

# PREA Facility Audit Report: Final

**Name of Facility:** Dayton Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/14/2024

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> 03/14/ 2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	02/05/2024
<b>End Date of On-Site Audit:</b>	02/06/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Dayton Residential Reentry Center
<b>Facility physical address:</b>	1931 South Gettysburg Avenue, Dayton, Ohio - 45417
<b>Facility mailing address:</b>	

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

<b>Facility Director</b>	
<b>Name:</b>	Megan Swingle
<b>Email Address:</b>	megan.swingle@voahin.org
<b>Telephone Number:</b>	937-262-8876

<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>	120
<b>Current population of facility:</b>	109
<b>Average daily population for the past 12 months:</b>	118
<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>	Males
<b>Age range of population:</b>	20-76
<b>Facility security levels/resident custody levels:</b>	1-4
<b>Number of staff currently employed at the</b>	32

<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>	6
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

<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:**

1

- 115.231 - Employee training

**Number of standards met:**

40

**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:	2024-02-05
2. End date of the onsite portion of the audit:	2024-02-06

#### 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:	Butler County SANE (SANE and Rape Crisis)

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	118
16. Number of inmate/resident/detainee housing units:	1
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>	103
<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>	1
<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>	3
<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>	0
<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>	0

<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>1</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>1</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>2</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 resident who reported sexual harassment and not sexual abuse was interviewed during the onsite visit. The facility does not have segregated housing or cells.</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>30</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>2</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>6</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>No text provided.</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>14</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 type="checkbox"/> Gender  <input checked="" type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>If "Other," describe:</b></p>	<p>ORAS Risk Classification</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Ensured that residents were from different dorms.</p>



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<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>	The number of random interviews was increased based upon the limited number of targeted interviews.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<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>	
<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>	1
<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>	1

<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>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>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>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>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>1</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>1</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>2</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 segregated housing units or 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>No text provided.</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>10</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  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <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  <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 type="radio"/> Yes <input checked="" type="radio"/> No
<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.

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

<b>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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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 SecurManage 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 SecurManage resident database system.</p>
<p align="center"><b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b></p>	
<p><b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b></p>	
<p>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.</p>	

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

	<b># of sexual abuse 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 abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	6	4	6	4
<b>Total</b>	7	4	7	4

**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>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	0	1	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	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	6
<b>Total</b>	0	0	0	7

### 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	1
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	1

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	7
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<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>1</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>6</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>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>1</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 type="radio"/> Yes</p> <p><input checked="" 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>1</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 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 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>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility conducted eight administrative investigations during the past twelve months. Six investigations were staff-to-resident sexual abuse, one was resident-to-resident sexual abuse, and one was resident-to-resident sexual harassment (voyeurism). The auditor reviewed all eight investigations.
<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>

- Non-consensual Acts
- Abusive Sexual Contact

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

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

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

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

	<p>Coordinator with sufficient support to remove any barriers to compliance.</p> <p>The Program Director serves as the facilities PREA Compliance Manager. She reports to the auditor that her responsibilities include overseeing the clinical and operations of the facility. She states that she ensures that policies are enforced and the PREA standards are complied with; conducts administrative investigations; connects residents with community partners to ensure residents can benefit from the facility's efforts to comply with the standards; provide investigation outcome notifications; act as retaliation monitor; and provides PREA training to employees. When asked, the Compliance Manager states that she has sufficient time to ensure the facility is complying with all agency PREA policies.</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
	<b>Auditor Discussion</b>
	VOA policy P100:03 requires each residential reentry facility develops a documented staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. The policy requires the plan to be reviewed at least annually and updates as necessary. The policy requires the plan be developed and reviewed by the Program Director, in consultation with the executive leadership team and PREA Coordinator. The staffing plan is to include a calculation

of adequate staffing levels and determination of the need for video monitoring; and will take into consideration:

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

The policy requires the Program Director to document and justify all deviations from the staffing plan.

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

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

Lay out of facility:

The facility provided the auditor with a floor plan of the facility, which includes camera placement. The facility's administration regularly reviews the facility for blind spots, and potential dead areas from camera view. Reviews also take place during investigations of unusual and PREA incidents as well as scheduled building reviews in regard to safety and security. The team assesses facility needs and discusses those needs as related to the fiscal year budget.

Composition of residents:

Dayton RRP has a max capacity of 120. In general, the current level of security staff is adequate to secure the facilities. Case Managers complete PREA Assessments within 72 hours of resident arrival. Assessment results are forwarded to the Assistant Director so that appropriate bed assignments can be made.

Incidents of sexual abuse:

In review of the aggregated data from CY 2023, reports included both resident-to-resident incidents and staff-to-resident incidents, with a higher total number of staff involved cases. The facility had five allegations of sexual abuse and three allegations of sexual harassment during calendar year 2023.

Deviations from the staffing plan:

The facility reports that there have been no deviations from the staffing plan since the last audit cycle.

Staffing patterns are also reviewed during the staffing plan review. Agency policy calls for at least three staff members in the facility 24-hours a day that are able to respond to resident needs. Reentry Support Specialist (RSS) staff can be supplemented or assisted by program staff members in order to meet this ratio. Supervisory staff can also be used to augment staffing levels. The staffing plan reports that when an RSS reports off, the facility makes its best effort to replace that staff member with the use of management or on-call staffing.

The prevailing staffing pattern is as follows:

- 11pm - 7am            Five Reentry Support Specialist
- 7am - 3pm            Five Reentry Support Specialist
- 3pm - 11am           Four Reentry Support Specialist

Program staff work Monday - Friday 8:00 am - 5:00 pm and this includes the administrative staff. All case managers are assigned to work noon-8 pm one day per week and rotating Saturdays. Program Staff and Management may adjust their schedule to meet the needs of their current residents.

The staffing plan is reviewed before the beginning of each fiscal year, during the budget planning process, or sooner if a significant incident occurs or when a program begins to deviate significantly from budgeted staffing costs. A Structured Activities Coordinator was hired at the Dayton facility in order to increase planned structured activities. While money is available to pay for overtime coverage, 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.

Other relevant factors:

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

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

	<p>Review:</p> <p>Policy and procedure</p> <p>FY 2022, 2023, and 2024</p> <p>Floor plan</p> <p>Camera view screenshots</p> <p>Tour of facility</p> <p>Interview with Program Manager</p> <p>Interview with Assistant Manger</p> <p>Interview with Lead Resident Supervisor</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 who will be responsible for conducting pat searches to be properly trained on pat searches, cross-gender pat searches, and transgender/intersex pat searches. The policy states that cross-gender pat searches are only performed in exigent circumstances. The policy describes an exigent circumstance as any set of unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. The policy specifically prohibits searches for the sole purpose of determining genitalia.</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>As part of supportive documentation sent prior to the onsite visit, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training includes video on appropriate pat search techniques for cross-gender and transgender searches, respectful</p>



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 who can 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.

The auditor interviewed twenty residents during the onsite visit. The residents report that they had a pat search during their stay at the facility, and that the pat searches have always been conducted by male staff members. No resident has reported feeling uncomfortable or having an unprofessional pat search.

Policy P100:10 ensures that residents are allowed appropriate levels of privacy while showering, changing clothing, or performing bodily functions. Residents are able to practices these without staff of the opposite gender viewing their buttocks or genitalia. The policy requires staff of the opposite gender to announce their presence when entering areas where residents are likely to be showering, changing clothing, or performing bodily functions.

The residents were also questioned about cross-gender announcements and being able to change, shower, and use the restroom without opposite gender staff viewing. When asked about cross-gender announcements, all residents stated that anytime a female staff enters the dorm area, she announces herself before entering into the room. The residents report that female staff announce and only enter the area of the bathroom where the sinks are located. The toilet, urinals, and showers cannot be seen from this area. None of the male residents interviewed reported any incidental viewing from a member of the opposite sex. The male dorm rooms have video cameras. Because of this, residents are not allowed to change in the dorms. During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice.

The bathroom in the facility has a toilet room with four toilet stalls with doors and four urinals with partitions, and a shower room with three individual showers with curtains (have clear tops and bottoms). The entrance to the bathroom has two openings into the three dorm area. Staff cannot see residents use the bathroom or shower when looking into the bathroom from the entrance. Staff coming into the dorm and bathroom for security checks announce themselves before entering. Because the five dorm rooms sections have a window in the door and cameras inside, residents are instructed to dress in the bathroom and be completely dressed in all common areas of the facility.

The auditor conducted interviews of the Resident Support Specialist (RSS) staff, including the Lead RSS. The staff were question on their training related to searches and cross-gender announcements. The staff report that they watched a video on how to conduct same gender, cross-gender, and transgender searches during onboarding training. They state that hands-on training was provided by the Lead RSS. The staff report to the auditor that it is the practice of the facility to have male RSS staff conduct all searches. If it becomes necessary for a female staff

member to conduct the search, the female staff member will use a metal detector wand to complete the search.

All staff state that it is not the practice of the facility to conduct cross gender pat searches, strip searches, or body cavity searches. When questioned on how they were trained to conduct a cross-gender pat search, the RSS staff state that they will have the resident remove all items from their person, remove all outer layers of clothing (down to a single layer of street clothes), and have the resident shake their clothing at the waist. The RSS will then use a security wand to go over the person's body. At no time during this type of search will the staff member touch the resident.

The RSS state that while they have been trained on conducting transgender searches, the facility has not housed a transgender resident.

The Lead RSS reports to the auditor that he provides initial and ongoing training to staff on how to conduct a proper pat searches, and a no touch search for opposite gender staff members. He reports that staff are also given hands-on training for transgender searches as well. The Lead RSS states that the facility will receive information at intake on any transgender residents that may be housed at the facility. At no time would a staff member conduct a search in order to determine the genital status of any resident. He reports that the facility has a resident that identifies as transgender; however does not want to identify as the opposite gender while at the facility. The resident does not want any accommodations or acknowledgement of the transgender status.

The auditor interviewed the resident during the onsite visit. The resident reports that at no time has she experienced a strip search, or had an inappropriate pat search. She reports that she requested the facility to not acknowledge her transgender status, and that pat searches conducted by male staff is her preference.

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

Review:

Policy and procedure

Facility tour

Training curriculum

Training video

Training sign-in sheets

Course completion records

Resident interviews

	<p>Staff interviews</p> <p>PREA Coordinator interview</p> <p>Lead RSS interview</p> <p>Program Director interview</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <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 resident’s safety, the performance of first responder duties, or the investigation of the resident’s allegations.</p> <p>The facility provided the auditor with a list of possible agencies the facility can use should there be a resident who is limited English proficient:</p>

- Miami Valley Interpreters
- Vocalink Language Service
- Global Communication Solutions
- Interpreters of the Deaf

The auditor was also provided with the copies of all materials, including a resident handbook, in Spanish. The PREA Coordinator reports that PREA related information including a resident handbook can be printed in any language required through Google Translate. The Program Director, as well as other staff members, report during interviews that the facility has not housed a resident that is limited English proficient; however, have had residents where English is their second language. These residents are offered material in their preferred language. She reports that the facility would receive notice from intake personnel if assistance for a resident that is limited English proficient, deaf or hard of hearing, blind or low vision, or 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 would be needed.

The Structured Time Activities Coordinator is responsible for conducting PREA resident education. She reports that orientation group is conducted every Tuesday. She states that residents are given a brief PREA education during intake and an extensive one during orientation group. During group, she reviews the resident handbook, client rights/grievances, facility rules and expectations, health and wellness, and PREA education. She provides the residents with a PREA pamphlet (rape crisis information), materials containing information on PREA, reporting options, how to keep safe, confidentiality, and the handbook. She states that she has not had a resident that has needed additional assistance (interpretive services or auxiliary aids). She states that she will work 1:1 with any resident that needs additional assistance to understand anything covered during orientation group.

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

Resident files were reviewed by the auditor. The auditor was able to verify residents' acknowledgement of receiving PREA information during intake and attending orientation group. During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.

	<p>Review:</p> <p>Policy and procedure</p> <p>Interpreter services in Dayton, Ohio</p> <p>Staff training curriculum</p> <p>Documentation of resident assistance</p> <p>Spanish language resident handbook</p> <p>Targeted resident interviews</p> <p>Interview with Program Director</p> <p>Interview with Orientation group facilitator</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 online system had the self-reporting questions.</p> <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.</p> <p>Policy requires the Human Resource Department to:</p> <ul style="list-style-type: none"> <li>• Consider prior convictions and allegations of sexual abuse or harassment,</li> </ul>

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

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

The auditor reviewed employee files. The auditor was able to confirm initial and five-year background checks. All background checks were completed by the ADP. The Human Resource Manager states that all VOA facilities have a contract with the FBOP that is renewed every five years. During the contract renewal, the FBOP requires all staff who have contact with FBOP offenders have an updated background check. All staff members, even those who have recently received a background check, will receive one. The agency uses this same time period to conduct background checks on staff that work in facilities that do not house FBOP offenders. The requirement ensures that all staff members have an updated background check every five years as required by the standard.

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

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

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

The Human Resource Manager reports that all request for employment verification

	<p>for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor was able to see a report of a request of such information.</p> <p>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>The auditor was able to review several files of employees who have been promoted to various positions within the facility. A review of the disciplinary reports for these staff members did not review any behavior that would prohibit them for working with the residents in any capacity. No employee had any disciplinary action that would prohibit them from working with residents.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Employee background checks</li> <li>Employee job applications</li> <li>Employee reference checks</li> <li>Employee promotions/disciplinary actions</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
	<p><b>Auditor Discussion</b></p> <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 PREA Coordinator reports that the facility has not acquired a new facility or had</p>

	<p>any substantial expansion or modification of existing facilities.</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 updated the camera system; moved several cameras for better line of site views; and increased the number of cameras to reduce the number of blind spots. The PREA Coordinator reports being responsible for the change in camera placement and the additional cameras.</p> <p>The Senior VP of Operations states that the PREA Coordinator would be actively involved in addressing video monitoring/electronic surveillance system needs for the facility, and would play a major role in any additions or changes to the system or to the facility in general.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with Vice President of Operations</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> <li>• Protection measures in place to ensure that the alleged victim or resident who report incidents are not subject to retaliation</li> </ul> <p>The agency ensures that investigations are conducted by properly trained individuals or local law enforcement who have the legal authority to conduct</p>



criminal investigations. Allegations that appear to be criminal in nature will be referred to Dayton Police Department.

The facility does not have 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; however, the facility is located on the same property as the Montgomery County Sheriff's Department and has had allegations investigated by both the Dayton City Police Department.

The police department has not responded to the MOU. The PREA Coordinator says she has and will continue to refer all allegations that appear to be criminal in nature to the Dayton Police Department.

The agency has trained administrative investigators at each VOA facility that can conduct an administrative investigation with two 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 Miami Valley Hospital to have all examinations take place at the hospital's emergency department.

The auditor was able to communicate via email with a representative from SANE of Butler County post onsite visit. The representative verified the information found in the MOU and confirmed the partnership with Miami Valley Hospital 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 to provide expert witness testimony regarding the forensic standards and nursing scope of practice.

The MOU with SANE of Butler County also includes referral for advocate services. The representative states that the advocate will provide emotional support, advocacy, and assistance with reconstruction of a meaningful and functional life.

	<p>The auditor reviewed the website for SANE of Butler County verified the services offered by the organization, as well as their partnership with Miami Valley Hospital and Victim Services of Montgomery County.</p> <p>The facility's Lead Resident Supervisor has been trained to serve as the facility's victim support person. She reports to the auditor that she is prepared to provide assistance to any resident who experiences sexual abuse or sexual harassment at the resident's request. She reports that she will provide support at the facility or during services that are provided out in the community.</p> <p>The facility provided the auditor with the training certificates for the administrative investigators and the victim support person.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>MOU with SANE of Butler County</li> <li>Email correspondence</li> <li>Partner agencies websites</li> <li>Training certificates</li> <li>Interview with PREA Coordinator</li> </ul>
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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>
	<p>Agency policy P100:14 requires administrative and/or criminal investigations 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 following reports of sexual abuse and sexual harassment.</p> <p>The agency post its investigatory policy on its website, <a href="https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/453/Investigation_Protocols_VOAHOIN.pdf">https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/453/Investigation_Protocols_VOAHOIN.pdf</a> 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.</p> <p>The facility provide the auditor with the investigations during the past twelve</p>

months:

Investigation #1: A resident reported to staff that he was having a sexual relationship with a staff member. The resident also stated, that when the relationship ended, the staff member got into a relationship with another resident. The allegation was reported to the PREA Coordinator. The allegation was investigated and determined to be substantiated. The staff member who was alleged to be the abuser has already been terminated due to a different substantiated PREA sexual abuse allegation.

Investigation #2: The facility staff reviewed a resident's cell phone and discovered text messages between two residents. The messages confirm a sexual relationship between the residents. The facility received a report after one of the residents left that the relationship was not consensual. The allegation was referred to the Dayton Police Department. The Dayton Police Department conducted a criminal investigation. The resident victim went AWOL from the facility before the criminal investigation was concluded. The facility's administrative investigation determined the allegation to be substantiated.

Investigation #3: The facility received a verbal report from a resident that another resident video recorded him while using the urinal. The facility conducted an investigation and determined that the allegation was substantiated. The facility requested the resident abuser be immediately removed from the facility. APA Officers were onsite and arrested the resident. The allegation was referred for a criminal investigation. The resident abuser has been charged with voyeurism.

Investigation #4: The facility received a report that a staff member is having a relationship with a person currently incarcerated at the Montgomery County Jail, but was at one time housed at the facility. During the administrative investigation, it became apparent that the staff member had a relationship with the resident while the resident was housed at the facility. The allegation was determined to be substantiated. The staff member was terminated.

Investigation #5: The facility received a third party resident report that a staff member had a sexual relationship with a former resident that is currently being housed at Lorain Correctional Institution. He reports that the relationship started while the resident was at the facility and resulted in a pregnancy. The staff member quit during the administrative investigation. The facility was able to confirm that the child was a result of the relationship between the staff member and resident during the time that the resident was housed at the facility. The allegation was determined to be substantiated and a referral for a criminal investigation was made.

Investigation #6: The facility conducted an investigation into a staff member having a relationship with a resident. The allegation was administratively investigated and determined to be substantiated. The staff member was terminated from the facility.

Investigation #7: The facility conducted an investigation into a staff member having a relationship with a resident. The allegation was administratively investigated and determined to be substantiated. The staff member was terminated from the facility.

	Investigation #8: The facility conducted an investigation into a staff member having a relationship with a resident. The allegation was administratively investigated and determined to be substantiated. The staff member was terminated from the facility.
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>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>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 style="list-style-type: none"> <li>• PREA Cross-Gender Pat Down</li> <li>• Boundaries and Dual Relationships for Paraprofessionals</li> <li>• Working Effectively with Gender and Sexual Minorities</li> <li>• PREA: Dynamics of Sexual Abuse in Correctional Systems</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>• Managing Common Boundary Situations</li> <li>• PREA Respectful Communication with LGBTI Offenders</li> <li>• PREA Introduction and Overview Training</li> <li>• Agency Zero Tolerance Policy</li> </ul> <p>During onboarding training, staff receive PREA Introduction training. This training covers the origins of PREA, related definitions, mandatory reporting obligations, creating a reporting culture, retaliation, protection responsibilities, all types of searches, and ways residents can report. Training is given on both genders due to staff having contact with both male and female residents. Throughout the year, the</p>

PREA Coordinator uses the Relias training system to provide staff with “Brain Sparks.” These are a series of questions related to the PREA standards as refreshers to agency PREA policies.

Along with training that meets the requirements to standard 115.231, the agency also provides employees with training that also improves the facility’s ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. This training includes:

#### Guideline for Workplace Conduct

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

#### Whistleblower Policy

#### Anti-Harassment Policies

#### Personnel Polices

#### Zero Tolerance Policies

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

#### Standards of Conduct

#### Grievance Procedures

#### Conditions of Employment

#### Site specific on the job Training

- Security
- Policy manual
- Culture
- PREA Intake Assessment
- Community Agency Partnerships

#### Confidentiality/Limits to Confidentiality

	<p>Title VII of the Civil Rights Act of 1964</p> <p>Professional Client/Staff Relationships</p> <p>The facility provided the auditor with a training plan that includes the plan for PREA new hire orientation training, PREA annual training, and PREA biennial training. The auditor also received a training transcript for all staff to verify completion of PREA training.</p> <p>The auditor was able to interview staff concerning the training they received related to PREA. The staff report that during new hire orientation, they receive initial PREA training that includes reporting obligations, pat searches, documenting incidents, providing residents with PREA education, core values, and the employee handbook. They state that management emphasize adhering to professional boundaries, the code of ethics, and keeping residents safe. Staff state that annual training is provided through Relias with refresher training completed during staff meetings.</p> <p>The PREA Coordinator reports that training is tracked through the training department through the Relias system, and that she specifically tracks PREA training. She states that the system is set up to provide reminders to herself as well as to supervisors for employees who have not completed mandatory training. She will notify the employee's supervisor when staff has not completed the PREA training and the completion date is nearing.</p> <p>As part of compliance documentation, the auditor received Relias training curriculum, VOA PREA policies, Relias course records, training sign-in sheets, and orientation training materials.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Relias training curriculum</p> <p>Training sign-in sheets</p> <p>Course completion records</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p>
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<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 reports that the facility's volunteers include NA/AA members and Aspire instructors. She states that these volunteers receive an introduction to PREA training, along with PREA reporting obligations and retaliation protections instructions, prior to interacting with residents. The facility has contract food service staff from Aramark. 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

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

Aramark Shield Training

	<p>Contractor/volunteer acknowledgement</p> <p>Volunteer Standards of Conduct</p>
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<b>115.233</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>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.</p> <p>The policy requires the facility to:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Additional information is provided to the new residents during facility orientation group conduct by the Program Director or designee</li> <li>• Key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats</li> <li>• 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</li> </ul> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• the agency’s zero tolerance policy, the specific types of behavior that constitutes sexual harassment or sexual abuse,</li> <li>• how a resident can report sexual harassment or sexual abuse (verbally to</li> </ul>



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,
- the limits of confidentiality where reporting allegations are concerned.
- 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,
- available services

The residents are also given a PREA handout. This handout gives:

- a history of the PREA act,
- definitions of prohibited behaviors,
- risk screening,
- use of screening information,
- reporting options,
- available resources

The Structured Time Activities Coordinator is responsible for conducting PREA resident education. She reports that orientation group is conducted every Tuesday. She states that residents are given a brief PREA education during intake and an extensive one during orientation group. During group, she reviews the resident handbook, client rights/grievances, facility rules and expectations, health and wellness, and PREA education. She provides the residents with a PREA pamphlet (rape crisis information), materials containing information on PREA, reporting options, how to keep safe, confidentiality, and the handbook. She states that she has not had a resident that has needed additional assistance (interpretive services or auxiliary aids). She states that she will work 1:1 with any resident that needs additional assistance to understand anything covered during orientation group.

The auditor also interviewed twenty residents during the onsite visit. The clients were questioned on the information they received concerning PREA during intake and orientation group. This includes any resident that was identified as limited English proficient and/or otherwise disabled. The residents interviewed stated that at intake the staff member read over the intake packet material, they received a tour where reporting information was pointed out to them, and they have a handbook that contains the information reviewed at intake.

	<p>The auditor was able to verify residents' acknowledgement of receiving PREA information during intake and attending orientation group. The auditor also reviewed the session summary for the PREA orientation class where residents have to identify different elements learned from the sessions. The files also contained the orientation post-test.</p> <p>During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.</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>	<p><b>Specialized training: Investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <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 Garity warnings</li> <li>• Sexual abuse evidence collection in confinement settings</li> </ul>
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- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

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

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

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

VOA has twenty-six agency administrative investigators, with two employed at Dayton RRP. The auditor interviewed both administrative investigators during the onsite visit. The investigators discussed the techniques learned from the training including trauma informed interviews, removing biases, evaluating evidence, and preponderance of evidence versus reasonable doubt. Because the facility is part of a private, non- profit agency, the rules to Garity and Miranda do not apply; however, the investigators report to the auditor that when an allegation involves a staff member, the PREA Coordinator will take the lead in the investigation and refer to the local police department if the allegation seems to be criminal in nature. The administrative investigation will resume after a criminal investigation or with permission from the legal authority.

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

Review:

Policy and procedure

Administrative investigator training curriculum

Administrative investigator training certificates

Interview with PREA Coordinator

Interview with administrative investigators

	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Dayton 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>During resident interviews, residents reported to the auditor that all of their medical and/or mental health services have been in the community.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>

<p><b>115.241</b></p>	<p><b>Screening for risk of victimization and abusiveness</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<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. The policy requires the assessment tool to be objective and consider, at a minimum, the following criteria:</p> <ul style="list-style-type: none"> <li>• Whether the resident has a mental, physical, or developmental disability</li> <li>• The age of the resident</li> <li>• The physical build of the resident</li> <li>• Whether the resident has previously been incarcerated</li> <li>• Whether the resident's criminal history is exclusively nonviolent</li> <li>• Whether the resident has prior convictions for sex offenses against an adult or child</li> <li>• Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming</li> <li>• Whether the resident has previously experienced sexual victimization</li> <li>• The resident's own perception of vulnerability</li> <li>• Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse</li> </ul> <p>The policy does not allow for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.</p>

Policy P100:15 states the program implements appropriate controls on the dissemination within the facility of responses to PREA Screening questions to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The auditor was able to talk with case managers who are responsible for conducting the initial PREA risk assessment and the 30-day re-assessment. Case managers are provided training on how to use the screening tool during case management 101 training. The case managers report that within the first three days of the resident's admission to the facility, they conduct a series of assessments, including the PREA risk assessment. The case managers will review any background information that is available that includes:

- Pre-Sentence Investigation
- Institutional Summary
- Criminal History

When meeting with the resident, the case manager will explain the assessment's purpose, and that they will meet again between 20-30 days to complete another assessment. They report that most of the residents are familiar with the process and has no issues answering the questions.

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 20 residents during the onsite visit. The residents report receiving a risk assessment during the intake process and then later on during a meeting with their case manager. Sixteen of the twenty residents interviewed were at the facility for over thirty days and confirmed that they had a second assessment with their case manager. The residents state that the case manager discusses the results of the assessment and what that means while the resident is housed at the facility.

The auditor was able to review resident initial and re-assessments. The assessments have the date the assessment was conducted and was compared to the residents' intake take to confirm that the assessments were completed on time.

The Program Director discussed with the auditor the facility's security protocols to

	<p>ensure that information provided on the risk assessment is not used against the resident. She states that after an assessment is completed, the assessment will be placed in the resident's file. The file is assessable to treatment staff, with other staff being provided the classification when necessary for housing, work, programming, and educational purposes. The details of assessment are not shared.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Initial risk assessment</p> <p>Reassessment</p> <p>Resident files</p> <p>Interview with case managers</p> <p>Interview with residents</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> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• Individualized determinations for resident assignments are made by the Program Director to ensure the safety of each resident</li> </ul> <p>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. He states that they use housing units and bed selection for</p>

separation. The dorms have cameras that are also used as a way to monitor high risk residents. The APD has a "Bed Assignment Tracking Chart" to quickly locate all bed assignments for residents that have been identified as at risk for abusiveness or victimization.

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

As for programming, work assignments, and education, he states that as much as possible they do not assign residents with opposing risk classifications to the same schedule. If they are scheduled at the same time, staff is aware in order to ensure the residents are as separate as possible during that time. The case managers both described offering residents' community assistance to deal with any underlying issues identified during the risk assessment. The facility has partnered with Empowered for Excellence for mental health services.

The facility provided the auditor with documentation of the "Bed Assignment Tracking Chart," progress notes related to connecting residents with community resources, and accommodation plans for residents that identify as transgender.

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

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

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

The auditor interviewed management, program, and operational staff during the onsite visit and questioned each on their experience working with residents that identify as lesbian, gay, bisexual, transgender, and/or intersex. The staff report that they have experience working with residents in the LGBTI community and have been trained on how to keep these residents safe while at the facility. The staff report being informed of any accommodations necessary, and if the resident request pronouns that are different from those assigned at birth.

The Program Director states that the facility is currently housing a transgender

	<p>resident; however, the resident does not want to identify as transgender while in the facility. The auditor interviewed the resident during the onsite visit. The resident reports that the facility discussed any concerns that he had about his safety at the facility, and confirms that he did not want any accommodations or special treatment while at the facility. The resident states that he feels safe in the facility and has not experienced any harassment or abuse.</p> <p>The auditor met with residents during the onsite visit that identify as gay, lesbian, or bisexual. The residents report being able to discuss safety concerns and requesting accommodations for private shower times. The residents report feeling safe, and did not feel as if their dorm assignment was based on their sexuality.</p> <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with case managers</p> <p>Interview with Program Director</p> <p>Interview with Assistant Program Director</p> <p>Interview with case managers</p> <p>Interview with residents</p> <p>Resident progress notes</p> <p>Bed assignment tracking chart</p> <p>Risk assessments</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<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</p>



established methods:

- The agency's toll-free hotline which is monitored by the PREA Coordinator
- The agency's email report link
- The State of Ohio's toll-free hotline
- The local numbers for Montgomery County and Dayton area
- The local number and address for the DPCS
- Federal Bureau of Prison's toll-free hotline
- Verbally or in writing to any staff member, contractor, or volunteer

The auditor verified that the methods available to residents and staff were posted in various areas throughout the facility and listed in the resident handbook. Residents can use the 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 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 Chief, Chris Galli. 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

During the onsite visit, the auditor was able to see various posting in English and Spanish informing the residents of the phone numbers, website address, and email address to internal and external reporting entities. The auditor tested both the toll-free hotline number and the email report link to ensure residents could use these options to report allegations.

During resident interviews, they report that during the intake process, PREA posters are pointed out to them by staff during the tour of the facility. They state that reporting information is readily available to them in the handbook they received at intake and the PREA brochure given to them in orientation. The residents showed the auditor their personal cell phones that they can use to report to the police, parole, or other outside agencies. The residents report that if they did not have a cell phone at intake, the facility allowed them to use the facility phone until one

	<p>could be purchased or brought in by their family. When questioned about anonymous reporting, the residents state they understand all ways of reporting, including anonymously, to any staff member, in writing, or through a third-party (family members).</p> <p>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.</p> <p>All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. The staff stated they felt comfortable privately reporting to the Program Director or the Assistant Program Director.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>Policy and procedure</li> <li>Employee Handbook</li> <li>PREA brochure</li> <li>PREA posters</li> <li>Resident handbook</li> <li>Agency website</li> <li>Investigation reports</li> <li>Interview with staff</li> <li>Interview with residents</li> </ul>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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</p>

is the subject of the grievance.

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

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

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

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

- 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 Acknowledgement 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 acknowledgements of receiving a copy of the grievance policy during the resident file review.

During resident interviews, all residents stated they understood the grievance policy. During the resident interviews, all residents were questioned on their use of the grievance system. The residents that stated that they have used the grievance system reported receiving an acknowledgement of their grievance within 1-2 days and that all grievances were responded to appropriately. No resident use the grievance system to report allegations of sexual abuse or sexual harassment.

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

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

Review:

Policy and procedure

Resident handbook

Orientation group curriculum

Investigation report

Interview with residents

Interview with PREA Coordinator

Interview with Program Director

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

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

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

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

The services provided by these agencies include:

- Support by trained, trauma informed, confidential advocates
- Emotional support and counseling
- Information and referral
- Victim advocacy
- Crisis intervention
- Criminal justice/legal advocacy
- Education

\*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.

All residents are offered emotional supportive, rape crisis services after every allegation of sexual abuse or sexual harassment, or if a resident reports prior victimization during risk screening. Because residents have a personal cell phone,

	<p>residents may make contact with emotional supportive agencies without the knowledge or assistance of staff.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA brochure</p> <p>PREA posters</p> <p>Butler County SANE services</p> <p>Montgomery County and Dayton Area hotline</p> <p>Investigation reports</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 Montgomery County- 937-223-5623</li> <li>• Hotline for Dayton area 937-222-SAFE</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 Chief. He verified receiving the auditor’s call and ensuring all calls are taken seriously.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Facility posters</p> <p>Outside hotline number</p> <p>Investigation reports</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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, the auditor asked staff from all levels and departments to explain the facility's reporting process. The staff responded by stating that they would immediately report any report, suspicion, or information to their supervisor or the manager on call. The staff report that they can always report to the Facility Director. All staff interviewed stated that the Facility Director, who is also an administrative investigator, has an open door policy and has created a culture where reporting is comfortable.</p> <p>Staff members were able to discuss training on professional boundaries, and how to engage and build rapport without becoming overly familiar. This training will also allow them to be mindful of ensuring other staff are maintaining professional boundaries. Some staff members were able to discuss their experience with</p>

reporting allegations. All staff state that protecting the resident and ensuring their safety is the facility's highest priority.

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

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

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

Case management staff and staff with licensure report, informing residents of their obligation to report allegations of sexual abuse and sexual harassment, and other limitations of confidentiality.

The auditor reviewed the facilities investigation reports. The reports document staff members reporting based on suspicions, information from phone checks, and reports directly from the victim.

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

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

Review:

Policy and procedure

Employee handbook

Investigation reports

Training curriculum

Employee files

Interviews with staff



<b>115.262</b>	<b>Agency protection duties</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 1468 582">Policy P100:12 states that the agency has procedures in place to protect at risk residents from sexual abuse and prevent retaliation against residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The protection measures include, but are not limited to, dorm moves, facility reassignments, and close observation of alleged victim or perpetrator.</p> <p data-bbox="280 622 1481 990">The PREA Coordinator reports that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. As far as protection methods used for residents, the Coordinator states that the type of protection will depend upon the situation. She states that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. If the allegation is against another resident, the facility has the ability to move the resident to another dorm, or if appropriate and allowable by the parent agency, place the resident victim on home confinement. The parent agency also has the ability to remove the resident from the program if necessary.</p> <p data-bbox="280 1025 1458 1267">The staff report that when residents make reports of feeling unsafe, not just due to PREA, they will do what ever is necessary to make the resident feel safe. RSS staff reporting conducting close observation of residents that are at risk. Close observation entails, the staff report that in addition to the required counts, they would have a staff member “put eyes” on the resident being watched every 15-20 minutes on an irregular schedule.</p> <p data-bbox="280 1303 1474 1590">The residents report that staff respond quickly whenever they hear or see the harassment, and have faith that the staff will ensure their safety while at the facility. The auditor was able to speak to a resident who reported an allegation during the onsite visit. He reports that once he made the allegation to staff, he was immediately separated from the alleged abuser so that he did not have to share a bathroom with the abuser. He states that he feels safe in the facility, and that the staff responded appropriately to his concerns.</p> <p data-bbox="280 1626 1484 1787">The auditor reviewed the investigation reports. The reports document different protection measures used once an allegation is reported. The reports state that staff members have been placed on administrative leave at the beginning of an investigation and the resident victims have been moved to a separate dorm.</p> <p data-bbox="280 1823 392 1859">Review:</p> <ul data-bbox="280 1895 577 2074" style="list-style-type: none"> <li data-bbox="280 1895 577 1930">Policy and procedure</li> <li data-bbox="280 1966 577 2002">Investigation reports</li> <li data-bbox="280 2038 577 2074">Interviews with staff</li> </ul>

	<p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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 PREA Coordinator reports that the facility has had one resident report being sexually abused while at another confinement facility. The facility provided the auditor with documentation of notifying the other facility within 72-hours. The facility also provided documentation of the resident receiving mental health services due to this allegation.</p> <p>The facility has not received an allegation from another facility. The PREA Coordinator reports, that if the facility receives an allegation that a former resident reports an allegation of sexual abuse or sexual harassment while at another confinement facility, the allegation will be immediately investigated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Report to other confinement facility</p> <p>Mental health referral email</p> <p>Interview with PREA Coordinator</p>

<b>115.264</b>	<b>Staff first responder duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 the agency PREA Coordinator. The plan must include provision for the following:

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

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

- Separate the alleged victim and abuser. Locations include the conference room hallway, conference room, or a group room. All would be easily under staff supervision until law enforcement arrived, if needed
- Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence by law enforcement
- If the abuse occurred within a time period that still allowed for the collection of physical evidence, request the alleged victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
- Report the incident to the Program Director
- If the Program Director is unavailable, report the incident to the on call manager. The supervisor who received the report will call the local police department to refer the incident for investigation

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

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

	<p>The facility did not have any allegations that required staff to enact the first responder duties beyond ensuring the victim and abuser were separated. The facility did have one resident offender arrested due to APA being onsite during the investigation.</p> <p>All staff interviewed were questioned on their understanding of the facility's Response Plan and Evidence Protocol. The staff was able to describe a safe location to take the victim, a place to hold the abuser until the local police arrived where they could not destroy any evidence, and contacting the appropriate community agency for rape crisis assistance. Staff report that they would contact their supervisor or the PREA Compliance Manager for specific instructions if an incident ever occurred.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Response Plan and Evidence Protocol</p> <p>Training curriculum</p> <p>Course completion records</p> <p>Interview with staff</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 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> <li>• If the resident request, provide a victim advocate from the rape crisis center</li> </ul>

	<p>but if none are available, contact the qualified staff member to perform emotional support duties</p> <ul style="list-style-type: none"> <li>• The victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews, and will provide emotional support, crisis intervention, information, and referrals</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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A: The PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an “at will” employer.
	Employees are notified of the “at will” status in the employee handbook. Review:
	Interview with PREA Coordinator
	Employee handbook

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	VOAOHIN policy P100:12 states the facility will have procedures in place to protect all resident and staff who report sexual abuse or sexual harassment or cooperate

with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility does this by:

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

The Program Director states that several staff are responsible for retaliation monitoring. The person being monitored will meet with the designated staff member once a week in a private setting to ensure the resident or staff member is not receiving any retaliation for reporting an allegation or cooperating with an investigation. The PREA Coordinator states that should the person being monitored be a resident, then the once a week monitoring visits will also include status checks. Status checks include monitoring:

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

The facility has had allegations that required retaliation monitoring. The facility provided the auditor with a copy of the Retaliation Monitoring Form. The form includes:

- 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
- 15-day, 30-day, 45-day, 60-day, 75-day, 90-day meeting and status check remarks
- Results from monitoring (no retaliation, retaliation found [address and protection measures], end monitoring [unfounded or resident left program], extend monitoring

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

	<p>reassigned). The form also documents that date of every status check.</p> <p>The RSS staff report that if a resident has been identified as needing increased monitoring, they will ensure that a staff members will have increased “eyes” on the resident, have verbal check-ins, and document any concerns.</p> <p>The policy allows for the retaliation monitoring to end if the allegation is determined to be unfounded.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Retaliation Monitoring Form</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with RSS staff</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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</li> </ul>

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

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

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

The auditor reviewed eight investigation reports from the allegations during the past audit cycle. Please see standard 115.222 for a summary of the investigations.

The auditor interviewed all facility PREA administrative investigators during the onsite visit. The investigators were questioned on their investigation techniques and how they make an outcome determination. They state that they conduct interviews of the victim, witnesses, and alleged abuser; review any video or physical evidence (the facility will not collect any evidence related to a criminal scene); and review additional information that may relate to credibility assessment or past incidents. They state that the facility is prohibited by agency policy to use polygraph examinations or other truth telling devices.

During the onsite visit, the facility received a resident-to-resident sexual harassment allegation. The auditor was able to see the investigation process in practice. The administrative investigator conducted the investigation as outlined in policy.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution. When asked how the facility assist in criminal investigations, the Coordinator reports that should a sexual abuse or



	<p>assault incident occur, the facility’s responsibility is to protect the evidence while the police department will collect the physical evidence. DNA collection from any alleged victim will be collected at the hospital. She reports that the staff will be of assistance in whatever way the police direct, and that the Program Director will maintain communication with the police department in order to remain informed on the progress of the investigation.</p> <p>The auditor was giving documentation of staff administrative investigation training certificates. The training is appropriate to meet standard 115.231.</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>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training certificates</p> <p>Investigation reports</p> <p>Interview with administrative investigators</p>
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<b>115.272</b>	<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 allegations from the past twelve months to verify the standard of proof used. All allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p>

	<p>Investigation reports</p> <p>Interview with PREA administrative investigators</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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. Notifications were signed and dated by the resident.</p> <p>The Assistant Program Director reports she would be the person collecting all relevant information to complete the form and have the resident sign the notification.</p> <p>Review:</p>

	<p>Policy and procedure</p> <p>Resident Notification Forms</p> <p>Interview with Assistant Program Director</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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. The auditor reviewed acknowledgement form and signatures during the employee file review. Staff members are required to annually sign acknowledgement of personnel policies and procedures.</p> <p>The auditor was able to review investigations, including those alleging staff sexual misconduct. At the conclusion of substantiated investigations that involved staff members, there is a termination notice. The notice outlines the fact of the investigation, violation, and consequence for noncompliance. The facility had six substantiated allegations involving staff members. All six were terminated, or quit prior to being terminated. Three of the allegations were referred for a criminal investigation.</p> <p>The staff report that they are given a copy of the employee handbook and PREA zero tolerance policy during the new hire process. They understand that they can not only be terminated from employment but can also be investigated criminally for violating the agency's PREA policies. They report that they have an affirmative duty to report if they have information or knowledge of an employee having an inappropriate relationship with a resident. A failure to report such information may</p>

	<p>result in disciplinary action.</p> <p>It is agency practice to place staff on administrative leave during the course of an investigation. Should the investigation determine that the staff member substantially committed an act of sexual abuse or sexual harassment, the agency will terminate employment or contract service.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Termination notices</p> <p>Zero tolerance acknowledgements</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</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 1433 states that all contract staff and volunteers in positions with access to residents will receive pre-service and in-service training on the facility's zero tolerance policies, and on the consequences for violating policies and procedures. The facility will not engage the services of any contractor or volunteer who commits sexual abuse and will report the behavior to the local legal authority, unless the activity is clearly not criminal, and to any relevant licensing bodies.</p> <p>The PREA Coordinator reports that the facility will not allow further contact with residents to any contractor or volunteer who violates the facility's zero tolerance policies.</p> <p>The facility has not had an allegation against a contractor or volunteer during the past audit cycle.</p> <p>Review:</p> <p>Policy and procedures</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</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 1465 501">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:</p> <ul data-bbox="352 568 1477 1397" style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Consensual sexual activity between residents, while prohibited by agency rules, does not constitute sexual abuse, unless coercion was used</li> </ul> <p data-bbox="280 1438 1458 1680">The facility has disciplinary procedures for unauthorized relationships with another resident. Residents will not be disciplined for sexual contact with staff unless the facility finds that the staff member did not consent to such contact. The facility will also not discipline a resident for making a sexual abuse allegation in good faith based on a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="280 1720 1458 1962">The facility had one allegation that was reported after it was initially described as a consensual resident-to-resident relationship. The allegation was administratively investigated and determined to be substantiated. The abuser was no longer at the facility when the allegation was reported. The other resident-to-resident allegation also resulted in a substantiated allegation, and the resident abuser was terminated from the program.</p> <p data-bbox="280 2002 1433 2074">The PREA Coordinator states that the facility does not offer therapy or counseling for residents who commit sexual abuse. Residents found to have substantially</p>

	<p>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.</p> <p>The facility had two residents that tried to establish a relationship with staff members. The staff reported those incidents, and the resident was disciplined according to policy.</p> <p>The facility has not disciplined a resident for making a report of sexual abuse or sexual harassment. Residents are made aware of the possibility that disciplinary action could result from falsely reporting an incident or lying.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Investigation 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 ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. VOAHOIN ensures that the medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The services required to be provided include:</p> <ul style="list-style-type: none"> <li>• Emergency medical treatment and crisis intervention services</li> <li>• Information about and access to sexually transmitted infections prophylaxis and emergency contraception</li> <li>• Medical and mental health evaluation and treatment</li> </ul>

	<ul style="list-style-type: none"> <li>• Evaluation, treatment and follow-up services</li> <li>• Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody</li> <li>• Case and services consistent with the community level of care</li> <li>• Test for sexually transmitted infectious disease</li> <li>• Pregnancy testing and comprehensive access to pregnancy related medical services (for VOAHOIN facilities that house female offenders)</li> </ul> <p>The PREA Coordinator states that all medical and mental health services will be provided for by community providers. She states the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider and is at no cost to the resident.</p> <p>The facility had two residents that experienced sexual abuse while at the facility that requested services from mental health after the incident. The Program Director made a referral to NOVA mental health and ensure the resident was able to receive services. The facility provided the auditor with documentation of the resident receiving services. No resident requested the services of a rape crisis advocate or medical care.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p> <p>Mental health appointment</p> <p>Mental health referral request</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 100:05 states that the agency will ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The agency will ensure that medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This includes providing ongoing medical and mental health evaluation and, as appropriate treatment, to all residents who have been victimized by sexual abuse in any prison,</p>

jail, lockup, or juvenile facility, including but not limited to:

- Follow-up services
- Treatment plans
- Referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody, when necessary

The policy calls for the facility to provide such victims with, or makes, appropriate referrals for medical and mental health services consistent with the community level of care. If pregnancy results from such abuse, resident victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60-days of learning of such abuse history and offer treatment, when deemed appropriate by mental health practitioners.

All services provided to residents are from community providers (NOVA, Miami Valley Hospital, and SANE of Butler County).

The facility is all male; however, should the facility house a transgender resident that is 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.

The facility provided the auditor with case notes that document residents receiving community mental health services for previous incidents of sexual victimization. The services were free of charge to these residents. The facility did not have an allegation of sexual abuse that required medical services, including testing for sexually transmitted infections.

The Program Director reports that that facility has not housed a known resident-on-resident abuser. She states that should the facility become aware that a known abuser is being housed at the facility, the case manager or Clinical Supervisor will ensure the abuser is referred to an appropriate community provider.

Review:

Policy and procedure

Mental health referral

Mental health appointment

Interview with Program Manager

Interview with PREA Coordinator



<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1474 584">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.</p> <p data-bbox="280 622 847 656">The responsibilities of the SART include:</p> <ul data-bbox="352 725 1474 1178" style="list-style-type: none"> <li>• Consider where the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse</li> <li>• 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</li> <li>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse</li> <li>• Assess the adequacy of staffing levels in the area during different shifts</li> <li>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff</li> </ul> <p data-bbox="280 1218 1474 1417">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.</p> <p data-bbox="280 1458 1474 1529">The facility did provide the auditor with a copy of the SART review form. The report documents:</p> <ul data-bbox="352 1599 879 2051" style="list-style-type: none"> <li>• Team members present for review</li> <li>• Evidence collected</li> <li>• Summary of incident</li> <li>• Related past incidents</li> <li>• Motivation for allegation</li> <li>• Victim care</li> <li>• Staff deficiencies</li> <li>• Monitoring technology deficiencies</li> <li>• Physical plan review</li> <li>• Risk level re-screening</li> <li>• Recommendations</li> </ul>

	<p>The facility conducted five SART reviews during the past twelve months. The review team consisted of the PREA Coordinator, Senior Program Director, Program Director of Female program, HR representative, Director of CQI, and the Senior VP of Residential Reentry Programs. The team reviewed summary of incident, previous reports, allegation motivation, victim care, policy and procedure review, staffing, facility vulnerabilities, and screening. The team made the following recommendations from the five SART reviews:</p> <ul style="list-style-type: none"> <li>• Facility will consider looking into possible back up security during storms when power goes down</li> <li>• Increased walkthroughs to cover blind spots</li> <li>• Operation procedures will be reviewed with security staff</li> </ul> <p>The Program Director has the responsibility to ensure all recommendations are implemented after approval from senior administrative leadership. The PREA Coordinator would address needs that would require policy and procedure changes, supplementing electronic monitoring, and staffing levels. The facility documented its implementation of the team’s recommendations.</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> <p>Onsite review of implemented changes</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</p>

Manager is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA coordinator.

The facility provided the auditor with the agency's data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The information includes definition of PREA sexual victimization (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.

The information on the form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, <https://www.voahin.org/wp-content/uploads/sites/9/2023/10/2022-PREA-Annual-Report-Ohio-Indiana.pdf>. The report contains the aggregated sexual abuse and sexual harassment allegation data from all VOAHOIN operated facilities.

#### 2022 PREA Investigations Outcomes by Case Type

- Four substantiated resident-on-resident sexual abuse
- One unsubstantiated resident-on-resident sexual abuse
- One Substantiated resident-on-resident sexual harassment
- Four unsubstantiated resident-on-resident sexual harassment
- One unfounded resident-on-resident sexual harassment
- Five substantiated staff-on-resident sexual abuse
- Six unfounded staff-on-resident sexual abuse
- Two substantiated staff-on-resident sexual harassment
- Two unsubstantiated staff-on-resident sexual harassment
- One unfounded staff-on-resident sexual harassment
- \*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 PREA Coordinator reports that the agency has not received a request from the Department of Justice to provide this information.

Review:

	<p>Policy and procedure</p> <p>Residential Reentry Program Allegation Report (2020, 2021, 2022)</p> <p>Agency website</p> <p>2022 PREA annual report</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Tacking action on an ongoing basis</li> <li>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole</li> </ul> <p>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.</p> <p>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.</p> <p>The report contains the following assessment:</p> <ul style="list-style-type: none"> <li>• During CY 2022 several facilities received additional monitoring technology. DRRP recently had maglocks installed on all doors leading outside. They also replaced their entire camera system to include 55 new cameras, a new server, and upgraded camera software. Brandon Hall added several cameras over the last calendar year due to building renovations. CRRP</li> </ul>

	<p>purchased several new cameras to replace those that were outdated. They were able to gain newer technology such as 180-degree camera angles. There are plans in CY2023 to continue updating cameras and security systems at the residential reentry facilities.</p> <ul style="list-style-type: none"> <li>• There was a training opportunity for PREA investigators in January of CY2022. Additional investigators were needed to cover both states. Five additional staff members were trained at that time. During CY2022 three staff members who were trained left the agency. There are currently 16 PREA investigators across both states to begin CY2023. Continued PREA trainings for all staff will be offered in the upcoming year.</li> </ul> <p>Continued actions to be taken at the agency level include:</p> <ul style="list-style-type: none"> <li>• Continued annual review and revision of agency policy and procedure</li> <li>• Selection and training of additional investigators and trainers, to cover all program site locations</li> <li>• Selection and training of additional victim advocates at all locations</li> <li>• Additional training for all staff on communication and boundaries via the Relias online training system, with the addition of live trainings when needed.</li> <li>• Continued review of PREA Training modules assigned to all staff in the Relias online training system</li> <li>• Training review for all modules required for Contractors and Volunteers</li> </ul> <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <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>
	Policy P100:09 requires the agency ensures that data collected pursuant to

	<p>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://www.voahin.org/wp-content/uploads/sites/9/2023/10/2022-PREA-Annual-Report-Ohio-Indiana.pdf">https://www.voahin.org/wp-content/uploads/sites/9/2023/10/2022-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>2022 PREA annual report</p> <p>Agency website</p> <p>Interview with PREA coordinator</p>
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<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. The agency will have another facility audit later in this audit year which will complete 2/3 of the facility's required audits.</p>

	<p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, Program Manager, and Assistant Program Manager escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with agency and facility documentation prior to the onsite visit through a flash drive mailed to the auditor. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation during the onsite visit. The auditor review ten resident files and seven staff files for additional information and confirmation of reported information.</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 or during the onsite visit.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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 Dayton Residential Reentry Program is currently posted. The auditor reviewed the agency’s website and verified that the final audit report for all facilities were posted.</p> <p>This is year two of the current audit cycle. The facility has scheduled an audit for a facility in Indiana later in the audit cycle. The audits for year one are already completed. The facility has a total of six facilities and will have two audits conducted each audit year.</p> <p>The PREA Coordinator states that she understands the audit requirements of having 1/3 of its facilities during each year of the three-year audit cycle. She also understands the requirement of posting all final audit reports on the agency’s website.</p> <p>Review:</p> <p>Agency website</p> <p>Interview with PREA Coordinator</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.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<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	yes

	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).	yes

<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.)	na
<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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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