

# PREA Facility Audit Report: Final

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

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/04/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 01/04/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	11/19/2025
<b>End Date of On-Site Audit:</b>	11/20/2025

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

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

<b>Facility Director</b>	
<b>Name:</b>	Dusty Ramirez
<b>Email Address:</b>	dusty.ramirez@voaohin.org
<b>Telephone Number:</b>	419-576-1224

<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>	165
<b>Current population of facility:</b>	139
<b>Average daily population for the past 12 months:</b>	137
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>Age range of population:</b>	18-82
<b>Facility security levels/resident custody levels:</b>	TC, TT, PRC, Parole and Probation
<b>Number of staff currently employed at the</b>	38

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

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Volunteers of America Ohio & Indiana
<b>Governing authority or parent agency (if applicable):</b>	Volunteers of America, Inc.
<b>Physical Address:</b>	215 North Front Street, Suite 510, Columbus, Ohio - 43215
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

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

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

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit: 2025-11-19

2. End date of the onsite portion of the audit: 2025-11-20

#### 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?

Yes  
 No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

SARNCO (Central Ohio rape crisis agency)  
OhioHealth (Hospital)  
Third Street Family Health

### AUDITED FACILITY INFORMATION

14. Designated facility capacity: 165

15. Average daily population for the past 12 months: 137

16. Number of inmate/resident/detainee housing units: 3

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?

Yes  
 No  
 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>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	160
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>27. 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>	1
<b>28. 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>29. 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>	1
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3

<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. 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>3</p>
<p><b>34. 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>35. 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 identified as LEP is ESL and can read, write, and understand English. The facility does not have a segregation unit or isolation cells.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. 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>36</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>38. 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>4</p>
<b>39. 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>No volunteers at the facility.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>14</p>
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Race</li> <li><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input checked="" type="checkbox"/> Length of time in the facility</li> <li><input checked="" type="checkbox"/> Housing assignment</li> <li><input checked="" type="checkbox"/> Gender</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>The auditor requested a list from the facility of the identified special groups. Also discussed with staff if anyone in the special category was currently residing in the facility currently.</p>

<b>43. 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>44. 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>45. 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>47. 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>	3
<b>48. 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>	2

<p><b>49. 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>1</p>
<p><b>50. 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>51. 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>1</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>

<p><b>53. 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>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>55. 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>3</p>
<p><b>56. 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>57. 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>All residents were interviewed using the random resident interview protocol. Residents that were in the specialized category were interviewed using both protocols, but the over sample was not counted in the targeted resident count.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>7</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input 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 checked="" 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>61. 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>The auditor interviewed all staff available during the onsite visit.</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>62. 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>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. 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)

**67. 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>68. 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>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. 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.

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

<p><b>76. 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 able to view all areas of the facility. Every door was opened for the auditor to view, including maintenance areas and storage rooms. The auditor was also able to view the perimeter areas of the facility. The auditor was able to view pat searches; processing residents in and out of the facility; information interactions between staff and residents; formal interactions between staff and residents; monitoring stations; staff accessing different areas of the facility; electronic documentation process; count; posters; and tested reporting options.</p>
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**Documentation Sampling**

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

<p><b>77. 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>
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<p><b>78. 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 was able to review additional documentation, including electronic documentation, during the onsite visit.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	5	0	5	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	7	0	7	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.

#### 81. 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

#### 82. 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	1	0
<b>Total</b>	0	0	1	1

### 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.

**83. 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

**84. 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	3	2
<b>Staff-on-inmate sexual harassment</b>	0	0	1	1
<b>Total</b>	0	0	4	3

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

**Sexual Abuse Investigation Files Selected for Review**

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

2

<p><b>86. 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>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>88. 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>89. 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>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. 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>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>7</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>96. 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>97. 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>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	Investigation reports are from calendar year 2024 and 2025 (up until the onsite audit date).
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>102. 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

**103. 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

**108. 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 P 100:08 states that Volunteers of America has zero tolerance toward all forms of sexual abuse and sexual harassment. The agency has policies and procedures in place to prevent, detect, and respond to such conduct. The agency designates an agency-wide PREA coordinator from upper-level management who has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA standards. The agency maintains full compliance with the PREA federal guidelines and standards; utilizing the definitions and outcomes therein for agency purposes.</p> <p>Agency policy P 100:09 identifies the standard set of definitions. The definitions include:</p> <ul style="list-style-type: none"> <li>• Staff- used to denote a staff member, contractor, or volunteer</li> <li>• Consent- explicitly giving permission for participation in a sexual act <ul style="list-style-type: none"> <li>◦ All sexual contact between a resident and a staff member is</li> </ul> </li> </ul>

considered non-consensual

- Sexual contact between residents is considered non-consensual when the victim does not give consent, is coerced into such acts by overt or implied threats of violence, or is unable to consent or refuse
- Sexual abuse-
  - Anytime a resident sexually touches the sexual parts of another residents' body, forces them to touch the sexual parts of their body, has sex with the resident without consent, or forces the resident to have sex with someone else without consent, it is against the law
  - Anytime a staff member makes sexual advances or comments, sexually touches a resident, or has sex with a resident, it is against the law. Even if the resident wanted or invited it, the staff person is not allowed to respond. This does not include routine searches or touching for certain medical procedures
  - Anytime a resident sexually touches a staff member or forces the resident to touch the staff member, it is against the law
  - Any display by a staff member of his/her uncovered genitalia, buttock, or breast in the presence of a resident
- Sexual harassment-
  - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another;
  - Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures
- Voyeurism-
  - The invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet to perform bodily functions;
  - Requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions
- Nonconsensual sexual acts include:
  - Contact between the penis and the vagina or the penis and the anus, including penetration, however slight
  - Contact between the mouth and the penis, vagina, or anus
  - Penetration of the anal or genital opening of another person by a hand, finger, or other object
- Abusive sexual contacts include:
  - Intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person
  - Incidents in which the intent was to sexually exploit (rather than to harm or debilitate)

These same definitions are used in the collection of uniform data for every

allegation of sexual abuse at facilities under VOA/HIN control.

Agency policy P 100:08

requires the agency to designate an agency-wide PREA coordinator from upper-level management who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards.

The PREA Coordinator's responsibilities include:

- 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
- Reporting required PREA investigation reports through Intelligrants with all information required by the Bureau of Community Sanctions (Ohio RRs only)
- Submit compliant audit outcome report, PREA annual report and PREA staffing plan to the Bureau of Community Sanctions at the time of the Bureau of Community Sanctions program review (Ohio RRs only)
- Attend and participate in any PREA Coordinators meeting facilitated by staff at ODRC
- Participate in the annual policy review
- The Survey of Sexual Violence is conducted by the Department of Justice annually. Upon request, the agency shall provide all such facility data from the previous calendar year to the Department of Justice no later than the due date requested

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

The auditor was able to interview several Executive Level Management members who represent all VOA of Ohio and Indiana facilities. These Executive Level

Management members all state that the PREA Coordinator is give must latitude in developing and implementing policies, procedures, and practices that ensure all VOA reentry facilities are in compliance with the PREA standards. They report that their function is to provide the PREA Coordinator with sufficient support to remove barriers to compliance.

In addition to the Agency PREA Coordinator, the agency has a Quality Improvement Manager for all Residential Reentry Programs that assist the facility PREA Compliance Managers with collecting and maintaining documentation related to the PREA standards.

The facility's Program Director serves as the PREA Compliance Manager. She reports during her interview that her job duties focus on daily operations and PREA related decision-making. She ensures that the facility is in compliance with agency policies, PREA standards, and supervising all department leads. Specifically relating to PREA, she states that she:

- Receives reports of PREA allegations
- Ensures all allegations are reported to PREA Coordinator
- Contacts law enforcement or outside agencies when required
- Ensures the facility follows the Coordinated Response Plan
- Ensures protective actions are taken when residents are identified as at risk
- Authorizes housing changes, increased supervision, and separation measures
- Monitors for retaliation
- Follow-up communication related to incidents or investigations

Resident safety was repeatedly described as a core responsibility.

Review:

Policy 100:08

Policy 100:09

PREA Coordinator job description

Table of organization

Interview with PREA Coordinator

Interview with Quality Improvement Manager

Interview with Program Director

Interview with PREA Compliance Manager

	<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 VOA.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <ul style="list-style-type: none"> <li>• The physical layout of each facility, including consideration if the facility should plan any substantial expansion or modification of existing facilities;</li> <li>• The composition of the resident population</li> <li>• The prevalence of substantiated and unsubstantiated incidents of sexual abuse;</li> <li>• Any other relevant factors</li> </ul> <p>The policy requires the Program Director to document and justify all deviations from the staffing plan.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• The prevailing staffing patterns</li> <li>• The facility’s deployment of video monitoring systems and other monitoring technologies</li> <li>• The resources the facility has available to commit to ensure adequate staffing levels</li> </ul> <p>The facility provided the auditor with a facility floor plan, camera view screenshots, and a copy of the facility’s most recent staffing plan, as well as copies from the previous years. The plan included:</p>

**Layout of the facility:**

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

**Composition of Residents:**

In Mansfield there are separate male and female buildings. In general, the current level of security staff is adequate to secure the facilities. Mansfield Male program has a max capacity of 128. The Mansfield Female program has a max capacity of 35 residents. 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:**

Across all four Ohio residential reentry programs, Volunteers of America Ohio & Indiana (VOAOHIN) served 2791 residents in CY2024. VOAHOIN served 534 more residents in Ohio during CY2024 than in CY2023. Indiana residential reentry programs served a total of 548 residents in CY2024, 103 more than in CY2023. The number of reported PREA incidents (n=20) is not disproportionate to the number of residents served in a twelve-month period.

In review of the aggregated data from CY2024, reports included both resident-on-resident incidents and staff-on-resident incidents, with an equal number of each.

Staff across programs would benefit from additional training related to understanding sexual harassment within the PREA definitions as well as continued training on interpersonal communication and boundaries with residents. Training should include all staff, contractors, and volunteers. Additional training should target specifically the staff who have the most consistent contact with residents. Additional staff guidance is available and annual required trainings are assigned through Relias for all staff. In addition to the Relias training, an effort was made in CY2024 to increase the number of in person live PREA trainings available to ensure staff competency and additional trainings were completed live at each site.

Further training opportunities were offered for PREA investigators to combat staff turnover. The agency will gain additional neutral PREA Investigators for any staff related investigations. Continued PREA trainings for all staff will be offered in the upcoming year. The agency has one PREA Coordinator serving both states. Additionally, there are PREA Compliance managers in both states and trained PREA managers at each residential reentry program.

**Deviations from Staffing Plan:**

Policy calls for adequate staffing in each facility 24 hours a day that are available

and responsible for resident needs. Adequate staffing is defined in policy 300:07 and in accordance with contractual obligations. When both males and females are housed in the same facility, at least one male and one female staff person will be on duty at all times. Generally, this refers to RSS staff, though program staff help may be used to meet this ratio and provide coverage during their normal working hours.

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

Given the struggle the facility have had with RSS retention, the facility is always at a risk via a call-off for suboptimal gender staffing patterns at the facility, which increases the risk of a PREA incident. The facility seeks to address this through on-call staffing and increased awareness of the issue. The facility seeks 0% deviation from planned staffing patterns.

**Prevailing Staffing Pattern:**

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. Case Managers work 1st shift M-F, with one chosen late day per week (noon - 8 pm) and rotating Saturdays (1 CM is present on 1st shift each Saturday); Counselors work 1st shift M-F; Senior Program Directors, Assistant Directors and Clinical Supervisor/Directors work 1st shift M-F, with a rotating on-call schedule to respond to off hours needs at each program; Administrative staff work 1st shift Monday through Friday.

Male facility-

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

Female facility-

- 6am - 2am            Three Reentry Support Specialist
- 2pm - 10pm        Two Reentry Support Specialist
- 10pm - 6am        Two Reentry Support Specialist

**Video Monitoring:**

Video surveillance is available in all group rooms, classrooms, dayrooms, rec yard, smoke pits, hallways, and kitchen areas. Monitoring cameras can be done from each control center. Administrative staff with permission can also view the camera system from their desktops. Surveillance system has record and playback features for video. This company will continue to assist in reviewing and updating systems at all facilities.

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

**Funding:**

On April 16, 2025 there was a Teams meeting to begin discussing staffing and budget plans for our Residential Reentry facilities. In attendance were Michael Salois, Chief Operating Officer, Alan Fabry, Vice President of Reentry, Shawna Gottlieb, Chief Financial Officer, Justin King, Operations Manager and Megan Swingle and Jake Garvey, Senior Directors of RRP Facilities. Additional discussions took place prior to budget finalization related to other program/facility needs that might impact the fiscal year 2026 budget.

**Summary:**

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

Review:

Policy and procedure

FY 2024, 2025, and 2026 Staffing plan Floor plan

Camera view screenshots

Tour of facility

Interview with Program Director

Interview with PREA Coordinator

Interview with RSS staff

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

Agency policy P 100:04 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.

For Residential Reentry Programs that house residents on behalf of the Federal Bureau of Prisons, staff will conduct random pat searches of residents as necessary. The facility will not conduct cross-gender searches except in exigent circumstances or when performed by medical personnel. Any cross-gender searches must be approved in advance by the RRM or designated BOP staff. In the event the RRM is unavailable, then law enforcement should be contacted to conduct the search.

The definitions for each search is included in the policy

- **Enhanced Pat Search:** a search in which the subject is required to remove his or her clothing, with the exception of underwear and bra, for the purposes of a visual search after the initial pat search has been conducted
- **Exigent Circumstances:** any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility
- **Pat Search:** a search of a fully clothed person using a patting motion with the hands on the body of the subject
- **Strip Search:** a search in which the subject is required to remove all of his or her clothing

RRP policy 600.03 defines pat searches and enhanced pat searches procedures:

### **Pat down searches:**

- Inspection of a fully clothed person using a patting motion with the hands on the body of the subject
- Routinely conducted with residents entering the building and randomly with residents in the building

### **Enhanced pat down searches:**

- Facilities should conduct enhanced pat searches on a limited basis, based on contractual requirements. FBOP does not allow enhanced pat searches for any resident.
- Only the Senior Program Director or designee can authorize enhanced pat searches.
- All enhanced pat searches are to be conducted in private, by at least (2) same sex as the resident staff members.

- All enhanced pat searches must be thoroughly documented in the resident log and if contraband is found, a SecurManage incident report will be completed.
- Staff will be trained in how to conduct searches of transgender and intersex residents, in a professional and respectful manner consistent with security needs.
- Staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. This will be determined through conversations with the resident and by reviewing medical records.

Policy P100:04 requires staff with search responsibilities receive training during orientation on how to conduct all searches. Staff are aware that the facility prohibits strip searches and cross-gender enhanced pat down searches, and that in emergency situations, only health care professionals are allowed to conduct inspections of body cavities. The training includes what constitutes an exigent circumstance:

**Cross-gender pat-down exigent circumstances:**

- When a female staff member is not available to conduct the pat-down search of a female resident and staff on duty believe that exigent circumstances exist that warrant a cross-gender pat-down search, the Program Director or on-call supervisor must be contacted for prior approval.
- All pat-down searches should be conducted within full view of security cameras
- All exigent circumstances must be documented in writing by the Program Director to the PREA Coordinator.
- All cross-gender pat-down searches involving a female resident must be documented in the resident log. Documentation must include:
  - Full account of the incident and staff involved
  - The exigent circumstances that necessitated the cross-gender pat-down search
  - How and when supervisory approval was obtained
  - The results of the pat-search

As part of supportive documentation sent prior to the onsite visit, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training includes video on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents and safe management of LGBTI residents, and facilitated hands-on training on pat search techniques. 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 agency provided the

auditor with the training video and copies of the sign-in sheet.

During the onsite visit, the auditor was able to view Resident Support Specialist staff who conduct searches of residents. The search was completed as described in policy.

Resident Support Specialist staff, interviewed during the onsite visit, report receiving pat search training during orientation, and during On The Job training. They report that training includes same gender, cross gender, and transgender searches. Resident Support Specialist interviewed state that pat searches are conducted during intake, when residents return to the facility after having community access, and for cause. Male RSS staff state that they do not search female residents. A female RSS staff member is required for each shift. Female RSS staff report that male staff conduct all searches on male residents. They report only using a metal detector to conduct searches of male residents.

During the onsite visit, the auditor interviewed both male and female residents regarding pat search practices. Residents consistently reported that pat searches are conducted when returning to the facility from passes, home visits, work, appointments, or any time they leave the building. Residents stated that pat searches are conducted by staff of the same gender. Female residents similarly reported that they have never been pat searched by male staff and stated that same-gender staffing has not limited their ability to attend outside programs, appointments, or activities. Residents did not raise concerns regarding the manner in which pat searches are conducted, and did not associate pat search practices with harassment or inappropriate conduct.

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 facility has four housing units (1female and 3 male). The males, housed in the honor dorm, have access to a bathroom within the unit. The male residents from the other two housing units share a bathroom. The bathroom in the honor dorm has a solid door at the entrance. It is equipped with two toilet stalls with doors, one urinal, and three individual shower stalls with curtains. The main bathroom in the male unit has an open entryway and is divided into two sides. One side occupies four toilet stalls with doors, six urinals, and sinks with mirrors above, while the other side contains thirteen shower stalls. The shower stalls are single use only and have curtains for privacy. There is an alcove for residents to use to dress/undress that is not visible, outside the bathroom area. The remodel of the resident bathroom removed a potential site line into the bathroom from the corridor.

The female resident bathroom has an open entrance with a turn so that no one can easily view into the bathroom. Once around the corner, there are four toilet stalls on the right with doors across from the sinks with mirrors above. There is another

	<p>corner at the back of the bathroom that houses the five individual shower stalls. Each shower stall has a privacy curtain. The configuration of each bathroom allows for residents to shower, change clothing, and perform bodily functions with as much privacy as possible without compromising the safety of the facility.</p> <p>Staff interviewed report their awareness of cross-gender announcements when entering into resident dorms or bathrooms. The staff report that every time they enter into these areas of opposite gender, they will announce “male on the floor” or “female” prior to entering in order to allow for residents who are in a state of undress to cover themselves.</p> <p>Residents interviewed report that opposite gender staff always announce themselves prior to entering into a dorm or bathroom. Male and female residents both report that opposite gender staff generally do not enter into the bathroom when it is occupied. They report that the staff member will stand at the entryway and ask who is inside. No resident report any type of incidental viewing or PREA concerns related to cross-gender supervision.</p> <p>Review:</p> <p>Policy 100:04</p> <p>Policy 100:10</p> <p>RRP Policy 600.03</p> <p>Facility tour</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Relias course completions</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Interview with Shift Supervisors</p> <p>Interview with Program Director</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policy P 100:07 states that each resident admitted to a VOAHOIN Residential Reentry Program receives 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.

Information is read aloud if a resident has identified or is known to have limited literacy skills. Interpreters (technology or nonresident) are made available for those who are "limited English Proficient," deaf, or visually impaired. Translations in a client's main language is provided whenever possible. Local social service agencies will be contacted for further assistance if needed. Residents who are deaf will be provided with written explanations of all program guidelines. The agency will provide communication assistance for limited-English proficiency residents, family members, and significant others whenever necessary in order to ensure that they may participate fully in program services at, no additional cost. Where bilingual staff is not available, local social service and/or advocacy groups representing the particular minority group will be contacted for volunteer assistance or local educational institutions with foreign language or literacy departments will be contacted for assistance. Persons with learning disabilities or who are unable to read will have all materials read and explained in simple language. The agency will provide auxiliary aids for sensory-impaired residents, family members, and significant others whenever necessary in order to ensure that they may participate fully in program services, at no additional cost. The agency will not rely on resident interpreters, resident readers, or other types of resident assistant except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties under PREA §115.264, or the investigation of the resident's allegations.

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

Orientation and PREA education are part of the intake process and include verbal reviews of policies, the PREA acknowledgment, and information on how to report

abuse. The facilitator that conducts orientation group reports to the auditor that during group she will walk residents through the Resident Handbook; explain rules, expectations, and responsibilities; clarify information if residents do not understand, and provide scenarios to reinforce key policies.

All staff interviewed were questioned on how they would assist residents that are limited English proficient/English as a second language, deaf/hard of hearing, blind/low vision, or have cognitive, mental, or physical disabilities. Staff stated that when resident do not understand written materials, have difficulty reading or comprehending information, or need clarification due to language or cognitive limitations, they will read policies, rules, and forms aloud, explain information in simple terms, take additional time to ensure understanding and/or assist resident in completing paperwork. Staff report that they will seek additional assistance for LEP or ESL residents if a language barrier persists. Staff report that they have not had a resident that could not understand and abide by facility rules. Due to the program being focused on treatment, all residents must be able to participate in the program to meet acceptance criteria.

The Program Director reports that they had one resident arrive at the facility that was deaf, did not know sign language, and did not read lips. She reports that all information had to be written down in order for him to understand. The facility assigned a staff member to work one-on-one with the resident while at the facility.

The Program Director reports that residents that present with concerns about comprehension, functioning, or vulnerability will be assessed for the need for additional supervision, housing assignment, and/or other protective measures.

The facility provided the auditor with materials used to educate residents on their rights and responsibilities under the PREA standards. The facility has educational PREA brochures and posters in English and Spanish. Additionally, residents are informed about alternative reporting options during orientation sessions. The facility has a list of agency's that can provide appropriate assistance. The list includes:

- Versatile Interpreting and Translations LLS
- Heritage Interpreting
- North Coast Interpreting Services
- Ohio Translation Services
- Certified Interpreters United
- A.S.I.S.T. Translation and Interpreting Services
- ASL Interpreting Services LLC
- The Silver Lining Group

The auditor interviewed all residents that were identified as having a physical, reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. All specialized resident interviewed were able to describe the PREA education provided to them at orientation group and knew all ways they were able to report an allegation.

	<p>Review:</p> <p>Policy 100:07</p> <p>Interpreter/translator service provider list</p> <p>Education materials (English and Spanish)</p> <p>Interview with residents</p> <p>Interview with group facilitator</p> <p>Interview with staff</p> <p>Interview with Facility Director</p> <p>Orientation curriculum</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 standards 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 2014 had a reference check that included notification of any PREA allegations.

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

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 for 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 documentation 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> <p>Policy P100:01</p> <p>Employee background checks</p> <p>Employee job applications</p> <p>Employee reference checks</p> <p>Employee promotion</p> <p>Employee disciplinary action</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy P100:03 states that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, the Program Director and executive level leadership will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The executive level leadership will solicit feedback from the</p>

	<p>agency's PREA coordinator to ensure sexual safety considerations have been made.</p> <p>The Program Director reports to the auditor that the facility has not acquired any new facility, nor is it planning any substantial expansion or modification of the current facility. The facility has remodeled the main shower area. This is not a change, just an update.</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>Review:</p> <p>Policy and procedure</p> <p>Shower remodel invoice</p> <p>Camera system upgrade invoice</p> <p>Camera invoice</p> <p>Facility tour Camera views</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</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> </ul>

- Access to victim advocate
- Notification of local law enforcement, when necessary
- Protection measures in place to ensure that the alleged victim or resident who report incidents are not subject to retaliation

The agency ensures that investigations are conducted by properly trained individuals or local law enforcement who have the legal authority to conduct criminal investigations. The assigned PREA investigator will begin conducting the investigation as soon as possible, but no more than 24 hours after notification. Allegations that appear to be criminal in nature will be referred to Mansfield Police Department.

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

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

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

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

The auditor attempted to communicate with SARNCO; however, no response was returned. During the previous audit, the auditor was able to speak with a SARNCO representative and confirm services provided to resident victims would be free of charge. During that conversation, The manager states that the agency will provide bedside advocacy and provide emotional support during law enforcement interviews and court proceedings. The manager also reports that the agency is in partnership with Deaf World Against Violence Everywhere to provide advocacy to deaf survivors. The manager reports that the agency is funded through a Violence Against Women Act (VAWA) grant and that all services are free of charge. These services include:

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

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

The facility has two trained staff members who can act as an emotional support staff at the request of the resident. The auditor interviewed one staff member during the onsite visit. The VSP reports that when meeting with a victim, she:

- Listens patiently and allows victims to be heard, even when they are highly emotional or upset
- Helps calm individuals during periods of crisis, often spending extended time with them until they de-escalate
- Provides empathetic, nonjudgmental support, rather than conducting investigations or making determinations

The Victim Support Person serves as a supportive, trusted point of contact for residents who are overwhelmed or struggling after an incident of sexual harassment or sexual abuser.

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

Review:

Policy and procedure

MOU with MedCentral

Training certificates

SARNCO website

MedCentral website

Interview with emotional support staff

Interview with PREA Coordinator

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Agency policy P100:14 requires administrative and/or criminal investigations are completed for all allegations of sexual assault, abuse, and harassment in 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.

The agency post its investigatory policy on its website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.voahin.org/wp-content/uploads/sites/9/2023/10/Investigation\_Protocols\_VOAHIN-1.pdf. The website reports that all allegations of sexual abuse and sexual harassment will be administratively investigated and if at any time the behavior appears to be criminal in nature, the facility will refer the allegation to the local legal authority. The criminal investigatory agency is responsible for referring allegations to the local prosecutor for any allegation deemed appropriate according to their agency policy.

The facility has had the following investigations between 2024 - 2025. The auditor reviewed the following investigations:

- Resident - Resident, sexual abuse, substantiated
- Resident - Resident, sexual harassment, substantiated
- Staff - Resident, sexual harassment, substantiated
- Resident - Resident, sexual harassment, unsubstantiated
- Contractor - Resident, sexual abuse, unsubstantiated
- Resident - Resident, sexual harassment, unsubstantiated
- Resident - Resident, sexual harassment, unsubstantiated
- Staff - Resident, sexual harassment, substantiated
- Resident - Resident, sexual harassment, substantiated

The facility also investigated several other allegations that were determined not sexual abuse or sexual harassment, but violations of the agency's core values, employee conduct, and work rules, and/or violations of client and staff relationship policies.

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

Review:

Policy and procedure

Investigation reports

Agency website

Interview with PREA Coordinator

Interview with administrative investigators

<b>115.231</b>	<b>Employee training</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 582">VOAOHIN policy 100:02 ensures that all members of the workforce at Residential Re-entry 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.</p> <p data-bbox="280 622 1481 990">Policy states that on an annual basis, employees are provided with the agency's policy on their responsibility related to sexual abuse and sexual harassment prevention, detection, and response. Every two years, all staff will be enrolled in the Learning Management System (LMS) PREA Training Plan. Enrollment is based on the last completion dated. All staff will be required to complete training, and pass a test at the end of each training course to ensure comprehension of the information provided. Training is designed to ensure staff understand their responsibilities under the Prison Rape Elimination Act and how to recognize, prevent, and appropriately respond to sexual abuse or harassment.</p> <p data-bbox="280 1025 667 1061">The training topics include:</p> <ul data-bbox="354 1133 1315 1626" 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 data-bbox="280 1666 1426 1948">Policy requires all staff, which includes, employees, volunteers, interns, and contractors, are required to acknowledge the agency policies that outline their responsibilities related to sexual abuse and sexual harassment prevention, detection, and response, and the agency's zero tolerance policy against resident sexual abuse and harassment, upon hire and annually thereafter. The Program Director will maintain all documentation of acknowledgments for contractors, interns, and volunteers in electronic or hard copy.</p> <p data-bbox="280 1989 1426 2065">During onboarding training, staff receive PREA Introduction training. This training covers the origins of PREA, related definitions, mandatory reporting obligations,</p>

creating a reporting culture, retaliation, protection responsibilities, all types of searches, and ways residents can report. Training is given on both genders due to staff having contact with both male and female residents. Throughout the year, the PREA Coordinator uses the Relias Learning Management System to provide staff with "Brain Sparks." These are a series of questions related to the PREA standards as refreshers to agency PREA policies.

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

- Guideline for Workplace Conduct
  - No fraternization
  - Professional integrity
  - Conflicts of interest
  - Non-reprisal for reporting
  - Scope of practice
  - Termination offense
- Whistleblower Policy
- Anti-Harassment Policies
- Personnel Policies
- Zero Tolerance Policies
  - Definitions
  - Prevention strategies
  - Methods of reporting
  - Detection/recognition
  - Crisis intervention
  - Evidence preservation
- Standards of Conduct
- Grievance Procedures
- Conditions of Employment
- Site specific on the job Training
  - Security
  - Policy manual
  - Culture
  - PREA Intake Assessment
  - Community Agency Partnerships
- Confidentiality/Limits to Confidentiality
- Title VII of the Civil Rights Act of 1964
- Professional Client/Staff Relationships

The 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>During staff interviews, they consistently report that they have received PREA training. The staff were knowledgeable about the agency's zero tolerance policy, mandatory reporting requirements, and the need to protect victims and prevent retaliation. All staff were able to articulate the first responder duty steps, while others spoke of job specific PREA training, such as pat searches, risk assessments, and retaliation monitoring. Some specific statements from staff include:</p> <ul style="list-style-type: none"> <li>• “If someone reports to you, you have a duty to take some immediate actions.”</li> <li>• “I know that if I suspect something, I document it and report it.”</li> <li>• “We get some sort of PREA training annually. It's both in person and on the computer.”</li> <li>• “The PREA Coordinator provides refresher training during staff meetings.”</li> </ul> <p>Facility documentation and interviews confirm that staff receive PREA training upon hire and annually thereafter, with training content covering zero tolerance, mandatory reporting, first responder duties, professional boundaries, retaliation protections, and cooperation with investigations. Training completion is documented in the agency’s Learning Management System, and refresher training is provided as needed.</p> <p>Review:</p> <p>Policy 100:02</p> <p>Relias training curriculum</p> <p>Training sign-in sheets</p> <p>Relias course completion reports</p> <p>Policy acknowledgments</p> <p>Interviews 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>
	<p>Policy 100:02 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</p>

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 PREA Coordinator states that contractors and volunteers at the facility are required to have VOA specific training on:

- The agency's zero tolerance policy
- Mandatory reporting obligations
- Professional boundaries
- Prohibitions against retaliation

She reports that contract staff are held to the same reporting standards as employees and are required to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment.

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

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

During the onsite visit, the auditor interviewed an Aramark Food Service Manager, who confirmed that contract staff receive PREA training through their parent agency, Aramark. The staff member further stated that VOA staff provide additional on-the-job guidance, clarification, and coaching when PREA-related questions or

	<p>concerns arise. Food service staff demonstrated awareness of core PREA responsibilities, including the obligation to report sexual harassment or abuse and the importance of maintaining professional boundaries with residents.</p> <p>Review:</p> <p>Policy 100:02</p> <p>Aramark Shield Training</p> <p>Contractor PREA training acknowledgments</p> <p>Volunteer standards of conduct acknowledgements</p> <p>Interview with Aramark Food Service Manager</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 states that during orientation phase, the following will take place:</p>

- Assigned staff ensure the intake packet is reviewed with the residents within 24 hours of arrival; including, but not limited to:
  - Sexual abuse and sexual harassment information including VOAHOIN's zero tolerance policy, reporting, medical care, advocacy, and mental health resources

The facility provided the auditor with a copy of the resident's handbook, intake packet, and PREA reporting posters (English and Spanish). The handbook describes the agency's zero tolerance policy, the specific types of behavior that constitutes sexual harassment or sexual abuse, how a resident can report sexual harassment or sexual abuse (verbally to any staff member, contractor, or volunteer; anonymously to a third party hotline; in writing, or through a family member or friend), advocate, medical and mental health services that are available free of charge, and the limits of confidentiality where reporting allegations are concerned. The handbook contains contact information for third party agencies as well as in house toll-free phone numbers.

The intake packet contains a brochure that contains information on how a resident can keep themselves safe, national, state, and local advocate agencies contact information (address and phone numbers), reporting options, and available services.

Orientation and PREA education are part of the intake process and include:

- Purpose of the facility and program goals
- Right to access medical, mental health, and support services
- Right to confidentiality within legal and safety limits
- Review of facility rules and behavior expectations
- Right to safety and protection from abuse, harassment, and retaliation
- Prohibited acts, including violence, threats, and sexual misconduct
- Disciplinary process and potential sanctions
- Explanation that serious violations may result in removal or termination from the program
- How residents can report sexual abuse or harassment
  - verbally to any staff member
  - in writing
  - through third parties
  - confidential and anonymous reporting options
  - availability of outside reporting
  - encouragement to report concerns immediately
- Explanation of retaliation and prohibited behaviors
- Resident responsibility to report retaliation concerns
- Personal safety awareness
- Respecting boundaries with staff and other residents
- How to request services or assistance
- How to file a grievance or complaint
- Emergency grievance procedures

- Assurance that grievances related to sexual abuse may not be disciplined unless filed in bad faith

The auditor interviewed the staff member assigned to facilitate the orientation group. She reports that orientation is not limited to giving residents documents. She will walk residents through the resident handbook; explain rules, expectations, and responsibilities; clarify information if residents do not understand something; reinforce key policies instead of assuming residents will read them independently; and explicitly address PREA:

- A clear explanation of PREA
- Review the zero tolerance policy
- Discussion of behavioral expectations and consequences, including removal from the program for serious violations

She states that residents are told during orientation that PREA violations are serious and carry immediate disciplinary consequences. The staff member reports that orientation is meant to ensure residents understand what is expected before moving forward in the program. She states the facility will provide communication assistance for any resident that has a language barrier or disability that limits their ability to understand the information (for specific ways on how the facility addresses this issue, please see standard 115.116).

During resident interviews, they report to the auditor that they receive orientation soon after arrival, following intake. They state that during orientation, rules and expectations are explained. The residents state they received a handbook and that the handbook is reviewed during orientation. All residents report receiving information on the facility's zero tolerance policy, how to report PREA, and opportunities for free medical and mental health services.

The auditor was able to verify residents' acknowledgement of receiving PREA information during intake and attending orientation group.

The information provided during orientation group is not a one-time event. Orientation introduces core information that is reinforced during meetings with case managers, and is repeated in the resident handbook, on postings, and ongoing staff interactions.

During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.

Review:

Policy 100:07

Resident intake packet

	<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 case managers</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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> <li>• Criteria and evidence required to substantiate a case for administrative action or prosecution referral</li> </ul> <p>The auditor was provided the Sexual Assault Investigation Training curriculum used to train staff on administrative investigations. The Curriculum and training was provided by the Massachusetts Department of Corrections and includes:</p> <ul style="list-style-type: none"> <li>• Defining PREA allegations</li> <li>• Evidence protocol and forensic medical examinations</li> <li>• Interviewing victims and suspected perpetrators</li> <li>• Investigative outcomes</li> <li>• Documentation</li> <li>• Post allegation tracking and monitoring</li> </ul> <p>The training was appropriate for the requirements of this standard. The PREA Coordinator was trained on how to be an instructor for administrative investigator training. She facilitates training and refresher training for VOA staff using this</p>

	<p>curriculum.</p> <p>VOAOHIN has 24 trained investigators, with four working directly at MRRP. Investigators described receiving specialized PREA training that addresses trauma-informed interviewing techniques, minimizing personal bias, evaluating credibility and evidence, and applying the preponderance of the evidence standard rather than a criminal burden of proof. Investigators demonstrated an understanding of their role in conducting administrative investigations consistent with agency policy. The investigators reported that when an allegation involves a staff member, the PREA Coordinator assumes oversight of the investigation and determines whether the allegation appears criminal in nature. If criminal conduct is suspected, the allegation is referred to the appropriate local law enforcement agency for investigation. Investigators stated that administrative investigative activity is paused during any criminal investigation and resumes once the criminal investigation is concluded.</p> <p>The facility provided the auditor with the training curriculum used, as well as the completion certificates for the administrative investigators.</p> <p>Review:</p> <p>Policy 100:02</p> <p>Policy 100:14</p> <p>Administrative investigator training curriculum</p> <p>Administrative investigator training certificates</p> <p>Interview with PREA Coordinator</p> <p>Interview with administrative investigators</p>
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<b>115.235 Specialized training: Medical and mental health care</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>N/A:</p> <p>Mansfield Residential Reentry Program does not employ or contract with medical or mental health practitioners. The PREA Coordinator reports that all resident's medical and mental health needs are met by a community provider. During resident interviews, residents reported to the auditor that all of their medical and/or mental health services have been in the community.</p> <p>Review:</p>

	<p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policy P100:06 states that all residents admitted to the facility are assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents. The facility uses information from the risk screening to make decisions regarding 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 requires the facility use a screening tool that is an objective screening instrument, that considers, at a minimum, the following criteria to assess residents for risk of sexual victimization and abusiveness:</p> <ul style="list-style-type: none"> <li>• a. Whether the resident has a mental, physical, or developmental disability;</li> <li>• b. The age of the resident;</li> <li>• c. The physical build of the resident;</li> <li>• d. Whether the resident has previously been incarcerated;</li> <li>• e. Whether the resident’s criminal history is exclusively nonviolent;</li> <li>• f. Whether the resident has prior convictions for sex offenses against an adult or child;</li> <li>• g. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender-nonconforming;</li> <li>• h. Whether the resident has previously experienced sexual victimization;</li> <li>• i. The resident’s own perception of vulnerability.</li> <li>• j. The PRAT considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.</li> </ul> <p>Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (1)(a), (1)(g), (1)(h), or (1)(i) of this procedure. The initial PRAT screening will be completed within 72 hours of arrival at the facility for all new intakes and transfers.</p> <p>The Program Manager reports that the risk assessment is completed before housing or placement decisions are made to ensure residents are housed in the most appropriate unit and or dorm.</p>

The policy states that between 20-30 days from the resident's arrival at the facility, but not to exceed 30 days, the facility reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Case Management staff are required to complete the initial and 30-day risk assessment. During interviews of case management staff, they report that prior to the assessment, they will review collateral information, if available. They state that when meeting with residents, they will explain the purpose of the risk assessment, told why specific questions are being asked, and ensure residents understand that the assessment is related to safety and placement, not punishment. Case managers report that in addition to completing the initial and 30-day assessment, additional assessments can occur if new information related to sexual safety is learned, an incident or allegation is reported, or behavioral or safety concerns arise.

Residents interviewed stated that they remember completing the assessment and understood its role in the process. Several residents noted they were familiar with the process from prior incarceration or supervision. No resident reported refusing to answer risk assessment questions, and that their case manager answered any question concerning the assessment when asked.

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 facility provided the auditor with access to initial, 30-day, and for cause risk assessments. The assessments were completed timely and scored according to the tools guidelines.

The Program Director reports that the facility's resident database system has a task alert system that informs the case manager, as well as the case manager's supervisor when an assessment is due. The activation of a resident in the system will trigger the clock for the initial assessment. Once the initial assessment is completed, the system will set a task alert for the 30-day assessment. Supervisors, the Program Director, and the PREA Coordinator can all run a report to ensure assessments are being completed in a timely manner as directed by the standard.

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

	<p>other residents.</p> <p>The SecurManage resident database allows for permissions to block access to view completed risk assessments. The agency only allows for staff who need access to this information.</p> <p>Review:</p> <p>Policy 100:06</p> <p>Policy 100:15</p> <p>Risk assessments</p> <p>Interview with residents</p> <p>Interview with case managers</p> <p>Interview with Facility Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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. Screening results are stored in SecurManage. Results are also forwarded to staff needing to make any accommodation for bed placement, programming needs, additional referrals for services or other safety or security arrangements. All accommodations will be documented.</p> <p>The Program Director reports that PREA risk assessments are completed at intake and prior to final housing or dorm placement. The assessment identifies residents that may be at increased risk to be sexually abused or at risk of sexually abusing others. Residents that assess as highly in either category will have their assessment will be sent to the Program Director and the PREA Coordinator. The facility will then make considerations for housing, increased monitoring, and/or other protective actions.</p> <p>The facility is designed with several housing units in order to ensure that residents assessed as highly abusive are not housed or assigned to the same unit as residents identified as highly vulnerable. Supervisors reported to the auditor that they are responsible for managing and approving bed moves, ensuring risk information is</p>

	<p>considered.</p> <p>Information about a resident's risk status is provided to treatment staff during treatment team meetings. This allows for group facilitators to be aware of any potential interactions between those at opposite risk levels during groups.</p> <p>The facility provided the auditor with emails documenting efforts to ensure residents that were assessed as highly abusive were kept separate from residents assessed as highly vulnerable.</p> <p>The case management staff described offering residents' community assistance to deal with any underlying issues identified during the risk assessment. The local Domestic Violence Shelter offers programming that addresses trauma related issues. Residents that have identified being abused in the community or while incarcerated are encouraged to participate in this program. Residents interviewed, who were identified as having a history of victimization, report that their case manager offered counseling services. Residents state that they were informed that there would be no cost for services, and could be accessed at any time.</p> <p>All residents were questioned on their view of safety at the facility. All residents report feeling safe, and had no concerns about sexual victimization, harassment, or bullying.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Email</p> <p>Interview with case managers</p> <p>Interview with Program Director</p> <p>Interview with Clinical Supervisor</p> <p>Interview with residents</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	VOAOHIN policy P100:16 ensures that residents have multiple internal and external ways to privately report grievances related to sexual abuse, assault and harassment

incidents as well as staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are not restricted to reporting such allegations via the agency's complaint and grievance procedures. Staff will accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Residents are encouraged to report allegations of sexual assault, abuse, or harassment through the following established hotlines:

- The agency's PREA hotline, which is monitored by the PREA Coordinator each business day; or
- The agency's PREA email reports link; or
- Residents may also report incidents to the PREA hotline established by the State of Ohio or State of Indiana.
- Residents may also report incidents to any VOAHOIN staff member. Staff must report any knowledge of an incident of sexual abuse, sexual harassment or retaliation to the Program Director of their facility immediately. Staff must document any verbal reports immediately

The auditor verified that information on reporting sexual abuse and sexual harassment is posted in multiple locations throughout the facility and is also included in the Resident Handbook. The handbook list the following reporting options:

- Report to any staff member
- Written reports
- Grievances
- Third-party
  - Family members
  - Attorneys
  - Fellow residents
  - Outside advocates
- Law enforcement
- External PREA hotlines
- Mail to victim advocacy or other outside agencies

The auditor tested the facility reporting hotline and email link listed on the agency's website. Both request were responded to by the PREA Coordinator on the same day.

The auditor contacted the outside hotline number to verify the process. The caller is instructed to leave a message with details of the allegation, that the caller can remain anonymous, and the all allegations will be investigated. The auditor received a return phone call from Ohio Department of Rehabilitation and Corrections, Bureau of Community Sanctions Assistant Chief. She verified receiving the auditor's call and ensuring all calls are taken seriously. She 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.

Residents reported they may use the free phone located near the control center or their own personal cell phones to contact the posted PREA and outside reporting hotline numbers. Residents also stated they may submit a written grievance to report an allegation. In addition, because residents have access to the community, residents reported they are able to send mail independently without staff assistance and may contact the local police department directly to report allegations. Residents expressed confidence that these reporting options are available and accessible, and stated they would feel comfortable using them if needed. When asked about reporting, residents stated:

- “We can tell staff”
- “You just go to staff if something happens”
- “There's a phone up front you can use, and you can call yourself”
- “You can write it up. Staff tell us to report it”

No resident expressed fear or hesitation regarding the reporting process.

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 report that they would immediately report any information, report, or suspicion to the Program Director. The staff report that there is no barrier between them and the Program Director, and that they could go to her and report privately any concerns or incidents.

Review:

Policy 100:16

Employee handbook

PREA brochure

PREA posters

Resident handbook

	<p>Agency website</p> <p>Investigation report</p> <p>Interview with residents</p> <p>Interview with staff</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<b>Auditor Discussion</b>
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While the agency does not restrict residents to reporting allegations through the facility's grievance procedure, the agency does have a policy regarding grievances. Policy P100:16 prohibits the facility from imposing a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility also may not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment, and ensures that a resident who submits a grievance alleging sexual abuse, assault, or harassment have to submit the grievance to a staff member who is the subject of the grievance.

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

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

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

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

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

During resident interviews, they report that the grievance process is explained to them during orientation group, and it is written in the resident handbook. They state that grievance forms are available and accessible, and can be used to report rule violations, staff issues, or safety concerns. Some residents specifically referenced grievances as an option for reporting PREA related concerns. When interviewing residents who reported filing a grievance, they report that administrative staff review the grievance, and that they received a response from the Program Director. No resident stated that grievances were ignored or routinely dismissed. Several residents stated that they would typically talk to staff first, and that staff take all concerns seriously.

No resident made a report of being in fear of imminent sexual abuse. The Facility Director reports that the facility would immediately deploy protection measures to any resident that was in fear of imminent abuse.

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 100:16

Resident handbook

	<p>Orientation group curriculum</p> <p>Resident acknowledgments</p> <p>Interviews with residents</p> <p>Interview with Facility Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>VOAOHIN policy P100:07 requires the residents with access to outside victims' advocates for emotional support services related to sexual abuse by giving residents mailing address and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations. The facility is required to inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>The facility provided the auditor with brochures given to the residents during intake. The brochure provides the name, contact numbers, and mailing address of local, state, and national rape crisis organizations. The brochure also reminds the residents that communication between these organizations will be provided in the most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters.</p> <p>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.</p> <p>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.</p> <p>The facility has MOU's with the local Domestic Violence Shelter, Third Street Family</p>

Health Services, and OhioHealth. These agencies have agreed to serve the residents at VOA Mansfield by providing:

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

SARNCO staff are equipped to provide emotional supportive services to any resident that contacts the agency. Residents are able to correspond with any advocate through the mail or via phone. The average initial phone call is sixteen minutes and if the resident/person calling is not in a 30-45 minute radius of the agency or partner hospital, the agency will link the resident/person with a local rape crisis advocacy center. During initiation of services, the advocate discloses to the residents the limits to their confidentiality (mandated reporters for incidents that involve minors, persons over the age of sixty, or persons with limited capacity). SARNCO staff cannot report any interaction between the agency and residents due to agency policies.

\*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency. SARNCO provides all services at an anonymous level of interaction.

Review:

Policy and procedure

Orientation group curriculum

PREA brochure PREA posters

MOU with Third Street Family Health Services

MOU with SARNCO

MOU with Domestic Violence Shelter

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policy P100:11 requires the facility to distribute public information on how to report sexual abuse and harassment on behalf of a resident. The policy also states that should the facility receive a third-party report of incidents of sexual abuse, assault, or harassment occurred within the facility, the information will be immediately reported to the Program Director of the facility.

The auditor reviewed the agency website, <https://www.voahin.org/services/criminal-justice-reentry/>, and was able to see the posted information on how a third party can report an allegation. The website states:

- Reports of sexual abuse or harassment can be from the individual, their family, friends or any third party. To report incidents of sexual assault or sexual abuse, contact us at (855)-297-1492 or [reportsline@voahin.org](mailto:reportsline@voahin.org).

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:

- VOA Hotline - 855-297-1492
- VOA email - [reportsline@voahin.org](mailto:reportsline@voahin.org)
- Local Hotline (Richland County and Mansfield Area) - 800-931-7233
- ODRC outside email- [DRC.ReportSexualMisconduct@odrc.state.oh.us](mailto:DRC.ReportSexualMisconduct@odrc.state.oh.us)
- National Hotline R.A.I.N.N. - 800-656-4673

The auditor noted the various locations of reporting posters, including public locations during the facility tour.

The auditor tested the third-party reporting options for the VOA hotline and VOA email. The auditor received a response from the PREA Coordinator the same date the contact was made.

The facility had two allegations that were reported via third-party. Both allegations were administratively investigated. One allegation was determined to be substantiated, while the other was unsubstantiated.

Review:

Policy 100:11

Agency website

Facility posters

Hotline numbers

Investigation reports

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 100:11 states that staff must report any knowledge or suspicion 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 Director of Reentry Programs, who is then responsible for conveying the report to the PREA Coordinator. Alternately, staff may report allegations/incidents directly to the PREA Coordinator, PREA Compliance Manager or a trained PREA Investigator within the agency.

Staff must:

- Immediately report any staff neglect or violation or responsibility that may have contributed to an incident or retaliation
- Not reveal any information related to such reports except to the extent necessary to make treatment, investigation, and other security and management decisions

The employees are trained during onboarding and receive this information in the employee handbook. The handbook states:

- Employees must report suspected criminal activity
- Employees must not ignore or conceal misconduct
- Employees are prohibited from retaliation against individuals who report concerns
- Employees who fail to report a violation or take appropriate action will be subject to disciplinary action

Employee files contained signed acknowledgments of receiving the following information:

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

During staff interviews, they report that throughout their employment, they have received training and guidance on their mandatory reporting obligations. They staff state they must report all knowledge, suspicion, or information immediately to their direct supervision, the Program Director, or the PREA Coordinator. One staff specifically stated, "Despite any concerns you may have about reporting, you have a responsibility to act upon suspicion or knowledge of sexual victimization." While

	<p>another staff member commented, “You have a duty to take some immediate actions.” All staff were consistent in their statements of documenting and reporting any incident.</p> <p>The PREA Coordinator reports that all allegations are accepted, no matter when the incident allegedly occurred. This includes, if:</p> <ul style="list-style-type: none"> <li>• The alleged perpetrator is no longer at the facility</li> <li>• The resident has transferred or discharged</li> <li>• They report is delayed</li> </ul> <p>The facility had one allegation reported after the alleged abuser, a staff member, no longer worked at the facility. The allegation was administratively investigated, and determined to be substantiated.</p> <p>The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that the PREA Coordinator report all allegations to the designated state or local services agency should the victim be under the age of eighteen or a vulnerable adult.</p> <p>No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult.</p> <p>Review:</p> <p>Policy 100:11</p> <p>Employee files</p> <p>Employee handbook</p> <p>Investigation report</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy P100:12 states that the agency has procedures in place to protect at risk residents from sexual abuse and prevent retaliation against residents and staff who

report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The protection measures include, but are not limited to, dorm moves, facility reassignments, and close observation of alleged victim or perpetrator.

The 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. 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, move the resident to another VOAHOIN facility. The parent agency also has the ability to remove the resident from the program if necessary.

During interviews of staff, all were questioned on the methods the facility uses to protect residents who are at imminent risk for sexual abuse. The facility has multiple, layer methods to protect residents from sexual abuse and sexual harassment. The staff report using these methods when a resident reports concerns about their safety, not just PREA related abuse:

- Housing or bed moves
- Facility reassignment
- Increased supervision or observation

Resident Supervisor staff report moving residents into group rooms for the night to ensure safety and separation until administrative staff can make a more permanent safety plan. The RS staff state, that during security rounds, they have been trained to not just show officer presences, but to actively be aware of their surroundings. They are to:

- Monitor behavior
- Identify emerging safety concerns
- Intervene early when issues arise
- Have routine engagement to detect behavior changes

During resident interviews, they were questioned on staff response to issues related to sexual abuse, sexual harassment, harassment, and/or bullying. The residents report that they:

- Feel safe in the facility
- Do not routinely experience bullying or harassment
- Witnessed serious misconduct being addressed quickly by staff
- Aware that staff are present and attentive in housing and common areas
- Feel comfortable approaching staff with concerns

The auditor reviewed the investigation reports. The reports document different protection measures used once an allegation is reported. The reports state that staff

	<p>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>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with staff</p> <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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:11 has a procedure for reporting to other confinement facilities.</p> <ul style="list-style-type: none"> <li>• Upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff will notify the Program Director</li> <li>• The Program Director will notify the head of the facility or appropriate office of the agency when the alleged abuse occurred</li> <li>• The notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation</li> <li>• The agency will document that it has provided such notification</li> </ul> <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>The PREA Coordinator reports that the facility has not received an allegation from a resident that they would need to report to another confinement facility.</p> <p>Review:</p> <p>Policy 100:11</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1406 456">Program Directors ensure 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 must include provisions for the following:</p> <ul data-bbox="352 526 1465 976" style="list-style-type: none"> <li>• Reporting process, including the creation and availability of call trees</li> <li>• Actions to be taken by staff first responders, including:</li> <li>• Separating the alleged victim and abuser;</li> <li>• Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence;</li> <li>• If the abuse occurred within a time period that still allows for the collection of physical evidence, staff request that the victim and abuser not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating</li> <li>• If the staff member is not a Resident Supervisor, the notification of Resident Supervisor on staff</li> </ul> <p data-bbox="280 1019 1398 1093">The facility provided the auditor with a copy of the facility’s Response Plan and Evidence Protocol. The specific facility protocol includes:</p> <ul data-bbox="352 1164 1477 1697" style="list-style-type: none"> <li>• 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</li> <li>• Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence by law enforcement</li> <li>• If the abuse occurred within a time period that still allowed for the collection of physical evidence, request the alleged victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating</li> <li>• Report the incident to the Program Director</li> <li>• If the Program Director is unavailable, report the incident to the on call manager. The supervisor who received the report will call the local police department to refer the incident for investigation</li> </ul> <p data-bbox="280 1740 1477 1895">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.</p> <p data-bbox="280 1937 1425 2054">During interviews of staff, they report that PREA training includes training on the facility's Coordinated Response Plan. The staff state that they are trained on responding to incidents of sexual abuse. The first responder duties include,</p>

	<p>according to staff:</p> <ul style="list-style-type: none"> <li>• Separating the victim and alleged abuser</li> <li>• Preserving evidence</li> <li>• Notifying supervisory staff</li> </ul> <p>The staff report that other than separating the victim from an alleged abuser, the facility has not had an incident when medical, local law enforcement, or mental health practitioners needed to be contacted.</p> <p>The facility had one allegation of sexual abuse in the past twelve months. The resident was no longer at the facility when the allegation was reported.</p> <p>Review:</p> <p>Policy 100:11</p> <p>Response Plan and Evidence Protocol</p> <p>Training curriculum</p> <p>Relias course completion records</p> <p>Investigation reports</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 but if none are available, contact the qualified staff member to perform emotional support duties</li> </ul>

	<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>The plan outlines what each member of the response plan is supposed to do or call. At each post desk are the phone numbers of members of the coordinated response team.</p> <p>Review</p> <p>Police and procedure</p> <p>Response Plan and Evidence Protocol</p> <p>Staff interviews</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>N/A: The PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an “at will” employer. Employees are notified of the “at will” status in the employee handbook. The handbook states that employment with Volunteers of America Ohio &amp; Indiana is at-will. This means:</p> <ul style="list-style-type: none"> <li>• Employment may be terminated at any time, by either the employee or the agency</li> <li>• Termination may occur with or without cause, and with or without notice, subject to applicable law</li> </ul> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Employee handbook</p>

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

## **Auditor Discussion**

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

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

The duties for retaliation monitoring are divided up between several staff members. The PREA Coordinator is able to use the SecurManage resident database system to conduct status checks into disciplinary reports and/or housing or program changes. The Human Resource Department will monitor employee negative performance reviews and/or staff reassignments. The Program Director or Assistant Program Director will conduct face-to-face interviews with the person being monitored to ensure no retaliation is taking place.

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

	<ul style="list-style-type: none"> <li>• Weekly meetings and status check remarks (13 weeks)</li> <li>• Results from monitoring (no retaliation, retaliation found [address and protection measures], end monitoring [unfounded or resident left program], extend monitoring)</li> </ul> <p>The facility had one sexual abuse allegation where retaliation monitoring was necessary. The monitoring was for the resident victim, and lasted for nine weeks, and then the resident was released from the program. During the monitoring period, no retaliation was reported.</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 100:12</p> <p>Investigation report</p> <p>Retaliation monitoring form</p> <p>Interview with staff</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</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>

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

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

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

- Date of incident
- Time of incident
- Facility location
- Nature of allegation
- Alleged victim
- Alleged victim name
- Alleged perpetrator name
  - resident
  - staff/volunteer/contractor
- If staff, include
  - title
  - race
  - age
  - gender
  - other identifiers
- Repeated behaviors
- Video evidence
- Who reported the incident
- Staff first responder
- Incident description
- Sexual abuse or criminal in nature
- Incident secured until law enforcement arrived
- Victim advocate offered
- If yes, name, date, and time contacted
- SAFE/SANE contacted
- Rape crisis contacted
- If yes, name date, and time contacted
- Date investigator assigned
- Type of incident
- Type of investigation
- If criminal, police department, date, time of contact, contact name
- Incident outcome
- Resident notification
- If yes, date completed on

- If no, why
- Referred for SART
- 90 day follow-up required
- If yes, retaliation monitor's name
- Perpetrator gender
- Perpetrator age at time of incident
- Perpetrator race
- Victim physical injury
- List of victim disabilities at the time of incident
- Services offered to the victim after the incident
  - mental health treatment
  - medical examination
  - sexual assault kit
  - PEP or emergency contraception
  - pregnancy test
  - STI/HIV testing
  - Counseling
  - Already released/discharged
  - Other
  - None of the above
  - Separated from the perpetrator
  - Placed in own room or housing unit
  - Placed in hospital
  - Transferred to another facility
  - Issued disciplinary or loss of privileges
  - Other
- After the incident, the resident perpetrator
  - Confine to own room
  - Separated from victim
  - Sent to counseling/treatment
  - Transferred to another facility
  - Given medical treatment or testing
  - Loss of privileges/conduct violation
  - Arrested/referred to law enforcement
  - Referred for prosecution
  - Other
  - No action taken
- After the incident, the staff perpetrator
  - Employment start date
  - Full or part time
  - Contract employee or vendor
  - Volunteer or intern
  - Other
  - Job title
  - Training/counseling
  - Disciplined

- Demoted/placed on leave
- Transferred
- Terminated
- Resigned (prior to case completion)
- Resigned (after investigation completed)
- Arrested/referred to law enforcement
- Referred for prosecution
- Other
- No action taken
- Evidence saved
  - Resident face sheet(s)
  - Corrective action reports
  - Video evidence
  - Picture evidence
  - Intelligrants reporting
  - Law enforcement report
  - Other
  - No evidence found

During the onsite visit, the auditor interviewed the agency and facility administrative investigators. The investigators report that their process includes interviewing victims, witnesses, and alleged perpetrators; gather and document evidence; and prepare a written report. They emphasized careful, detailed documentation and ensuring information is accurately captured. The investigators state that they are mindful of:

- The sensitivity required when interviewing victims
- Adjusting tone and approach depending upon whether they are speaking to a victim, witness, or alleged abuser
- Allowing victims to ask questions and express emotions
- Avoiding overly authoritarian interview styles when possible

Administrative investigators view their role as conducting trauma-informed administrative investigations, gathering and documenting evidence, interviewing involved parties, and providing professional input to leadership. They do not make final determinations, deliver clinical services, or function as victim advocates. Final decisions and corrective actions are handled by the PREA Coordinator.

The PREA Coordinator reports that while conducting investigations, she would collect as much collateral information as possible which can corroborate allegations or assist in credibility assessments. The PREA Coordinator states that while the facility is not required to offer Garity or Miranda (not a public agency) the facility always errs on the side of caution and will contact the local legal authority anytime an investigation suggest criminal behavior.

The PREA Coordinator reports that it is at the discretion of the legal authority to referral allegations for criminal prosecution. When asked how the facility assist in

	<p>criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the police department will collect the physical evidence. DNA collection from any alleged victim will be collected at 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 given documentation of staff administrative investigation training certificates. The training is appropriate to meet standard 115.231.</p> <p>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>Policy 100:14</p> <p>Administrative investigation reports</p> <p>Administrative investigator training certificates</p> <p>Interview with PREA Coordinator</p> <p>Interview with administrative investigators</p>
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115.272	Evidentiary standard for administrative investigations
	<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.</p> <p>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 100:14</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy P100:14 requires the assigned PREA investigator to inform residents of the outcome of the investigation, and document all notification or attempts to notify via the Resident Notification Form. If there was a criminal investigation, policy requires the facility to request all relevant information from the local police department and any other investigatory agency, and provide the information to the investigator so that the resident may be informed of the investigation outcome. The obligation to report investigation outcomes ends when the alleged victim is released from the agency’s custody.</p> <p>Policy states that the notification for substantiated and unsubstantiated allegations will include:</p> <ul style="list-style-type: none"> <li>• If the alleged staff member is no longer posted in the resident’s facility</li> <li>• If the alleged staff member is no longer employed with the agency</li> <li>• If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p>The facility provided the auditor with the Resident Notification Form that was used to inform the residents of the outcome of the investigation. The form included all required elements of this standard. The form provides the disposition of the investigation and, if substantiated, the outcome of the abuser.</p> <p>The facility provided the auditor with resident notification forms for all investigations where the resident was still at the facility at the conclusion of the investigation. The notifications include one that was mailed to a resident that was currently being housed at another confinement facility. The resident is required to sign and date the receipt of the notification.</p>

	<p>The Program Director reports she would be the person collecting all relevant information to complete the form and have the resident sign the notification or the emotional support person, whichever is more appropriate.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident Notification Forms</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy P100:13 states that staff who violate the agency policies against sexual abuse and sexual harassment are subject to disciplinary sanctions up to and including termination, and that termination is the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the act committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The agency outlines the disciplinary procedure in the employee handbook. The auditor was given a copy of the handbook for review. The handbook states that the agency has zero tolerance for sexual abuse, harassment, and exploitation. It states:</p> <ul style="list-style-type: none"> <li>• Employees must maintain professional client/staff boundaries</li> <li>• Sexual misconduct, exploitation, or abuse of clients is strictly prohibited</li> <li>• Violations may result in discipline up to and including termination</li> </ul> <p>In addition, the handbook states that all employees:</p> <ul style="list-style-type: none"> <li>• Must report suspected criminal activity</li> <li>• Must cooperate with internal investigations</li> <li>• May not ignore or conceal misconduct</li> </ul>

- Are prohibited from retaliation against individuals who report allegations

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 an acknowledgement of personnel policies and procedures.

The facility had one allegation against a staff member, who was previously terminated for non-PREA related violations. The allegation was administratively investigated and determined to be substantiated. There was no disciplinary response since the staff member no longer worked at the facility.

The facility had five allegations of staff misconduct. The allegations were investigated and determined that staff violated agency policy; however, the behavior did not reach the definition of sexual abuse or sexual harassment. All staff members who had substantiated boundary violations had their employment terminated. The facility provided the auditor with a termination report for all investigations.

Employees, interviewed during the onsite visit, were questioned about the agency's zero tolerance policy and disciplinary action. All staff report that the facility has zero tolerance for PREA violations, and enforce professional boundaries. They report that termination is the expected outcome for any staff member who violates agency PREA policies, or who do not report information related to incidents of sexual abuse or sexual harassment.

All disciplinary decisions are consistent with agency policy, contractual obligations, and applicable laws. The agency ensures that any staff behavior constituting sexual abuse or harassment is addressed through appropriate administrative and, when applicable, criminal channels.

Review:

Policy and 100:03

Employee handbook

Termination notices

Zero tolerance acknowledgements

Investigation reports

Interview with staff

Interview with PREA Coordinator

Interview with Facility Director

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:13 states that VOAHOIN has disciplinary sanctions in place for staff, contractors, volunteers, and residents for violating agency sexual abuse and harassment policies. The policy prohibits contractors/volunteers who engaged in sexual abuse from contact with residents and will report behavior to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency will prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The facility had one allegation of sexual abuse against a contractor. The allegation was administratively investigated and determined to be unsubstantiated.</p> <p>The facility had another allegation against a contractor that was determined to not meet the definition of PREA. The contractor had already had a disciplinary response to horse playing with a resident. This second incident did not detect any sexual behavior; however, the behavior that was detected was concerning. The facility removed the contractor's access to the facility.</p> <p>The PREA Coordinator reports that that facility will hold contract staff to the same standards as employees. All contractors are expected to interact professionally at all times with residents.</p> <p>Review:</p> <p>Policy 100:13</p> <p>Interview with PREA Coordinator</p> <p>Investigation reports</p> <p>Contractor disciplinary action report</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy P100:13 states residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or harassment or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy states:</p>

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

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

All residents interviewed, including both male and female residents, reported that upon intake they were issued a Resident Handbook and later participated in a structured orientation group. Residents stated that during orientation, staff reviewed facility rules, resident responsibilities, and expectations for behavior. Consistent with facility documentation, residents indicated that the orientation group included education on personal safety, PREA, resident rights, and reporting options, and that the Resident Handbook was reviewed as part of this process.

Residents consistently demonstrated an understanding of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment. Multiple residents stated that staff clearly explained the disciplinary consequences associated with PREA violations and specifically recalled being told that engaging in sexual misconduct would result in removal or termination from the program. Residents expressed a clear awareness that PREA violations are taken seriously by the facility and that such behavior would not be tolerated.

The facility investigated several sexual harassment allegations against residents during the past twelve months. Allegations were administratively investigated, and those that were substantiated were disciplined within agency policy. The facility did not have a substantiated allegation of resident - resident sexual abuse.

	<p>The auditor was able to view zero tolerance acknowledgements signed and dated by residents. The acknowledgement includes the statement:</p> <ul style="list-style-type: none"> <li>• Because VOA takes every allegation seriously, reporting false allegations will also not be tolerated. For those residents who intentionally or maliciously report a false allegation, there can and will be disciplinary action to follow</li> </ul> <p>The facility has not had an allegation of intentional or malicious false reports of sexual abuse or sexual harassment.</p> <p>The resident handbook states:</p> <ul style="list-style-type: none"> <li>• Volunteers of America maintains a zero tolerance policy for all forms of inappropriate sexual conduct. Residents are not to have physical contact of any kind with each other. This includes anywhere within the facility including the lobby area, during programming, or out in the community. Any of the above-mentioned actions being displayed is a clear violation of the fraternization/sexual harassment policy.</li> </ul> <p>The facility provided the auditor with several disciplinary reports from residents that tried to establish a relationship with staff members. The disciplinary action was in line with agency policies. The facility also disciplined a resident who sexually harassed a co-worker during community access. The co-worker was not another resident, but the behavior did violate agency rules.</p> <p>The facility had not had an incident of consensual contact between residents.</p> <p>Review:</p> <p>Policy 100:13</p> <p>Resident handbook</p> <p>PREA acknowledgement</p> <p>Investigation reports</p> <p>Disciplinary action reports</p> <p>Interview with residents</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</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

**Auditor Discussion**

Policy P100:05 requires all VOAHOIN residential reentry facilities to ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. VOAHOIN ensures that the medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The services required to be provided include:

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

Policy 900:03 states that all residents are required to be informed of access to health care during the intake process. The information is outlined in the resident handbook, and includes their right to access medical care and to file a complaint if they feel that such rights have been violated. The policy states that VOAHOIN staff will consult with community medical professionals to develop a care plan for residents. Residents may, at any time, refuse medical treatment.

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

The facility has a MOU with OhioHealth, which operates MedCentral Mansfield Hospital. The MOU states that OhioHealth agrees to see patients from MRRP in its emergency department for emergency medical services. The agreement also states that OhioHealth agrees to treat patients from MRRP in the Forensic Nursing Department for incidents of sexual assault or rape allegations.

The facility has a MOU with Third Street Family Health Services. The MOU states that Third Street Family Health Services agrees to provide residents at MRRP a designated health care provider to receive medical, dental, and behavioral health services in the community. The services also includes referrals to other community providers.

	<p>OhioHealth partners with SARNCO. SARNCO provides immediate care to resident victims at OhioHealth emergency departments. SARNCO offers aftercare advocacy and free resources for emotional, social, legal, and financial support.</p> <p>During interviews with case managers and the Clinical Supervisor, they report that residents are able to make appointments with community providers while the facility would provide transportation. They report that medical care must be provided when an incident is reported, ensuring residents can access care, even when on restriction or in the early phases of programming. The staff report residents are offered medical and mental health support following incidents. Victims are given opportunities to talk to in-house VSP staff or community mental health providers.</p> <p>All staff are trained on the facility's Coordinated Response Plan and Evidence Protocol that requires first responders to offer the victim access to a forensic medical examination and offer a victim advocate from the rape crisis center but if none are available, to contact the qualified staff member to perform emotional support duties.</p> <p>The facility provided the auditor with investigation reports that document medical and mental health services offered to resident victims. While most victims refuse medical, mental health, and rape crisis services, the facility did have one resident that wanted medical services to test for STI's. The resident was already connected to mental health services, and agreed to discuss any issues related to the incident with this practitioner.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated Response Plan and Evidence Protocol</p> <p>Investigation reports</p> <p>Interview with case managers</p> <p>Interview with Clinical Director</p> <p>Interview with Program Director</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>
	Policy 100:05 states that the agency will ensure that resident victims of sexual

abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care. The agency will ensure that medical treatment services are provided to resident victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This includes providing ongoing medical and mental health evaluation and, as appropriate treatment, to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, including but not limited to:

- 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.

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

The facility has a MOU with OhioHealth, which operates MedCentral Mansfield Hospital. The MOU states that OhioHealth agrees to see patients from MRRP in its emergency department for emergency medical services. The agreement also states that OhioHealth agrees to treat patients from MRRP in the Forensic Nursing Department for incidents of sexual assault or rape allegations.

The facility has a MOU with Third Street Family Health Services. The MOU states that Third Street Family Health Services agrees to provide residents at MRRP a designated health care provider to receive medical, dental, and behavioral health services in the community. The services also includes referrals to other community providers.

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 investigation reports that document medical

	<p>and mental health services offered to resident victims. While most victims refuse medical, mental health, and rape crisis services, the facility did have one resident that wanted medical services to test for STI's. The resident was already connected to mental health services, and agreed to discuss any issues related to the incident with this practitioner.</p> <p>The auditor was able to interview residents that reported previous victimization. These residents confirm that they were offered mental health services related to their trauma. Residents report that treatment decisions were left to them and that if service were not initially accepted, that they could request services later on through their case manager.</p> <p>Review:</p> <p>Policy 100:05</p> <p>Risk assessments</p> <p>Investigation reports</p> <p>MOU with OhioHealth</p> <p>MOU with Third Street Family Health Services</p> <p>Interview with residents</p> <p>Interview with Assistant Program Director</p> <p>Interview with case managers</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>VOAOHIN policy P100:14 states a Sexual Abuse Review Team (SART) will conduct an incident review after every sexual abuse investigation, unless the allegations are determined to be unfounded. The review is required to take place within 30- days of the conclusion of the investigation. The SART members include the PREA coordinator, Program Director, investigator(s), medical or mental health practitioners (when applicable), and any other staff member as needed.</p> <p>The responsibilities of the SART include:</p> <ul 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;</li> </ul>

ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in the area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

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

The facility did provide the auditor with a copy of the SART review form that has been updated since the last audit. The report documents:

- Team members with job titles
- Documentation/evidence list
- Summary of incident
- Related past incidents
- Action taken to protect the victim
- Incident or allegation motivation list
  - race
  - ethnicity
  - gang affiliation
  - gender identity/perceived status (LGBTIQ)
  - other group dynamics
  - other
  - not applicable
- First responder
- Date and time of first responder contact
- Medical care
- Name, address, date, and time of medical provider
- Victim services
  - in-house
  - community-based
- Mental health services
- Confidentiality and duty to report notification
- Identified perpetrator
- If staff perpetrator, name, job title, and facility location
- Victim prior reports of uncomfot/concerns
- If yes, list concerns
- Response according to policy
- Recommendations of additional employee training

- If yes, recommended areas of training
- Type of incident
- Timely response to victim
- Notification to victim's emergency contact
- Law enforcement contacted
- If yes, agency name, response location
- Scene protected
- Evidence removed from scene by law enforcement
- List items removed
- Whereabouts of victim at this date
- Whereabout of alleged abuser at this date
- Identified physical vulnerabilities
- Media attention
- If yes, details of media attention
- Identified staff vulnerabilities
- Other details
- Did victim know/understand available services
- Did victim know/understand optional community-based services
- Documents completed accurately
- Any pertinent information overlooked
- Reason why victim should not have been placed in facility
- List any policies that should be revised
  - state what changes are recommended
  - list how changes would improve the facility/agency's ability to prevent or respond to sexual victimization
- List any improvements to facility security where the violation occurred
- List any internal services not currently provided, which may improve resident safety from sexual victimization
- Person making recommendations
  - name
  - job title
- Person implementing recommendations
  - name
  - job title
- Date investigation concluded on
- Date recommendations implemented on
- Any reasons recommendations were not implemented

The facility conducted three SART reviews during the past audit cycle. The review team consisted of the PREA Coordinator, Program Director, PREA Compliance Manager, and the Clinical Supervisor. The team reviewed summary of incident, previous reports, allegation motivation, victim care, policy and procedure review, staffing, facility vulnerabilities, and screening. The team made the following recommendations from the four SART reviews:

- Increased walk-throughs of areas of the building that are not fully monitored

by video surveillance.

The auditor interviewed all members of the SART team during the onsite visit. The members report that after an investigation is completed, there is a review of the incident. During the review, the team focuses on:

- what occurred
- whether policies were followed
- whether additional safety or corrective measures are needed
- victim safety and emotional impact
- need for additional support
- changes or improvements are necessary
- conduct and response were appropriate

The Program Director states that it is her responsibility to ensure all recommendations are implemented after approval from senior administrative leadership. The PREA Coordinator would address needs that would require policy and procedure changes, supplementing electronic monitoring, and staffing levels.

Review:

Policy and procedure

SART after incident reviews

Interview with SART members

Onsite review of implemented changes

115.287	Data collection
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<b>Auditor Discussion</b>
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	Policy P100:09 requires VOAHOIN to collect and maintain accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility's PREA compliance Manager is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA coordinator.
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	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
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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, chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.voahin.org/wp-content/uploads/sites/9/2025/02/2024-PREA-Annual-Report-Ohio-Indiana-Signed.pdf.

The report contains the aggregated sexual abuse and sexual harassment allegation data from all VOAHOIN operated facilities.

#### **2024 PREA Investigation Outcomes by Case Type:**

- One substantiated resident-resident sexual abuse
- One unfounded resident-resident sexual abuse
- Four substantiated resident-resident sexual harassment
- Three unsubstantiated resident-resident sexual harassment
- One unfounded resident-resident sexual harassment
- Two substantiated staff-resident sexual abuse
- Five substantiated staff-resident sexual harassment
- Two unsubstantiated staff-resident sexual harassment
- One unfounded staff-resident sexual harassment

#### **2024 PREA Incident Reports by Facility:**

- CRRP - Cincinnati Residential Reentry Program - Two Investigations
- DRRP- Dayton Residential Reentry Program - Eight Investigations
- MRRP - Mansfield Residential Reentry Program - Seven Investigations
- TRRP - Toledo Residential Reentry Program - Two Investigations
- Hope Hall - Evansville, Indiana - Two Investigations
- Brandon Hall - Indianapolis, Indiana - One Investigation

#### **During 2025, the facility (MRRP) has had the following investigation determinations:**

- Contractor - Resident, sexual abuse, unsubstantiated
- Resident - Resident, sexual harassment, unsubstantiated
- Resident - Resident, sexual harassment, unsubstantiated
- Staff - Resident, sexual harassment, substantiated
- Resident - Resident, sexual harassment, substantiated

The facility received notice by the Department of Justice, Office of Justice Programs, to submit a comprehensive statistical review of incidents occurring at the Mansfield Residential Reentry Program during calendar year 2023 by December 1, 2025. The facility completed six SSV forms, one for each allegation during 2023. The forms were completed and submitted online using User ID and Password provided to the

	<p>facility by the DOJ.</p> <p>The facility provided the auditor with the completed SSV forms sent to the DOJ.</p> <p>Review:</p> <p>Policy 100:09</p> <p>Residential Reentry Program Allegation Report (2023/2024)</p> <p>Residential Reentry Program Data Collection 2025</p> <p>Agency website</p> <p>DOJ request letter</p> <p>SSV forms</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>

**The report contains the following assessment:**

Across all four Ohio residential reentry programs, Volunteers of America Ohio & Indiana (VOAOHIN) served 2791 residents in calendar year 2024. VOAHOIN served 534 more residents in Ohio during calendar year 2024 than in calendar year 2023. Indiana residential reentry programs served a total of 548 residents in calendar year 2024, 103 more than in calendar year 2023. The number of reported PREA incidents is not disproportionate to the number of residents served in a twelve-month period.

In review of the aggregated data from CY2024, reports included both resident-on-resident incidents and staff on-resident incidents, with an equal number of each. Staff across programs would benefit from additional training related to understanding sexual harassment within the PREA definitions as well as continued training on interpersonal communication and boundaries with residents. Training should include all staff, contractors, and volunteers. Additional training should target specifically the staff who have the most consistent contact with residents. Additional staff guidance is available and annual required trainings are assigned through Relias for all staff. In addition to the Relias training, an effort was made in CY2024 to increase the number of in person live PREA trainings available to ensure staff competency and additional trainings were completed live at each site.

During CY 2024 Volunteers of America has continued to ensure monitoring technology is kept up to date and in working order. Remote site surveillance and improved environmental compliance are benefits to these technologies. There are plans in CY2025 to continue updating cameras and security systems at the residential reentry facilities. VOA started the implementation of photo badge ids for all employees. We've also started to install new access control systems at our residential reentry sites so that we can now assign access controls to each individual employee to individual badge readers. This will help with access control throughout. This has been implemented at Hope Hall, Brandon Hall and Dayton RRP. Cincinnati RRP, Toledo RRP & Mansfield RRP are up next for monitoring technology improvements. We are also looking to upgrade the camera system at Toledo RRP to a digital basis.

There is a planned training opportunity for PREA investigators in March of CY2024. Additional investigators will be trained to cover both states. There are currently 19 PREA investigators across both states to begin CY2025. Continued PREA training for all staff will be offered in the upcoming year. The agency has one PREA Coordinator serving both states. Additionally, there are PREA Compliance Managers to help ensure our residential reentry programs are meeting all standards.

**Continued actions to be taken at the agency level include:**

- Continued annual review and revision of agency policy and procedure
- Selection and training of additional investigators and trainers, to cover all program site locations
- Selection and training of additional victim advocates at all locations

	<ul style="list-style-type: none"> <li>• 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 on line training system</li> <li>• Training review for all modules required for Contractors and Volunteers</li> <li>• Additional training, specifically for staff completing intake tasks and case managers, targeting importance of use of screening, including dorm/bed assignments and increased monitoring of vulnerable individuals</li> <li>• Additional training for all site leadership on best practice and remaining audit ready at all times to ensure resident and facility safety</li> <li>• QI Quarterly Meetings for all RRP programs, with an emphasis on PREA compliance and audit standards</li> <li>• All contractors, volunteers and interns will now have all standard requirements tracked in ADP and training tracked in Relias, our learning management system, just as staff have been.</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 100:09</p> <p>Agency website</p> <p>2024 Annual Report</p> <p>Interview with PREA Coordinator</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 100:09 requires the agency ensures that data collected pursuant to standard 115.87 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</p>

	<p>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: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.voahin.org/wp-content/uploads/sites/9/2025/02/2024-PREA-Annual-Report-Ohio-Indiana-Signed.pdf</p> <p>The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p>Review:</p> <p>Policy 100:09</p> <p>2024 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>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency post all final audit reports of each of its facilities on the agency website, <a href="https://www.voahin.org/residential-reentry">https://www.voahin.org/residential-reentry</a>. The auditor reviewed the agency's website to confirm that the agency conducts audits one-third (1/3) of its facility each year during a three-year audit cycle. VOA of Greater Ohio recently merged with VOA of Indiana, leaving the agency with a total of six facilities. The PREA Coordinator completes two audits each year of the cycle to ensure compliance with the 1/3 completion requirement. The auditor has completed PREA audits for all VOAHOIN community confinement facilities during this audit cycle. The audit of Mansfield Residential Reentry Program is the first facility to be audited during the first year of this audit cycle. The second facility (Residential Reentry Center - Cincinnati) is scheduled for an audit May 2026.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA</p>

	<p>coordinator, Senior Program Director, and Program Director (female facility) escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA coordinator provided the auditor with agency and facility documentation prior to the onsite visit through the PREA Online Audit System. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. This includes confirming information that was reported in the OAS.</p> <p>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No staff or resident sent confidential correspondence to the auditor prior to the onsite visit, nor did a staff member or resident request to speak to the auditor during the onsite visit.</p>
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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 Mansfield Residential Reentry Program from 2022 is currently posted. The auditor reviewed the agency's website and verified that the final audit report for all facilities were posted.</p>

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<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	yes

	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?	
	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	yes

	expressively, using any necessary specialized vocabulary?	
<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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

<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 (f)</b>	<b>Hiring and promotion decisions</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	yes

	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?	
	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 agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(a)</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	yes

	advocate from a rape crisis center?	
	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	yes

	investigation is completed for all allegations of sexual harassment?	
<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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<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	yes

	resident is transferred to a different facility?	
<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 the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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	na

	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.)	
	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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<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	yes

	toward other residents?	
	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: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na

	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</b>	<b>Screening for risk of victimization and abusiveness</b>	

<b>(h)</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>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<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.	no
<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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</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