curtain at the entrance of the multiuse shower entrance. The male unit also has a single use handicap bathroom with a solid door at the entrance. The door is locked unless the facility is housing a handicap resident, transgender resident, or other identified high-risk resident. On the opposite side of the shower area is an L-shaped sink area with mirrors above. The configuration of each bathroom allows residents to shower, change clothing, and perform bodily functions with as much privacy as possible without compromising the safety of the facility.

The auditor conducted Reentry Support Specialist interviews, including the lead Reentry Support Specialist. All staff interviewed indicated that they received annual training on how to conduct proper pat searches and to use the security wand to perform a pat search on a member of the opposite gender. The RSS staff report that it is not the practice of the facility to conduct cross gender pat searches. They state that if necessary, they can call on an RSS staff member to central control to conduct a same gender search. They all state that at no time do they conduct strip or body cavity searches. When questioned about transgender searches, most of the RSS staff, which has under six months of employment, report that they have never worked with a transgender resident. RSS staff that have worked at the facility longer than six months report that in the last twelve months they have housed one transgender resident. The resident was only at the facility for a few days before contacting a probation office and requesting to be removed from the program. The RSS staff that worked with the transgender resident report that the resident was housed on the male floor and male RSS staff conducted pat searches. The resident was permitted to use the single use bathroom during the stay. There were no issues reported related to pat searches during the stay.

The auditor interviewed the Resident Support Specialist Supervisor and the Assistant Program Director during the onsite visit. They report that during new hire training, RSS staff will watch the guidance on cross-gender/transgender training video, and receive hands on training. They report that while the staff are trained on cross-gender pat searches, it is the policy of the agency to only allow cross gender staff to conduct searches of residents using a security wand. The APD reports that staff are regularly monitored conducting searches and will be retrained if necessary. She also reports that since the last audit cycle, the facility has had two transgender residents. One resident was housed in the female unit. The resident was searched using a security wand and provided private shower times. The resident went AWOL and was not at the facility very long. The second transgender resident was housed on the male unit. The resident was searched by male staff and provided the use of a single use bathroom. This resident was at the facility under a week before requesting alternative placement. There were no problems report concerning pat searches, bathroom accommodations, or announcements.

Review:

Policy and procedure

	<p>Training curriculum</p> <p>Training video</p> <p>Training course records</p> <p>Facility tour</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Interview with Assistant Program Director</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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.</p> <p>The policy requires the Program Director or designee to ensure that special assistance is available for residents with language and literacy problems. During orientation, assigned staff will read and explain all rules and regulations of the program to the residents if needed, including information about sexual abuse/ assault. Local service agencies will be contacted for further assistance if needed. There is no additional cost to the resident for any services provided.</p> <p>The facility will:</p> <ul style="list-style-type: none"> <li>• Contact local agencies or educational institutions with foreign language or literacy departments for assistance with residents who are limited English proficient</li> <li>• Persons with learning disabilities or literacy issues will have all material read and explained in simple language</li> <li>• Provide auxiliary aids for sensory-impaired residents</li> </ul> <p>The policy does not allow for the facility to rely on resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the</p>

resident's safety, the performance of first responder duties, or the investigation of the resident's allegations.

The policy requires the Program Director or designee to ensure that special assistance is available for residents with language and literacy problems. During orientation, assigned staff will read and explain all rules and regulations of the program to the residents if needed, including information about sexual abuse/assault. Local service agencies will be contacted for further assistance if needed. There is no additional cost to the resident for any services provided. The Program Director reports that he has not had to request the services of interpreter or translation services.

PREA posters, brochures, and the resident handbook in Spanish are readily available. The facility can publish these materials in any language needed through Google Translate. Several staff members are able to report during interviews that the facility has not housed a resident that is limited English proficient; however, have had residents where English is the resident's second language. These residents are offered material in their preferred language. The facility provided the auditor with documentation of these materials in Spanish.

The staff also report working with a resident that is hard of hearing. The staff reporting making limited accommodations such as speaking louder and making direct eye contact with the resident. No staff member reports working with a resident that was blind or had low vision.

The Program Director reports that if onsite translation/interpretation services are needed, the facility can use the services so Vice Versa Translation Services, Affordable Language Services, Translations Unlimited, and Cincilingua Inc.

The first shift Reentry Support Shift Supervisor reports that all resident intakes (new or transfers) are provided a resident handbook. The RSS staff will review the major points of the handbook with the resident, including facility rules and PREA. After residents have received education, they are required to sign an acknowledgement. In addition to basic information provide at intake, the residents receive a more comprehensive education during orientation group.

The Supportive Services Manager (SSM) facility conducts orientation group for the residents. The auditor was able to interview the SSM during the onsite visit. The SSM states that she provides the residents with a PREA pamphlet (rape crisis information), materials containing information on PREA, reporting options, how to keep safe, confidentiality, and the handbook. She states that she has had one resident recently who needed assistance with reading the material. She provides one on one assistance with any resident that needs extra help. She reports that she has not had a resident that has needed additional assistance with interpretive services or auxiliary aids. She reports that she would receive notice from intake personnel if she would need to obtain assistance for a resident that was limited English proficient, deaf or hard of hearing, blind, or some other cognitive or physical disability that would prevent them from benefiting from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

	<p>The auditor was able to interview residents that have been identified as having a physical, mental, and cognitive disabilities; and English as a Second Language. The residents were able to discuss the information they received at intake concerning their rights under the agencies PREA policies. Some residents reported being assisted one on one with staff during orientation and for groups. Other residents report needing no assistance in benefiting from the agency's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interpreter services in Cincinnati, Ohio</p> <p>Staff training curriculum</p> <p>Spanish language resident handbook</p> <p>Spanish language posters</p> <p>Targeted resident interviews</p> <p>Interview with Program Director</p> <p>Interview with Supportive Services Supervisor</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution</li> <li>• 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</li> <li>• Has been civilly or administratively adjudicated to have engaged in the previously described activities</li> </ul> <p>The auditor was provided a copy of the agency's employment application. The application, for both internal and external candidates, has a self-reporting question regarding allegations of sexual misconduct in the community and while working in an institution. While reviewing employee files, employees who completed applications within the agency's ADP system had the self-reporting questions.</p>



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 auditor interviewed the Human Resource Manager, who states that all VOA facilities have a contract with the FBOP that is renewed every five years. During the contract renewal, the FBOP requires all staff who have contact with FBOP offenders have an updated background check. All staff members, even those who have recently received a background check, will receive one. 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 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/

	<p>volunteer of the facility.</p> <p>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.</p> <p>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.</p> <p>During the interview of the Human Resource Manager, the auditor requested information concerning promotions and employee discipline. The HR Manager reports that all internal applicants for a job must complete an application, complete a sexual misconduct self-report form, and submit to another background check. If the employee passes the initial review of requirements, another interview will be completed and the potential supervisor will be made aware of any disciplinary problems.</p> <p>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.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Employee files</li> <li>Employee background checks (initial and re-check)</li> <li>Applications</li> <li>Reference checks</li> <li>Disciplinary records</li> <li>Interview with Human Resource Manager</li> </ul>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Agency policy P100:03 states that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, the Program Director and executive level leadership will consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse. The executive level leadership will solicit feedback from the agency’s PREA coordinator to ensure sexual safety considerations have been made.</p> <p>The Program Director reports to the auditor that the facility has not acquired any new facility, nor is it planning any substantial expansion or modification of the current facility.</p> <p>The policy also states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Program Director and executive level leadership will consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. Executive level leadership will solicit feedback from the agency’s PREA coordinator to ensure sexual safety considerations have been made.</p> <p>The facility has not placed a new electronic monitoring system in the facility but has upgraded several cameras and increased the video storage space.</p> <p>The PREA Coordinator reports that all facilities will address electronic monitoring needs as the budget allows.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with the Program Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <ul style="list-style-type: none"> <li>• Reporting process, including the creation and availability of call trees</li> <li>• Actions to be taking by staff first responders</li> <li>• Access to forensic medical examination</li> <li>• Access to victim advocate</li> <li>• Notification of local law enforcement, when necessary</li> </ul>

- 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 Cincinnati Police Department.

The facility has requested the Cincinnati Police Department enter into a Memorandum of Understanding with the facility to investigate all criminal allegations of sexual abuse or sexual harassment at the facility using a uniform evidence protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The police department has not responded to the MOU. The PREA Coordinator discussed with the auditor the difficulties she has had trying to get the department on board with investigating allegations between a staff member and a resident when the relationship is "consensual." She has and will continue to refer all allegations that appear to be criminal in nature to the Cincinnati Police Department.

The agency has twenty-eight trained administrative investigators, with three staffed at this facility. The facility investigators will conduct investigations in allegations that involve resident abusers. Allegations that involve staff abusers will be investigated by agency administrative investigators who not work in a facility.

The facility has a Memorandum of Understanding (MOU) with SANE of Butler County. The MOU outlines the services SANE of Butler County will provide residents of the VOA. The services include:

- Sexual assault medical forensic examination
- Medications for the prevention of sexually transmitted infections
- Confidential services regardless of whether a victim reports the crime
- Referrals for 24-hour medical, legal, and court accompaniment, and personal advocacy

SANE of Butler County has partnered with University of Cincinnati Medical Center to have all examinations take place at the hospital's emergency department.

The auditor was able to communicate via phone with a representative from SANE of Butler County post onsite visit. The representative verified the continued partnership with VOA and confirmed the information in the MOU and the partnership with University of Cincinnati Medical Center and that services are offered free of charge. The representative states that all forensic examinations are conducted according to the Ohio Department of Health and Ohio Attorney General protocol for Treatment of Sexually Assaulted patients. She states that examiners are also able

	<p>to provide expert witness testimony regarding the forensic standards and nursing scope of practice.</p> <p>The facility has a MOU with YWCA of Greater Cincinnati to provide advocate services to any resident victim of sexual abuse, assault, or harassment. The MOU outlines the services that the YWCA will provide to resident victims. The services include:</p> <ul style="list-style-type: none"> <li>• Provide a counselor to a resident victim of sexual assault</li> <li>• Crisis Counseling</li> <li>• Safety planning</li> <li>• Information and referrals</li> </ul> <p>The auditor was able to communicate via phone with a representative from YWCA of Greater Cincinnati post onsite visit. The representative confirmed the services available to resident victims of VOA.</p> <p>The facility does not have an onsite victim support person; however, SANE of Butler County and YWCA of Greater Cincinnati ensure a victim advocate is readily available for any victim of sexual abuse.</p> <p>The facility has provided the auditor with documentation of administrative investigator training.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with SANE of Butler County</p> <p>MOU with YWCA of Greater Cincinnati</p> <p>Phone correspondence</p> <p>Partner agencies websites</p> <p>Training certificates</p> <p>Interview with PREA Coordinator</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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\\_VOAOHIN.pdf](https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/453/Investigation_Protocols_VOAOHIN.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 had seven allegations of sexual abuse and sexual harassment in the past twelve months. The auditor reviewed the following investigations:

Investigation #1-3: The facility received a third party allegation from residents that three residents were being sexually harassed and touched by another resident. The allegation was reported to the facility after the alleged abuser went AWOL from the facility. The allegation was administratively investigated and determined to be substantiated. All resident victims and witnesses were offered medical and mental health services but declined.

Investigation #4: The facility received an external third party allegation that a staff member was having an inappropriate sexual relationship with a resident. The resident was no longer in the facility; however, the staff member still works at the facility. The allegation was administratively investigated and determined to be unfounded.

Investigation #5: The facility received an external third party allegation from a Probation Officer that a former resident wanted to report an inappropriate relationship with a staff member. The resident provided evidence of the relationship. The allegation was determined to be substantiated, and the staff member was terminated from her position.

Investigation #6: A resident made a verbal report that a staff member sexually harassed her. The staff member accused no longer worked at the facility. The allegation was administratively investigated and determined to be unfounded. The investigator reviewed clear evidence that the allegation never took place.

Investigation #7: A resident made a verbal report that a staff member tried to touch him sexually. The allegation was administratively investigated and determined to be unfounded.

Review:

Policy and procedure

Agency website

Investigation reports

<b>115.231</b>	<b>Employee training</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 792">Agency policy P100:02 states that VOA of Ohio and Indiana (VOAOHIN) ensures that all members of the workforce at residential reentry programs who may have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures; and that members of the workforce receive all necessary ongoing training related to sexual abuse and sexual harassment prevention, detection, and response. The policy defines workforce as all individuals (employees, volunteers, interns, and contractors) who may have contact with residents if, within the scope of that person’s official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a resident over any period of time.</p> <p data-bbox="280 833 1391 990">Staff complete training through an online training system (Relias) and through facilitated in-person training. The auditor was provided the agency’s training curriculum and training overview, as well as a course completion list. The training topics include:</p> <ul data-bbox="354 1061 1455 1509" style="list-style-type: none"> <li>• PREA Cross-Gender and Transgender Pat Searches</li> <li>• Sexual Harassment for Employees</li> <li>• Practice for Paraprofessionals for Managing Common Boundaries Situations</li> <li>• Working More Effectively with the LGBTQ+ Community</li> <li>• PREA: Dynamics of Sexual Abuse in Correctional Systems</li> <li>• PREA: Introduction and Overview</li> <li>• PREA: Reporting Obligations and Retaliation Protections</li> <li>• Safe Management of Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning, and Intersex Populations</li> <li>• Working with Women Offenders in Correctional Institutions</li> <li>• Agency Zero Tolerance Policies</li> </ul> <p data-bbox="280 1550 1439 1706">Along with training that meets the requirements to standard 115.231, the agency also provides employees with training that also improves the facility’s ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. This training includes:</p> <p data-bbox="280 1747 746 1783">Guideline for Workplace Conduct</p> <ul data-bbox="354 1854 746 2056" style="list-style-type: none"> <li>• No fraternization</li> <li>• Professional integrity</li> <li>• Conflicts of interest</li> <li>• Non-reprisal for reporting</li> <li>• Scope of practice</li> </ul>

- Termination offense

Whistleblower Policy

Anti-Harassment Policies

Personnel Policies

Zero Tolerance Policies

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

Standards of Conduct

Grievance Procedures

Conditions of Employment

Site specific on the job Training

- Security
- Policy manual
- Culture

Confidentiality/Limits to Confidentiality

Title VII of the Civil Rights Act of 1964

Professional Client/Staff Relationships

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.

The facility provided the auditor with PREA training completed by VOAHOIN staff that do not work directly with residents, but may work in the same facilities or visit the facility on a regular basis. The training topics for these staff members include:

PREA: An introduction and overview

PREA: Reporting obligations and retaliation protections

During interviews of staff, all staff reported receiving training during onboarding and through Relias (an online Learning Management System). Through questioning, the staff report learning the reporting protocols and how to keep residents separate



once an allegation is reported. Some staff members were able to provide more details of training than others; however, that may be due to the newness of most of the staff.

The PREA Coordinator reports that training is tracked through the training department through the Relias system. She states that the system is set up to provide reminders to supervisors for employees who have not completed mandatory training. The facility provided the auditor with a PREA training completion list for employees. The report shows that at the time of the report, seven of the thirty-three employees have not completed training- 79% completion rate. The Program Director reports that the completion rate is reflective of the increased turn-over rate. He has recently taken on the role of Program Director and will be taking a more active role in ensuring staff are completing mandatory training timely.

The Assistant Program Director reports that she has developed an On The Job training packet given to all new hires, and plans are in the works to create a training supervisor role for a Reentry Support Specialist Lead. This will allow the facility to ensure all new hires get PREA training within the first week, and that the training is consistent because it will be provided by the training supervisor. The training supervisor will also track training in Relias to ensure completion.

Review:

Policy and procedure

Relias training curriculum

Course Completion records

New hire checklist

Professional client-staff relationships

Managing Common Boundaries

PREA brochure-staff

PREA attestation statements

Interview with staff

Interview with Program Director

Interview with Assistant Program Director

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

VOAOHIN policy P100:02 ensures that all members of the workforce at residential reentry programs who may have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures; and that members of the workforce receive all necessary ongoing training related to sexual abuse and sexual harassment prevention, detection, and response. The policy defines workforce as all individuals (employees, volunteers, interns, and contractors) who may have contact with residents if, within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a resident over any period of time.

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 of 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. The staff at Aramark that work in any type of confinement facility will receive PREA training from Aramark. The training provided by the company includes the topics:

- What is PREA
- Definitions of sexual harassment, sexual abuse, sexual contact, and consent
- How does PREA apply to Aramark
- How does Aramark comply with PREA- Responsibilities of an Aramark employee under PREA
- Reporting a PREA incident
- Aramark's harassment policy and why it is important
- Manipulation and PREA
- Personal VS Personable

The auditor was able to speak with the kitchen manager, who states that staff are trained on the requirements of PREA before they can work at the facility. The facility provided the auditor with Aramark's training curriculum.

The facility has in the past twelve months used a staffing agency to provide contract RSS staff. The facility provided the auditor with a list of contract RSS staff that had worked at the facility. The course these staff members were required to complete included:

- Practice for Paraprofessionals for Managing Common Boundary Situations
- PREA: An Introduction and Overview

- PREA: Dynamics of Sexual Abuse in Correctional Systems
- PREA: Reporting Obligation and Retaliation Protections
- Safe Management of LGBTIQ Populations
- Sexual Harassment for Employees
- Working with Women Offenders in Correctional Institutions

The facility has terminated the contract with the staffing agency due to continued issues with the contract staff. The facility provided the auditor with documentation of the contract termination, therefore the auditor was unable to interview any of these staff during the onsite visit.

All visitors to the facility must read and sign a PREA Zero Tolerance Acknowledgement before being allowed into the secure perimeter of the facility. The auditor was required to sign the acknowledgement each day of the onsite visit.

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

Review:

Policy and procedure

Contractor/volunteer acknowledgement

Volunteer Standards of Conduct

Contractor training plans

Letter terminating contract

Aramark shield training

Visitor log

Intern/volunteer packet

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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 residents are also given a PREA handout that has recently been updated. This handout gives a history of the PREA act, definitions of prohibited behaviors, risk screening, use of screening information, reporting options, and available resources.

The first shift Reentry Support Shift Supervisor reports that all resident intakes (new or transfers) are provided a resident handbook. The RSS staff will review the major points of the handbook with the resident, including facility rules and PREA. After residents have received education, they are required to sign an acknowledgement. In addition to basic information provide at intake, the residents receive a more comprehensive education during orientation group.

The Supportive Services Manager (SSM) facility conducts orientation group for the residents. The auditor was able to interview the SSM during the onsite visit. The SSM states that she provides the residents with a PREA pamphlet (rape crisis information), materials containing information on PREA, reporting options, how to keep safe, confidentiality, and the handbook.

The policy requires the Program Director or designee to ensure that special assistance is available for residents with language and literacy problems. During orientation, assigned staff will read and explain all rules and regulations of the program to the residents if needed, including information about sexual abuse/assault. Local service agencies will be contacted for further assistance if needed. There is no additional cost to the resident for any services provided. The Program Director reports that he has not had to request the services of interpreter or translation services. For specific details on how the facility provides accommodations to ensure that all residents are able to benefit from the agency's efforts to prevent, detect, respond, and report sexual abuse and sexual harassment, see standard 115.216.

The auditor interviewed sixteen residents during the onsite visit. The residents report receiving basic information at intake from an RSS staff member and more comprehensive education during orientation group. It was the first day for one resident interviewed. The resident reported that someone sat down with her and provided her a bunch of paperwork. She states that the staff member reviewed the paperwork, and then she signed an acknowledgement of receiving the facility handbook and PREA zero tolerance policy. She reports that she did not have any questions or issues understanding the facility rules or PREA because they are "basically the same everywhere." Residents that have been through orientation group report the instructor reviewing major points of the handbook and then instructing the residents to read the other parts of the handbook on their own; the grievance policy and how to write a grievance; reporting PREA and the options for reporting; resident rights and responsibilities, and the disciplinary policy.

The auditor reviewed the orientation group curriculum. The curriculum provides instructors with specific language and handouts to review with residents. This allows for consistent information to be provided to all residents at all VOAHOIN facilities, but adjusting the reporting avenues to the specific facility. The education in the curriculum includes:

- Facility responsibilities
  - Report criminal activity to appropriate authorities
  - Commitment to a policy of zero tolerance for resident abuse or exploitation
  - Ensure residents that are LEP, deaf, or disabled are able to report sexual abuse directly, through interpretive technology, or through non-resident interpreters
  - Make accommodations to convey all written information abuse sexual abuse policies, including how to report sexual abuse, verbally

to resident who have limited reading skills or who are visually impaired

- Resident Rights
  - Be informed of available program services
  - Consent or refuse any service, treatment, or therapy (refusing some treatment may result in removal from program)
  - Confidentiality of communications and identifying information within the limitations and requirements for disclosure of resident information under state and federal law
  - Know the cost of services
  - Exercise one's own resident rights without reprisal
  - File a grievance in accordance with program procedures
  - Receive written and oral instructions concerning the procedure for filing a grievance
- Grievances
  - Describe the difference between a grievance and a complaint
  - Right to due process in filing a grievance
  - No resident will be harassed nor will punitive action be taken for filing a grievance
  - Information that must be included in grievance
  - Procedure and timeline for addressing complaints
  - Procedure and timeline for addressing grievances
  - Grievance assistance
  - Filing a grievance with an outside agency
- PREA
  - Residents will not be subject to any incidents of sexual harassment or sexual victimization, which includes but is not limited to: sexual flirtation, touching, advances, or propositions; verbal abuse; graphic or suggestive comments about attire, body, gender, or sexual orientation; sexually degrading words to describe an individual; the display of sexually suggestive objects or pictures, including nude photographs; sexual abuse/assault; or other similar offensive conduct.
  - Reporting options (staff, hotline, third-party and verbally, written, and anonymously)
  - Free emergency medical and mental health care
  - Access to victim advocate and emotional support
  - Mandated reporting for all staff
  - Information listed on handouts

\*The information listed in this report is an abbreviated list of information presented during orientation group.

The auditor was able to reviewed signed acknowledgements, and post test results from orientation group.

During the tour of the facility, the auditor noted various posters in English and

	<p>Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident intake packet</p> <p>Resident handbook</p> <p>Orientation group materials</p> <p>Resident PREA acknowledgement</p> <p>PREA brochure</p> <p>PREA posters (English and Spanish)</p> <p>Resident files</p> <p>Interview with residents</p> <p>Interview with Orientation group facilitator</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Techniques for interviewing sex abuse victims</li> <li>• Proper use of Miranda and Garrity warnings</li> <li>• Sexual abuse evidence collection in confinement settings</li> <li>• Criteria and evidence required to substantiate a case for administrative action or prosecution referral</li> </ul> <p>The auditor was provided the Sexual Assault Investigation Training curriculum used to train staff on administrative investigations. The Curriculum and training was provided by the Massachusetts Department of Corrections. The training includes:</p>

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

The training was appropriate for the requirements of this standard. The PREA Coordinator and the Senior Director for Ohio Reentry Programs 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 twenty-eight trained administrative investigators, both agency and facility. The Program Director and the Assistant Program Director are the primary investigators for the facility. The auditor interviewed all three investigators during the onsite visit. The investigators discussed the techniques learned from the training including trauma informed interviews, removing biases, evaluating evidence, and preponderance of evidence versus reasonable doubt. Because the facility is part of a private, nonprofit agency, the rules to Garity and Miranda do not apply; however, the investigators report to the auditor that when an allegation involves a staff member, the PREA Coordinator will take the lead in the investigation and refer to the local police department if the allegation seems to be criminal in nature. The administrative investigation will resume after a criminal investigation or with permission from the legal authority.

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



	<p>Review:</p> <p>Administrative training curriculum</p> <p>Administrative investigator training certificates</p> <p>Interview with PREA Coordinator</p> <p>Interview with facility and agency administrative investigators</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Cincinnati Residential Reentry Program 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.</p> <p>Medical treatment for residents will be provided by the University of Cincinnati Hospital. The facility has a Memorandum of Understanding (MOU) with SANE of Butler County. The MOU outlines the services SANE of Butler County will provide residents of the VOA. SANE of Butler County has partnered with University of Cincinnati Medical Center to have all examinations take place at the hospital's emergency department.</p> <p>Mental health treatment for residents will be provided by either McMicken Clinic or Greater Cincinnati Behavior Health, depending upon the status of the resident.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with Sane of Butler County</p> <p>Interview with PREA Coordinator</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:06 requires all VOAHOIN operated residential reentry facilities to assess all residents for risk of sexual victimization and abusiveness during intake, upon transfer from another facility, at 30-days after arrival, and as warranted thereafter.</p>

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 spoke to the Lead Case Manager, who reports that the facility conducts risk assessments on all residents on their admission date or the next day, depending upon when the resident arrived at the facility. The resident's assigned case manager will administer both the initial and 30-day reassessment. He reports that the facility will conduct a reassessment due to an allegation or additional information that may impact a residents' classification. When discussing his process for conducting the tool, he reports he likes to conduct the assessment after he has already reviewed the resident's institutional summary and has conducted the resident's Ohio Risk Assessment System tool. This allows him to collect collateral information before interviewing the resident for the PREA risk assessment. He states that he will verbally ask each question (differently than listed on form) and will watch the resident's body language. When questioned about quality assurance and how the facility ensures that reassessments are conducted within the 30-day time restriction, he admits that not all reassessments are being conducted within the required time frame. He reports that this is due to high turn over in the case manager position.

The auditor interviewed another case manager and discussed her process for conducting the PREA risk assessment tool. The case manager reports that she will review a resident's institutional summary and ORAS for supplemental information before providing the resident with the risk screen. She states that she gives the form to the resident and allows the resident to complete the form, and will answer

any question the resident may have.

The Supportive Services Manager oversees case management staff. She reports that as corrective action to the non-compliance with the 30-day risk screening, the facility has developed a spreadsheet that will document all new residents and their admission date. The form will then autopopulate dates for required assessments and interventions. This allows her to run reports and ensure assessments are being completed in a timely manner. When discussing the case manager who was allowing the residents to complete the assessments on their own, she reports that the assessment tool is no longer on paper and that the case manager will be give additional training on the correct method for using the instrument.

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 were able to discuss the assessment completed by their case managers. All residents report understanding the reasoning for the assessment and did not have an issue with answering the questions.

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

The Supportive Services Manager discussed with the auditor the facility's security protocols to ensure that information provided on the risk assessment is not used against the resident. She states that the old system required after an assessment is completed, the assessment will be placed in the resident's file. The file is assessable to treatment staff, with other staff being provided the classification when necessary for housing, work, programming, and educational purposes. The assessment is now on the agency's SecurManage resident database system. The system allows for the control of access to information. This process allows for the assessment to be available to treatment staff, with other staff being provided the classification when necessary. The details of assessment are not shared.

**CORRECTIVE ACTION:**

	<p>The facility is not completing all assessments within the 30-day timeframe as required by the standard. The facility has already begun a corrective action plan to ensure assessments are being completed in a timely manner. The facility will need to show documentation of a continued pattern of compliance with the standard.</p> <p><b>FACILITY RESPONSE:</b></p> <p>PREA risk assessments are now being completed within SecurManage. The SecurManage system provides task alerts to both the tool administrator and the supervisor. The alert will assist the staff in completing assessments on time, and allow the supervisor to ensure the reports have been completed. The system also allows for the PREA Coordinator to provide permissions to staff in order to protect the information that is contained in the report.</p> <p>The facility provided the auditor with assessments and reassessments that were completed in the system, and a report that documents the timeliness of the reports during the corrective action period.</p> <p><b>Review:</b></p> <p>Policy and procedure</p> <p>Initial risk assessment</p> <p>Reassessment 30 day</p> <p>Interview with case managers</p> <p>Interview with residents</p> <p>Interview with Supportive Services Manager</p> <p>Interview with Program Director</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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.</p> <p>Policy P100:15 describes how the facility will use the screening information. It states:</p>

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

The Program Director has identified the facility's plan to keep separate residents identified as high risk of victimization from those identified as high risk of abusiveness. In the female housing unit, there is only one dorm. The facility would place one resident on one side of the dorm and the other resident on the other side. Both residents would be placed in a bed that has clear line of site views to a camera. The male housing unit has a small dorm that is separate from the larger dorm that is divided into sections. The Program Director reports that vulnerable residents can be placed in the small dorm, while those that screen as more abusive will be housed in the dorm section near the staff post desk. The residents will also be placed in a bed that has clear line of site views to a camera.

As for programming, work assignments, and education, the Program Director reports that the facility tries not to assign residents of opposite classification to the same schedule. Should residents of opposite classification be grouped together for various activities or programs, he reports that staff would be aware to monitor the residents closely. He reports that these residents may have contact with each other off site.

The Supportive Services Manager and case managers report offering mental health services to any resident that reported previous victimization during the risk screening. The services would be provided in the community for residents with a Post Release Control status, and Greater Cincinnati Behavior Health would come to the facility to provide services for any Treatment Control or Treatment Transfer resident. The auditor interviewed a resident that reported previous institutional abuse during his risk screening. The resident states that he reported the abuse while at the institution and received services. He reports that he is currently receiving mental health services for other issues and would use the counseling for any victimization issues if necessary.

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

The agency recognizes that residents that who identify as transgender or intersex are at greater risk of being sexually abused and therefore, the Program Director or

designee will consider the following when determining housing and program assignments:

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

The facility has housed two transgender residents since the last PREA audit. The staff that worked with these residents report that while neither of the residents was at the facility for very long, there were no issues or allegations during their stay. The staff report one resident was housed in the male housing unit and the other in the female unit (the residents were not at the facility at the same time). The resident that was housed in the male unit was provided a separate single use bathroom to use, and the resident that was housed in the female unit received reserved private shower time. There was no transgender/intersex resident present during the onsite visit.

The PREA Coordinator reports that when a transgender resident has been approved for placement, leadership will develop a safety plan that includes the resident's concerns.

The auditor interviewed management, program, and operational staff during the onsite visit and questioned each on their experience working with residents that identify as lesbian, gay, bisexual, transgender, and/or intersex. A few staff report that they have experience working with residents in the LGBTI community, and have been trained on how to keep these residents safe while at the facility. The staff report being informed of any accommodations necessary, and if the resident request pronouns that are different from those assigned at birth. No staff member reported being uncomfortable working with LGBTI residents.

The auditor met with residents during the onsite visit that identify as gay, lesbian, or bisexual. The residents report feeling safe, and did not feel as if their dorm assignment was based on their sexuality.

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

**CORRECTIVE ACTION:**

During the onsite visit, residents that were interviewed reported moving beds the day before the onsite visit. When they questioned the reason for the bed moves, they were told because of PREA. RSS staff interviewed confirmed that they were

	<p>told to move resident bed placement based on their risk classification. Residents should be immediately moved to a designated dorm or bed once the facility has classified them to ensure they are separate from residents of opposite classification. The facility must demonstrate that they are making these selections soon after classification.</p> <p>FACILITY RESPONSE:</p> <p>The facility has developed a new process in order to ensure residents that classify as potential victims are kept separate from residents that classify as potential abusers. Residents will be required to stay in the day room until they have their initial PREA risk assessment completed. Once a score has been given, an email will be sent to all management and clinical staff with referrals to programming and any housing accommodations needs based on the screening.</p> <p>The facility provided the auditor with documentation of the new process; bed assignments based on risk assessment score; and program assignments made to keep separate residents at risk of being victimized from those at risk to be abusers.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Interview with case managers</p> <p>Interview with residents</p> <p>Interview with Program Director</p> <p>Interview with Supportive Services Manager</p> <p>Internet search</p>
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<b>115.251</b>	<p><b>Resident reporting</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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:</p>
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- 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 local numbers for Hamilton County and Cincinnati area
- The local number and address for the YWCA of Greater Cincinnati
- 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. The entire resident handbook is posted on a bulletin board in both the male and female housing units. Residents can use the phones in the housing units 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 interviewed residents during the onsite visit, who report being educated on how to report allegations of sexual abuse and sexual harassment. They state that in their resident handbook and on posters throughout the facility are reporting phone numbers, and they have the option of calling "people" outside the facility to make a report. All residents were able to identify a staff member they could go to, if needed, to report an allegation. A few residents stated they would use the hotline to report, and most of the males interviewed stated that "PREA is not a problem" for them. The residents report that the Program Director is very responsive to their needs and that they could go to him to address any issue or concern they had. The residents report that he does not "spin" them, but address their concerns even if it is not always in their favor. The auditor was able to see the informal interactions staff had with residents.

The residents reporting having a personal cell phone delivered to them by family or signing up for a free "Obama phone" during intake. The residents are able to use these phones to make private and/or anonymous reports to internal or external reporting agencies. The residents that did not have a phone at intake, report to the auditor that staff allows them to use the phone at the post desk.

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

- Type of allegation



- How it was reported
- Retaliation monitoring
- Outcome determination
- SART review

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. There were several staff members interviewed that discussed how they had received verbal reports in the past from residents and have immediately reported those allegations to their supervisor. The staff report that while the Program Director is new, he has made a concerted effort to build rapport with everyone. They state that he is building a culture where residents and staff feel comfortable reporting allegations.

Review:

Review:

Policy and procedure

Employee Handbook

PREA brochure

PREA posters

Resident handbook

Agency website

Investigation reports

Interview with staff

Interview with residents

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	While the agency does not restrict residents to reporting allegations through the

facility's grievance procedure, the agency does have a policy regarding grievances. Policy P100:16 prohibits the facility from imposing a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility also may not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment, and ensures that a resident who submits a grievance alleging sexual abuse, assault, or harassment have to submit the grievance to a staff member who is the subject of the grievance.

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

The policy allows for third parties, including fellow residents, staff members, family, members, attorneys, and outside advocates, to assist a resident in filing a request for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such request on behalf of residents. However, the alleged victim must agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

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

The grievance procedure is given to the residents through the resident handbook. Page eight of 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)

The auditor viewed signed acknowledgments of receiving a copy of the grievance policy.

The residents report that they are provided with instructions on the agency's grievance policy and how to file a grievance or complaint. The residents report that they could get a grievance form from the post desk and place the grievance in the box near the Program Director's office. When questioned on their use of the grievance system, a few residents reported filing grievances. None of the grievances alleged sexual abuse or sexual harassment, or being in fear of imminent abuse or harassment. The residents who filed a grievance report having their grievance address within a day or two. Some residents reported being skeptical of the grievance system based on their experience in prison.

The Program Director is responsible for reviewing grievances. He states that most grievances are actually complaints, and that no resident has filed a grievance alleging sexual abuse or sexual harassment. He states that should a resident use the grievance system to report an allegation of sexual abuse or sexual harassment, he would immediately forward the information to the PREA Coordinator and begin an administrative investigation. The Program Director also reports that no resident has reported feeling at imminent risk of sexual abuse or sexual harassment. He states that the facility would immediately deploy protection measures.

The auditor was able to review the investigation reports. No investigation stemmed from a grievance.

Review:

Policy and procedure

Resident handbook

Resident orientation curriculum

Investigation reports

Facility tour

Interview with Program Director

Interview with residents

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 707">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.</p> <p data-bbox="280 748 1477 990">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.</p> <p data-bbox="280 1030 1477 1227">The facility provides the name, address, and phone number of the YWCA of Greater Cincinnati for outside victims' advocacy and emotional support services. The agency is local and has a partnership with the facility. Due to confidentiality, the facility was unable to provide the auditor with information related to residents from CRRP contacting the agency for services.</p> <p data-bbox="280 1267 1477 1594">The auditor contacted the YWCA of Greater Cincinnati post onsite visit via phone. The representative from the YWCA was able to confirm that the agency was capable of providing emotional support services through mail or phone to any resident at CRRP. An advocate would also be able to provide any victim with rape crisis services. The advocate would be able to assist the resident through hospital examinations, police interviews, and court proceedings. The representative also reports that the advocate would also offer additional community resources. The services are offered free of charge.</p> <p data-bbox="280 1635 1477 1792">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.</p> <p data-bbox="280 1832 1477 1908">The residents interviewed report being provided information for emotional support and rape crisis services. No resident reported using these services.</p> <p data-bbox="280 1948 1477 2065">The auditor reviewed investigation reports where resident victims and witnesses were offered emotional support, rape crisis, and mental health services. No resident accepted these services.</p>

	<p>*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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA brochure</p> <p>PREA posters</p> <p>Email communication with YWCA of Greater Cincinnati</p> <p>Investigation report</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy P100:11 requires the facility to distribute public information on how to report sexual abuse and harassment on behalf of a resident. The policy also states that should the facility receive a third-party report of incidents of sexual abuse, assault, or harassment occurred within the facility, the information will be immediately reported to the Program Director of the facility.</p> <p>The auditor reviewed the agency website, <a href="https://www.voahin.org/residential-reentry">https://www.voahin.org/residential-reentry</a>, and was able to see the posted information on how a third party can report an allegation.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• VOAHOIN Hotline- 855-297-1492</li> <li>• DPCS Hotline- 614-728-3399</li> <li>• Local Hotline for Hamilton County- 513-381-5610</li> <li>• Hotline for Cincinnati area- 877-889-5619</li> <li>• National Hotline R.A.I.N.N.- 800-656-4673</li> <li>• VOAHOIN email- reportsline@voago.org</li> <li>• Ohio Department of Rehabilitation and Correction email- DRC.ReportSexualMisconduct@odrc.state.oh.us</li> </ul> <p>The auditor noted the various locations of reporting posters, including public locations during the facility tour.</p>

	<p>The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions, PREA Community Corrections Assistant Chief. He verified receiving the auditor’s call and ensuring all calls are taken seriously.</p> <p>The facility received one third party report from a resident on behalf of other residents. The allegation was administratively investigated and determined to be substantiated. The facility received one third party report from a probation officer. The allegation was administratively investigated and determined to be substantiated.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Agency website</li> <li>Facility posters</li> <li>Outside hotline number</li> <li>Investigation report</li> </ul>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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.</p> <p>During staff interviews, they report that they are required to report to their immediate supervisor or the supervisor on call any allegations of sexual abuse, sexual harassment, or retaliation. Staff report that the Program Director has a good rapport with staff and residents, and has an open door policy. They feel comfortable approaching him with issues or concerns and would report to him any information, reports, or suspicions of sexual abuse and sexual harassment.</p>

The auditor interviewed one staff member who discussed a report she made on a staff member who no longer works for the facility. She states that she has the highest regard for the safety and security of the residents and would ensure that their interest are protected. When questioned about identifying and reporting “red flags”, especially with co-workers, all staff reported being comfortable reporting that information to their supervisor, or depending upon the situation, addressing the behavior with the co-worker. The staff that stated they would address the issues with the co-worker would go to their supervisor if the behavior continued.

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 agency provides the staff with additional information and training to ensure they understand how to avoid crossing professional lines, and the responsibility in reporting staff who do cross those boundaries. This information includes:

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

The auditor reviewed seven investigation reports from the past twelve months. The allegations were reported in a variety of ways. Every allegation that was reported to staff was administratively investigated.

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 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.

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

Review:

Policy and procedure

Employee acknowledgements

	<p>Investigation reports</p> <p>Course completion records</p> <p>Interview with staff</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:12 states that the agency has procedures in place to protect at risk residents from sexual abuse and prevent retaliation against residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The protection measures include, but are not limited to, dorm moves, facility reassignments, and close observation of alleged victim or perpetrator.</p> <p>The PREA Coordinator reports that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. As far as protection methods used for residents, the Coordinator states that the type of protection will depend upon the situation. She states that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. If the allegation is against another resident, the facility has the ability to place the resident on close observation, move the resident to another bed or dorm, or if appropriate and allowable by the parent agency, place the resident victim on home confinement. The parent agency also has the ability to remove the resident from the program if necessary.</p> <p>The auditor was able to review reports from allegations within the facility that required protection measures. The facility has placed staff members on leave during an investigation, and placed a resident abuser on close observation once the allegation was reported.</p> <p>The auditor discussed protection measures with the Program Director. He reports that residents are able to make request for bed moves, not just for PREA related issues, but anytime there is a legitimate issue with another resident. He states that providing residents with a safe and secure environment is the most important thing. He discussed how the facility recently addressed safety concerns within the male housing unit by placing a staff desk within the unit and assigning an RSS to be posted at the desk during third shift.</p> <p>During resident interviews, they report feeling safe within the facility. They report that most residents get along with each other or stay to themselves. No resident reporting being sexually or otherwise harassed or abused. They report staff would not allow for that to happen.</p>



	<p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with Program Director</p> <p>Interview with staff</p> <p>Interview with residents</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:11 has a procedure for reporting to other confinement facilities.</p> <ul style="list-style-type: none"> <li>• Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director</li> <li>• The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred</li> <li>• The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation</li> <li>• The agency will document that it has provided such notification</li> <li>• Should the facility receive an allegation from another confinement facility about a former resident, the resident will conduct an investigation into the allegation</li> </ul> <p>The facility received one report from a resident who states that he was abused while at another confinement facility. The Senior Director of Ohio Reentry Programs reported the allegations to the Director and PREA Coordinator of that agency. The facility provided the auditor with documentation of the report and assistance with the other facility's investigation.</p> <p>The Program Director reports that he has not received an allegation from another confinement facility. He states that any allegation, regardless of how it was reported, would be immediately investigated.</p> <p>The auditor reviewed the investigations completed by the agency, which document how the allegation was reported. None of the reports document receiving the report from another confinement facility.</p> <p>Review:</p> <p>Policy and procedure</p>

	<p>Email report to other confinement facility</p> <p>Investigation reports</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy P100:11 requires Program Directors to ensure that their facility has a written Response Plan and Evidence Protocol in place, which is updated as necessary and approved by the agency PREA Coordinator. The plan must include provision for the following:</p> <ul style="list-style-type: none"> <li>• Separating the alleged victim and abuser</li> <li>• Preserving and protecting any crime scene until appropriate steps can be taken by local law enforcement to collect any evidence</li> <li>• 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</li> <li>• If the first staff member is not a Resident Supervisor, the staff shall notify the Resident Supervisor on duty</li> </ul> <p>The facility provided the auditor with a copy of the facility’s Response Plan and Evidence Protocol. The specific facility protocol includes:</p> <ul style="list-style-type: none"> <li>• Separate the alleged victim and abuser. Locations include the administrative office area or the cafeteria. All would be easily under staff supervision until law enforcement arrived, if needed</li> <li>• Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence by law enforcement</li> <li>• 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</li> <li>• Report the incident to the Program Director</li> <li>• 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</li> </ul> <p>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</p>

	<p>meetings. The auditor was provided training curriculum and course completion records.</p> <p>During staff interviews, when questioned about the training they received related to the PREA standards, all staff immediately repeated the steps to their first responder duties. The staff knew to separate the residents and to keep both the victim and abuse under close observation. The staff also report that if the situation was active sexual abuse, that law enforcement, medical, and rape crisis should be called immediately. Staff understand they are only to protect and preserve evidence until law enforcement arrives.</p> <p>The auditor reviewed all investigation reports for the past twelve months. The reports document the method used to separate the alleged abuse from the victim and the services offered to the victim. The facility did not have an allegation where law enforcement or SANE was necessary.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Response Plan and Evidence Protocol</p> <p>Training curriculum</p> <p>Course completion records</p> <p>Interview with staff</p> <p>Investigation reports</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:11 requires the facility to have a plan in place to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and agency leadership in response to a reported incident of sexual assault, abuse, or harassment. The facility posts its Coordinated Response Plan and Evidence Protocol in all staff control post. The states that:</p> <ul style="list-style-type: none"> <li>• Staff will immediately implement first responder duties (see standard 115.264)</li> <li>• Report the incident to the local police department and state or local service agencies as appropriate to refer the incident for investigation</li> <li>• Offer the victim access to a forensic medical examination</li> </ul>

	<ul style="list-style-type: none"> <li>• 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</li> <li>• Document all activities</li> <li>• Monitor resident for ninety days following the report</li> </ul> <p>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.</p> <p>Review</p> <p>Police and procedure</p> <p>Response Plan and Evidence Protocol</p> <p>Staff interviews</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>N/A: The PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an “at will” employer. Employees are notified of the “at will” status in the employee handbook.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Employee handbook</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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</p>

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 Program Director and PREA Coordinator are both responsible for retaliation monitoring. The Program Director will meet with the resident or staff member at least once a week, and review any disciplinary reports, change in bed assignment, negative performance reviews, and staff reassignment. He reports that if during monitoring, retaliation is reported, the facility will take corrective measures immediately. Any resident that is under retaliation monitoring will be placed on close observation. RSS staff will not be given details, but will monitor the interactions of this resident more closely.

The facility has had four allegations that required retaliation monitoring. One of the allegations did not have weekly check-ins due to the resident victim being released from the facility prior to the allegation and not housed at the facility. 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 monitored (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 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 provided the auditor with retaliation monitoring for three resident victims.

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

	<p>During interviews with staff, it was reported to the auditor the different ways the facility has used to ensure residents felt safe while at the facility. The protection measures mentioned by staff included bed moves (placing the resident on camera view), dorm moves, increased monitoring by staff, being placed on electronic monitoring, and removing the aggressor from the program. The staff report that these measures are deployed for any resident that need to be protected, and not just those involved in a PREA investigation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Retaliation monitoring reports</p> <p>Investigation reports</p> <p>Interview with Program Director</p> <p>Interview with staff</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy P100:14 requires an administrative and/or criminal investigation are completed for all allegations of sexual assault, abuse, and harassment in VOAHOIN residential reentry facilities. The agency is to ensure that investigations are conducted by properly trained individuals or local law enforcement for allegations that are criminal in nature. The policy requires agency administrative investigators to:</p> <ul style="list-style-type: none"> <li>• Gather and preserve direct and circumstantial evidence</li> <li>• Collect physical and electronic data</li> <li>• Interview alleged victims, suspected perpetrators, and witnesses</li> <li>• Review prior complaints and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator</li> <li>• Document the investigation in a written report</li> </ul> <p>Should there also be a criminal investigation, the policy requires the facility to:</p> <ul style="list-style-type: none"> <li>• Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated</li> <li>• The Program Director will be responsible for keeping records of these referrals and the outcomes of police investigations</li> </ul>

- 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 the seven investigation reports from the allegations during the past twelve months. See standard 115.222 for a summary of the investigations.

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

The PREA Coordinator states that while the facility is not required to offer Garity or Miranda (not a public agency) the facility always errs on the side of caution and will contact the local legal authority anytime an investigation suggest criminal behavior.

The PREA Coordinator reports that it is at the discretion of the legal authority to

	<p>referral allegations for criminal prosecution. When asked how the facility assist in criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the police department will collect the physical evidence.</p> <p>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.</p> <p>The auditor was giving documentation of staff administrative investigation training certificates. The training is appropriate to meet standard 115.231.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training certificates</p> <p>Investigation reports</p> <p>Administrative investigator interviews</p> <p>PREA Coordinator interview</p>
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115.272	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy P100:14 states that the administrative investigator will impose a standard of preponderance of evidence or a lower standard of proof when determining whether an allegation of sexual abuse or sexual harassment can be substantiated. Preponderance of evidence is measured at 51%.</p> <p>The auditor interviewed the facility's administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation.</p> <p>The auditor reviewed the seven allegations from the past twelve months to verify the standard of proof used. All allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p>



	Investigation reports Interview with PREA administrative investigators
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy P100:14 requires the assigned PREA investigator to inform residents of the outcome of the investigation, and document all notification or attempts to notify via the Resident Notification Form. If there was a criminal investigation, policy requires the facility to request all relevant information from the local police department and any other investigatory agency, and provide the information to the investigator so that the resident may be informed of the investigation outcome. The obligation to report investigation outcomes ends when the alleged victim is released from the agency’s custody.</p> <p>Policy states that the notification for substantiated and unsubstantiated allegations will include:</p> <ul style="list-style-type: none"> <li>• If the alleged staff member is no longer posted in the resident’s facility</li> <li>• If the alleged staff member is no longer employed with the agency</li> <li>• If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p>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 auditor was able to view the notifications sent to the residents after the completion of the investigation. Notifications were signed and dated by the residents. Residents receive a copy of their signed and dated notification. Residents that were no longer at the facility were not provided with notification.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p>

	<p>Notification to residents</p> <p>Interview with Program Director</p>
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115.276	Disciplinary sanctions for staff
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy P100:13 states that staff who violate the agency policies against sexual abuse and sexual harassment are subject to disciplinary sanctions up to and including termination, and that termination is the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the act committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>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. Staff members are required to annually sign an acknowledgement of personnel policies and procedures.</p> <p>Staff interviewed, from management, program, and security, all report receiving a handbook during new hire orientation and signing an acknowledgement of agency PREA policies. They state that the expected outcome for any staff member found to have substantially sexually harassed or abused a resident is termination. A few staff members report that they could be terminated for knowing about a resident being sexually abused or sexually harassed and not reporting.</p> <p>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 the Program Director. The Program Director 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.</p> <p>The facility had two substantiated allegations of sexual abuse against a staff member. The staff member in each allegation was terminated from the facility. The</p>

	<p>facility provided the auditor with documentation of the terminations.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Personnel policy acknowledgement</p> <p>Investigation reports</p> <p>Termination letters</p> <p>Interview with staff</p> <p>Interview with Program Director</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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 the resident, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p>

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 the Supportive Services Manager during the onsite visit. She reports that she is responsible for conducting orientation group for residents. She states that she reviews the resident handbook and explains the disciplinary process. The residents are informed that they will be terminated for substantiated allegations of sexual abuse, and disciplined for substantiated allegations of sexual harassment. In addition to violations of the agency's PREA policies, residents are informed that any sexual activity, gestures, words can be grounds for discipline.

During the onsite visit, the auditor noted that the resident handbook is posted in the male and female housing unit.

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

The auditor interviewed sixteen residents during the onsite visit. The residents report receiving a handbook at intake and having an RSS review the basics,

	<p>including facility rules and PREA with them. The residents also confirm reviewing PREA and the facility's disciplinary policies during orientation group. All residents stated that termination is the expected outcome for violations of the PREA policies.</p> <p>The facility had three substantiated allegations against the same resident during the past twelve months. The allegation was made after the resident went AWOL from the facility. The facility provided the auditor with rule violations where residents committed seductive or obscene acts, including but not limited to work, action, gestures, that would be offensive to a reasonable person. The violations included masturbation, exposure, solicitation. Sanctions included:</p> <ul style="list-style-type: none"> <li>• 30 complete restriction to the facility</li> <li>• Behavior contract</li> <li>• Recommendation for termination</li> </ul> <p>Residents are made aware of the possibility that disciplinary action could result from falsely reporting an incident or lying. The facility has not disciplined a resident for making a patently false report.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Investigation reports</p> <p>Rule violation reports</p> <p>Interview with residents</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:05 requires all VOAHOIN residential reentry facilities to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. VOAHOIN ensures that the medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of</p>

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 VOAHOIN 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 Supportive Services Manager reports that residents will be provided mental health services based upon their status. Post Release Control residents are allowed to use community resources such as McMicken Clinic, which is down the street from the facility. Transitional Control or Treatment Transfer residents will receive services from Greater Cincinnati Behavior Health, which will come to the facility to provide services. Medical services are provided by University of Cincinnati Hospitals, while rape crisis services can be provided by YWCA of Greater Cincinnati or SANE of Butler County.

The Supportive Services Manager and the PREA Coordinator report that medical and mental health services are provided to victims of sexual abuse at no charge to the resident. Residents are offered services once an allegation has been made- allegations of sexual abuse and sexual harassment. During a review of the facility's investigations for the past twelve months, the facility documented offering services to all victims and witnesses of allegations of sexual abuse and sexual harassment before a determination has been made. No resident that was offered services accepted.

Review:

Policy and procedure

Investigation reports

Interview with PREA Coordinator

Interview with Supportive Services Manager

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="280 237 983 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 315 564 349"><b>Auditor Discussion</b></p> <p data-bbox="280 394 1469 674">The agency provides community medical and mental health counseling services for residents who have been sexually 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 (Greater Cincinnati Behavior Health, McMicken Clinic, University of Cincinnati Hospital, and SANE of Butler County).</p> <p data-bbox="280 712 1477 954">Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer a pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered to test for sexual transmitted infections as medically appropriate.</p> <p data-bbox="280 992 1430 1193">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.</p> <p data-bbox="280 1232 1453 1305">The Program Director reports that the facility has not housed a known resident-on-resident abuser.</p> <p data-bbox="280 1344 1469 1462">The facility offers services to residents who report or are witnesses to allegations of sexual abuse and sexual harassment. No resident who was offered services accepted.</p> <p data-bbox="280 1500 392 1534">Review:</p> <p data-bbox="280 1572 576 1606">Policy and procedure</p> <p data-bbox="280 1644 560 1677">Investigation report</p> <p data-bbox="280 1715 732 1749">Interview with Program Director</p>

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 1960 983 1993"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 2031 564 2065"><b>Auditor Discussion</b></p>

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

The responsibilities of the SART include:

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

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

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

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

The facility conducted two SART reviews during the past twelve months. The team reviewed previous reports, allegation motivation, victim care, policy and procedure review, staffing, facility vulnerabilities, and screening. The team was able to identify deficiencies in one review and make recommendations to add cameras when budgeting allows. The other allegation did not show any deficiencies, and the



	<p>team only recommended staff be refreshed on the agency's PREA policies and practices.</p> <p>The PREA Coordinator, Program Director, and Senior Program Director-Ohio Reentry Programs states that the facility is on the list to have additional cameras placed in order to reduce the number of blind spots in the facility. They also report that the facility has been approved to hire over the allotted RSS positions in order to address the staffing deficiencies.</p> <p>The Senior Vice President of Operations states that she is dedicated to compliance and invested in the success of the facility. She states that SART wants to be proactive in identifying trends/needs and will not only address needs to maintain compliance in individual facilities being reviewed due to a substantiated or unsubstantiated allegation, but those recommendations will be implemented in all VOA facilities if applicable.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SART after incident reviews</p> <p>Interview with SART members</p>
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy P100:09 requires VOAHOIN to collect and maintain accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility's PREA compliance Manager is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA coordinator.</p> <p>The facility provided the auditor with the agency's data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The information includes definition of PREA sexual victimization (non-consensual sexual acts, abusive sexual contact, and sexual harassment) and staff sexual misconduct (sexual abuse, sexual harassment, and voyeurism); resident on resident sexual harassment and sexual abuse incidents and the outcome; and staff to resident sexual abuse and sexual harassment incident and the outcome.</p> <p>The information on the form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, <a href="https://voa-">https://voa-</a></p>

production.s3.amazonaws.com/uploads/pdf\_file/file/2977/2021\_PREA\_Annual\_Report\_Ohio\_Indiana.pdf. The auditor accessed the agency's website and reviewed the 2021 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all VOAHOIN operated facilities.

### **2022 PREA Investigations Outcomes by Case Type**

- One Unfounded Resident-Resident Sexual harassment
- One Substantiated Resident-Resident Sexual Harassment
- Four Unsubstantiated Resident-Resident Sexual Harassment
- Four Substantiated Resident-Resident Sexual Abuse
- Two Substantiated Staff-Resident Sexual Harassment
- Two Unsubstantiated Staff-Resident Sexual Harassment
- One Unfounded Staff-Resident Sexual harassment
- Five Substantiated Staff-Resident Sexual Abuse
- Six Unfounded Staff-Resident Sexual Abuse

\*All other categories had 0 investigations 2022 PREA Incident Reports by Facility

- CRRP - Cincinnati Residential Reentry Program- Ten Investigations
- DRRP - Dayton Residential Reentry Program- Three Investigations
- MRRP - Mansfield Residential Reentry Program- Eleven Investigations
- TRRP- Toledo Residential Reentry Program- One Investigation
- Hope Hall - Evansville, Indiana- Two Investigations
- Brandon Hall - Indianapolis, Indiana- Zero Investigations

The facility received a request from the US Department of Justice dated September, 23, 2022 for comprehensive statistical data collection. The data collection was for calendar year 2020 and for the Cincinnati facility only. The PREA Coordinator send the requested information and received an email from the Survey of Sexual Victimization's Project Manager, who confirmed receipt of the data and that the submission had been reviewed and finalized.

Review:

Policy and procedure

Residential Reentry Program Allegation Report (2020, 2021, 2022)

Agency website

2022 PREA annual report

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy P100:09 requires the PREA Coordinator and Senior Vice President of Program Operations, and Directors of Program Operations will review annual data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include:

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

The policy also requires the PREA Coordinator to include in the report a comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of the agency's progress in addressing sexual abuse. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The annual report is not allowed to include personal identifiers of anyone involved in a PREA related incident. The report will be sent to the Chief Executive Officer for approval and published on the agency's website.

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

During calendar year 2022 several VOAHOIN facilities received additional monitoring technology. The DRRP facility had maglocks installed on all doors leading outside, and replaced their entire camera system to included 55 new cameras, a new server, and upgraded camera software. Brandon hall added several cameras over the calendar year due to building renovations. CRRP purchased new cameras to replace outdated ones. The new cameras are housed with newer technology, such as 180-degree camera angles. There are plans in calendar year 2023 to continue updating cameras and security systems at the residential reentry facilities.

The agency conducting a training for PREA investigators, and continued PREA training will be offered to all staff during the year.

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

Review:

Policy and procedure

	<p>Agency website</p> <p>2022 PREA annual report</p> <p>Interview with PREA Coordinator</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:09 requires the agency ensures that data collected pursuant to standard 115.287 is aggregated at least annually and made available to the public through the agency’s website. The information in the report will not contain any information that would present a clear and specific threat to the safety and security of the facility, and will indicate the nature of any redacted material. The collected data is to be securely retained for at least ten years after the date of the initial collection, unless Federal, State, or local law requires otherwise. This includes electronic copies of all investigation reports and related documentation, annual report data, and tracking documents and outcome measures. The policy identifies the PREA coordinator as the person responsible for ensuring the documentation is retained for at least ten years.</p> <p>The PREA coordinator states that each facility Program Director will provide the required information to the auditor, and she collects and retains control of the information. She states that she is required to keep the information for ten years. The coordinator states that the information is digitally stored on an encrypted database that only specific, qualified executive staff members have access. She develops an annual report based on the information and make the information available to the public through the agency website.</p> <p>The annual report can be found at: <a href="https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/2977/2022_PREA_Annual_Report_Ohio_Indiana.pdf">https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/2977/2022_PREA_Annual_Report_Ohio_Indiana.pdf</a></p> <p>The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>2022 PREA annual report</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency post all final audit reports of each of its facilities on the agency website, <a href="https://www.voahin.org/residential-reentry">https://www.voahin.org/residential-reentry</a>. The auditor reviewed the agency’s website to confirm that the agency conducts audits one-third (1/3) of its facility each year during a three-year audit cycle. VOA of Greater Ohio recently merged with VOA of Indiana, leaving the agency with a total of six facilities. The PREA Coordinator completes two audits each year of the cycle to ensure compliance with the 1/3 completion requirement. This is year one of the audit cycle, and this is the second facility to be audited this year. The agency has met the 1/3 requirement.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA coordinator, Program Director, and Quality Control Supervisor escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA coordinator provided the auditor with agency and facility documentation prior to the onsite visit through the PREA Online Audit System. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit.</p> <p>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit, nor did a staff member or resident request to speak to the auditor during the onsite visit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has published on its agency website, <a href="https://www.voahin.org/residential-reentry">https://www.voahin.org/residential-reentry</a>, the final audit report for all VOA operated facilities in both Ohio and Indiana. The final report for Cincinnati Residential Reentry Program from 2020 is currently posted. The auditor reviewed the agency’s website and verified that the final audit report for all facilities were posted.</p>

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

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

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



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

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

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



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

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

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

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

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

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

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes



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

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

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



	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes



	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

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

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