

# PREA Facility Audit Report: Final

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

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/09/2026

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



**Auditor Full Name as Signed:** Kayleen Murray

**Date of Signature:** 07/09/2026

## AUDITOR INFORMATION

**Auditor name:** Murray, Kayleen

**Email:** kmurray.prea@yahoo.com

**Start Date of On-Site Audit:** 05/26/2026

**End Date of On-Site Audit:** 05/27/2026

## FACILITY INFORMATION

**Facility name:** Cincinnati Residential Reentry Program

**Facility physical address:** 115 W. McMicken Avenue, Cincinnati, Ohio - 45202

**Facility mailing address:**

## Primary Contact

|                          |                         |
|--------------------------|-------------------------|
| <b>Name:</b>             | Stacey Seif             |
| <b>Email Address:</b>    | stacey.seif@voaohin.org |
| <b>Telephone Number:</b> | 419-564-9373            |

| Facility Director        |                            |
|--------------------------|----------------------------|
| <b>Name:</b>             | Kristen Cooper             |
| <b>Email Address:</b>    | kristen.cooper@voaohin.org |
| <b>Telephone Number:</b> | 614-732-3626               |

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

| Facility Characteristics                                                       |                                   |
|--------------------------------------------------------------------------------|-----------------------------------|
| <b>Designed facility capacity:</b>                                             | 145                               |
| <b>Current population of facility:</b>                                         | 123                               |
| <b>Average daily population for the past 12 months:</b>                        | 122                               |
| <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>                                                | 20-81                             |
| <b>Facility security levels/resident custody levels:</b>                       | TC, TT, PRC, Parole and Probation |
| <b>Number of staff currently employed at the</b>                               | 36                                |

|                                                                                                                      |    |
|----------------------------------------------------------------------------------------------------------------------|----|
| <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> | 3  |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 21 |

| AGENCY INFORMATION                                           |                                                           |
|--------------------------------------------------------------|-----------------------------------------------------------|
| <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>                                     |                                                           |

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

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

| Facility AUDIT FINDINGS                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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.

|                                      |  |
|--------------------------------------|--|
| <b>Number of standards exceeded:</b> |  |
| 0                                    |  |
| <b>Number of standards met:</b>      |  |
| 41                                   |  |
| <b>Number of standards not met:</b>  |  |
| 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: | 2026-05-26 |
| 2. End date of the onsite portion of the audit:   | 2026-05-27 |

#### Outreach

|                                                                                                                                                                                                         |                                                                                                                                        |
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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                       |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:                                                                                                         | YMCA- rape crisis/emotional support<br>Bureau of Community Sanctions- outside reporting agency<br>SANE of Butler County- SANE services |

### AUDITED FACILITY INFORMATION

|                                                                                  |                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. Designated facility capacity:                                                | 145                                                                                                                                                                                                |
| 15. Average daily population for the past 12 months:                             | 122                                                                                                                                                                                                |
| 16. Number of inmate/resident/detainee housing units:                            | 2                                                                                                                                                                                                  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

|                                                                                                                                                                                                                                                                      |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>                                                                                                                                 | 115 |
| <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>                                                                                                  | 5   |
| <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> | 3   |
| <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>                                                                        | 0   |
| <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>                                                                                             | 1   |
| <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>                                                                                    | 0   |
| <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>                                                                                   | 2   |

|                                                                                                                                                                                                                                                                    |                                                                   |
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| <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>                                                                                   | 1                                                                 |
| <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>                                                                                                 | 1                                                                 |
| <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>                                                            | 3                                                                 |
| <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>                                     | 0                                                                 |
| <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> | The facility does not have a segregation unit or isolation cells. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>                                                                                                                                                 |                                                                   |
| <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>                                                                                             | 32                                                                |
| <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>                                                                                 | 21                                                                |

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| <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>                        | 3                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <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> | No volunteers were at the facility during the onsite visit.                                                                                                                                                                                                                                                                                                                                                          |
| <b>INTERVIEWS</b>                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Inmate/Resident/Detainee Interviews</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Random Inmate/Resident/Detainee Interviews</b>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>                                                                                                              | 14                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>                                                             | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input checked="" type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
| <b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>                                                                                      | 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.                                                                                                                                                                                                                                 |
| <b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>                                                                                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                 |
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| <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 on 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                               |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <div> <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.         </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.         </div> |

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| <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>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 who fits this target group.</p>                                                              |
| <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> | <p>3</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>0</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><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> |
| <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>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 who fits this target group.</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>1</p>                                                                                                                                                                                                                                                                                                                            |

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| <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>                                                           | 0                                                                                                                                                                                                                                                                                                                                   |
| <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><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> |
| <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> | 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 who fits this target group.                                                                     |
| <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>                                     | 2                                                                                                                                                                                                                                                                                                                                   |
| <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>                                       | 1                                                                                                                                                                                                                                                                                                                                   |
| <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>                                                                     | 1                                                                                                                                                                                                                                                                                                                                   |

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| <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>                                                                               | 3                                                                                                                                                                                                                                                                                                                                               |
| <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> | 0                                                                                                                                                                                                                                                                                                                                               |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                                                                 | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| <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>                                                            | The facility does not have segregated housing units or cells.                                                                                                                                                                                                                                                                                   |
| <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>                                                                                                                                | All residents were interviewed using the random resident interview protocol. Residents who were in the specialized category were interviewed using both protocols, but the oversample was not counted in the targeted resident count.                                                                                                           |
| <b>Staff, Volunteer, and Contractor Interviews</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                 |
| <b>Random Staff Interviews</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                 |
| <b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>                                                                                                                                                                                                                                                        | 7                                                                                                                                                                                                                                                                                                                                               |

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| <p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>                                                                                  | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>                                                                                                                                                                                                                                                                            |
| <p><b>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 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

### Specialized Staff, Volunteers, and Contractor Interviews

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.

**62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):**

7

**63. Were you able to interview the Agency Head?**

☒ Yes

☐ No

**64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?**

☒ Yes

☐ No

**65. Were you able to interview the PREA Coordinator?**

☒ Yes

☐ No

**66. Were you able to interview the PREA Compliance Manager?**

☒ Yes

☐ No

☐ 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<br><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<br><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<br><input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input checked="" type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><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> |
| <p><b>Documentation Sampling</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b></p>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b></p>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**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> | 0                             | 0                            | 0                                  | 0                                                                         |
| <b>Staff-on-inmate sexual abuse</b>  | 3                             | 1                            | 3                                  | 1                                                                         |
| <b>Total</b>                         | 3                             | 1                            | 3                                  | 1                                                                         |

**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> | 2                                  | 0                            | 2                                  | 0                                                                         |
| <b>Staff-on-inmate sexual harassment</b>  | 1                                  | 0                            | 1                                  | 0                                                                         |
| <b>Total</b>                              | 3                                  | 0                            | 3                                  | 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 |
|-------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | 0       | 0                        | 0                          | 0                      | 0         |
| Staff-on-inmate sexual abuse  | 1       | 0                        | 0                          | 0                      | 0         |
| Total                         | 1       | 0                        | 0                          | 0                      | 0         |

#### 82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

|                               | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0       | 0         | 0               | 0             |
| Staff-on-inmate sexual abuse  | 1       | 0         | 0               | 3             |
| Total                         | 1       | 0         | 0               | 3             |

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

**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:**

3

|                                                                                                                                                                  |                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)                  |
| <b>Inmate-on-inmate sexual abuse investigation files</b>                                                                                                         |                                                                                                                                                                                      |
| <b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                         | 0                                                                                                                                                                                    |
| <b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                 | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>                                           | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>Staff-on-inmate sexual abuse investigation files</b>                                                                                                          |                                                                                                                                                                                      |
| <b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                          | 3                                                                                                                                                                                    |
| <b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)  |

|                                                                                                                                                                       |                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>                                                 | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| <b>Sexual Harassment Investigation Files Selected for Review</b>                                                                                                      |                                                                                                                                                                                           |
| <b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                                                                          | 3                                                                                                                                                                                         |
| <b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)                  |
| <b>Inmate-on-inmate sexual harassment investigation files</b>                                                                                                         |                                                                                                                                                                                           |
| <b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                                                         | 2                                                                                                                                                                                         |
| <b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>                                                               | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>                                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

**Staff-on-inmate sexual harassment investigation files**

**98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

1

**99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

Investigation reports are from the calendar years 2025 and 2026 (up until the onsite audit date).

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**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.**

☐ Yes

☒ 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

| Standards                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Auditor Overall Determination Definitions                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>                                                                                                                               |
| Auditor Discussion Instructions                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <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> |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | <p>The agency’s PREA zero-tolerance policy states that Volunteers of America Ohio &amp; Indiana has zero tolerance toward all forms of sexual abuse and sexual harassment. The agency maintains policies and procedures to prevent, detect, and respond to sexual abuse, sexual harassment, and related PREA-prohibited conduct. The agency defines prohibited conduct broadly. Staff includes employees, contractors, and volunteers. All sexual contact between staff and residents is considered non-consensual, even if a resident appears to want or invite it. Prohibited conduct includes resident-on-resident sexual abuse, staff sexual advances or comments toward residents, staff sexual contact with residents, sexual harassment, voyeurism by staff, and nonconsensual sexual acts or abusive sexual contact.</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> </ul> |

- Consent- explicitly giving permission for participation in a sexual act
  - All sexual contact between a resident and a staff member is 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 resident's 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, buttocks, 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 VOAHOIN control.

The policy assigns responsibility for PREA compliance to an agency-wide PREA Coordinator, designated by the President/CEO. The coordinator must be an upper-level management employee with enough authority and time to oversee the agency's PREA efforts. Their responsibilities include coordinating responses to allegations, working with trained investigators, developing training plans, monitoring screening and investigations, overseeing internal audits, supporting external audits, reviewing incident data, and reporting investigation outcomes at least annually.

The agency provided the auditor with a copy of the PREA Coordinator's job responsibilities:

- Ensuring policies and procedures align with licensing, accrediting, funder standards, and applicable codes
- Conducting or overseeing random and scheduled internal audits of agency and program records, processes, and procedures
- Working with program and departmental leadership to identify challenges, solutions, outcomes, goals, and corrective action needs
- Preparing monthly or quarterly reports and statistical analysis related to outcomes and action plans
- Participating in annual reviews of agency and program policies and procedures
- Supporting audit, monitoring, and reporting requests
- Communicating quality, compliance, and improvement findings and ensuring corrective actions are implemented
- Participating in the Risk Management Committee and reporting relevant quality/compliance trends and concerns.

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 Compliance. She reports that her responsibilities include ensuring PREA compliance at all VOAHOIN Residential Reentry Programs and providing guidance to facility PREA Compliance Managers and Administrative Investigators.

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

The facility's Program Director serves as the facility's PREA Compliance Manager. While the Program Director is new to the role, she has previously held the role of Quality Improvement Manager. She is very familiar with the PREA standards and how the agency is to implement policies and procedures. She said she is involved in staffing and supervision, supporting case management staff, training/quality

|  |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>assurance, and keeping operations moving when staffing is tight. Resident safety was repeatedly described as a core responsibility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA Coordinator job description</p> <p>Table of Organization</p> <p>Interview with PREA Coordinator</p> <p>Interview with Quality Improvement Manager</p> <p>Interview with PREA Compliance Manager (Program Director)</p> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 115.212 | Contracting with other entities for the confinement of residents                                                                                                                            |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                 |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                            |
|         | <p>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.</p> |

| 115.213 | Supervision and monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         | <p>Volunteers of America Ohio &amp; Indiana has a policy that ensures each residential re-entry facility develops a documented staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Plans are reviewed at least annually and updated as necessary. The staffing plan is developed and reviewed by the Program Director, in consultation with the executive leadership team and PREA Coordinator. The staffing plan will include a calculation of adequate staffing levels and a 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</li> </ul> |

- should plan any substantial expansion or modification of existing facilities;
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors

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

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

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

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

**Layout of the facility:**

The facility is a two-story building that was renovated in 1997. The facility houses both male and female offenders; however, there is no contact between the two. Male residents are housed on the first floor of the facility, while female residents are housed on the basement level. The facility has shared group rooms, indoor recreation space, outdoor recreation space, smoking area, and dining hall. The Residential Re-entry Programs are regularly reviewed for blind spots and potential dead areas from camera views, during the investigation of unusual and PREA incidents, and regular building reviews regarding safety and security.

**Composition of Residents:**

The Cincinnati program serves both males and females. Cincinnati has a maximum capacity for males of 120 and a maximum capacity for females of 20 residents. In general, the current level of security staff is adequate to secure the facilities. During the past twelve months, the facility has averaged 112 residents total.

**Incidents of Sexual Abuse and Sexual Harassment:**

During Calendar Year 2025, Cincinnati RRP investigated three reports of sexual harassment and four reports of sexual abuse. Four of the allegations were determined to be substantiated.

**Any other Relevant Factors:**

At this time, there are no other special circumstances to review related to staffing

levels or providing adequate security.

**Prevailing Staffing Patterns:**

The staffing plan is developed and reviewed by the Program Director, in consultation with executive leadership and the PREA Coordinator. Staffing plans are 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 Director, Assistant Director and Clinical Supervisors work 1st shift M-F, with a rotating on-call schedule to respond to off hours needs at each program; Administrative staff work 1st shift Monday through Friday. Program staff and management may adjust their schedule to meet the needs of their current residents.

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

- First shift: Four Reentry Support Specialists
- Second shift: Five Reentry Support Specialists
- Third Shift: Four Reentry Support Specialists

The staffing plan also requires that when both males and females are housed in the facility, at least one male and one female staff person should be on duty at all times.

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

**Deviations from Staffing Plan:**

If the facility does not comply with the staffing plan, the Policy requires the Program Director to document and justify the deviation, including written communication by email or memo to the next level of leadership and the PREA Coordinator. The facility had one documented deviation in the past twelve months. The facility operated for a short period with only two female Resident Support Specialists. In response to the deviation, resident movement was mostly cancelled, pat searches were minimal, rounds were increased, and the Senior Program Director remotely monitored cameras.

The facility has struggled with RSS retention and is always at risk via a call-off for sub-optimal gender staffing patterns, which increases the risk of a PREA incident. The facility seeks to address this through on-call staffing and increased awareness of the issue. We seek 0% deviation from planned staffing patterns.

**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. The surveillance system has record and playback features for video. This facility has 55 cameras and will continue to review and update the system as necessary. The auditor reviewed camera angles during the onsite visit and received an electronic copy of all camera views.

**Monitoring:**

Staff are expected to circulate through the facility regularly, especially in the dorm and bathroom areas. One staff member said rounds are “really supposed to” occur every hour, and another described the expectation as someone circling through at least once an hour, either through a count or a round. Staff also described rounds as an active safety check, not just walking through. They are expected to check dorm areas, keep restrooms clear, look for tents or blocked visibility around beds, make sure residents are where they are supposed to be, and maintain general facility safety and cleanliness.

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.

**Adequate Staffing Levels:**

Money is available to pay for overtime coverage; any use of such should be limited and pre-approved. Case Management and other program staff will continue to be cross-trained on RSS duties so that they can provide security coverage, when necessary, during their normal working hours.

Review:

Policy and procedure

Staffing Plans- 2025 2026 2027

Camera views

Tour of the facility

Interview with RSS staff

Interview with residents

Interview with Program Director

Interview with PREA Coordinator

| 115.215 | Limits to cross-gender viewing and searches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | <p>Policy P100:04 prohibits all strip searches, body cavity searches, and cross-gender enhanced pat-down searches of residents. If a search is necessary for resident or facility safety and security beyond what staff may conduct, the resident is to be transported to a local hospital. PREA policy also states that emergency body cavity inspections must be conducted privately by a health-care professional. The policy prohibits cross-gender enhanced pat-down searches and says cross-gender pat-downs by male staff of female residents may occur only in exigent circumstances. If a female staff member is unavailable and staff believe exigent circumstances require a male staff member to pat search a female resident, the Program Director or on-call supervisor must approve it in advance, the search should be in full view of security cameras, and the Program Director must document the circumstances to the PREA Coordinator. Female staff may pat search male residents without exigent circumstances.</p> <p>Should a cross-gender search be warranted, the search must be documented and include:</p> <ul style="list-style-type: none"> <li>• Full account of the incident and staff involved</li> <li>• The exigent circumstance that necessitated the cross-gender search</li> <li>• How and when supervisory approval was obtained</li> <li>• The results of the search</li> </ul> <p>RRP policy 600:04 requires all staff with search responsibilities to receive training during orientation on how to conduct searches of residents. Training includes how to conduct a pat-down search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are notified of the agency's prohibition against cross-gender pat-down searches.</p> <p>The definitions for each search are included in the policy</p> <ul style="list-style-type: none"> <li>• <b>Enhanced Pat Search:</b> 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.</li> <li>• <b>Exigent Circumstances:</b> any set of temporary or unforeseen circumstances that requires immediate action in order to combat a threat to the security or institutional order of a facility.</li> <li>• <b>Pat Search:</b> a search of a fully clothed person using a patting motion with the hands on the body of the subject</li> <li>• <b>Strip Search:</b> a search in which the subject is required to remove all of his or her clothing</li> <li>• <b>Body Scanner:</b> a security tool used to detect contraband concealed on or</li> </ul> |

inside the body

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.

Body scanner searches:

- Any resident who is returning from community movement may be scanned upon their return, except pregnant women or residents who are medically unable to safely stand on the equipment during the scanning process
- Any resident can be scanned for cause, except those under exemptions
- Can only be used in accordance with the Ohio Administrative Code, ANSI N42.17, the manufacturer's guidelines, and VOAHOIN policy
- Can only be used for legitimate safety and security concerns and shall not be used as a form of harassment or embarrassment
- The resident will stand directly on the platform foot markings, palms open, facing away from the radiation source, and looking straight ahead while standing still
- Cross-gender body scans are prohibited, except in exigent circumstances.

When the full body scanner is used in exigent circumstances, staff will document the reason for the cross-gender body scan in a facility incident report.

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.

As part of the pre-onsite documentation review, the auditor received and reviewed the training curriculum provided to staff responsible for conducting resident pat searches. The curriculum includes instruction on appropriate pat search techniques, including cross-gender and transgender searches; body scanner training, respectful communication with LGBTI residents; safe management of LGBTI residents; and facilitated hands-on practice in pat search procedures. The training also addresses which staff may conduct pat searches and emphasizes that searches must be completed in a professional, respectful, and least intrusive manner possible, consistent with security needs. 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 related sign-in sheets. During the onsite visit, the auditor observed Resident Support Specialist staff conducting resident searches, and the searches observed were completed consistent with agency policy.

Resident Support Specialist staff, interviewed during the onsite visit, report receiving pat search training during orientation and during on-the-job training. They were able to describe how this training is implemented as a part of their day-to-day tasks. A staff member described pat search protocols as including body scanner use when residents return from the community, pat searches for random in-house searches, removal of hats/do-rags, shoes, socks, and belts, bag checks, and use of a “quadrant method” learned during search training. Another staff member said they personally train new staff on pat searches and scanner-related intake/search procedures, including shoes and socks coming off and using the wand.

Male RSS staff reported that they do not conduct searches of female residents, and the facility requires a female RSS staff member to be assigned on each shift. Female RSS staff reported that searches of male residents are conducted by male staff. They further stated that, when involved in searches of male residents, they use only a metal detector rather than conducting physical pat searches. All staff reported that body scans can only be conducted by staff members of the same gender as the

resident. The monitor for the body scanner is enclosed in a case to limit the view of the screen to only the scanner.

Residents are informed at intake and orientation, through the Resident Handbook, that they and their property may be searched at any time.

Residents generally reported that they are searched when returning from community movement, and also may be selected for random searches while in the facility. They described a mix of body scanner searches, pat searches, wand/metal detector searches, bag checks, phone searches, breathalyzers, urine screens, and property searches. One resident said residents are typically body scanned after leaving and returning to the facility, while pat searches are used for random in-house searches. Most residents who discussed searches described them as professional, respectful, and not aggressive. One resident said staff “only touch where it was necessary” and use the hand wand; if female staff have concerns, they call for a male staff member to conduct a more thorough search or use the body scanner. Residents also reported that male residents are usually physically searched by male staff. Several male residents said they had not received pat searches from female staff, although some reported being wanded by female staff. Female residents reported that searches are handled by female staff. One female resident said that when women return to the facility, they are usually run through the scanner by female staff; if they return through the main area, they may be sent downstairs for female staff to complete pat downs and scanner use. She described those searches as professional and respectful.

The agency’s policy places clear limits on cross-gender viewing. Residents must be able to shower, perform bodily functions, and change clothing without opposite-gender staff viewing their buttocks or genitalia. Opposite-gender staff must announce their presence before entering areas where residents may be showering, using the toilet, or changing.

The facility has two housing units (one male and one female). The female bathroom is located inside the dorm area. There is a wide entrance, but you cannot see into the bathroom unless you step inside the entryway. To the right of the entrance are three toilet stalls with doors. Further into the bathroom, there are six sinks with mirrors above, and across from the sinks is the multi-use shower area. There is a shower curtain at the entrance of the shower area. The shower area is open but has been divided into four individual showers by curtains.

The males share a bathroom that has an entrance point from the dayroom and from the large dorm room. Both entrances are open, but residents cannot be seen from outside the bathroom. At the entrance from the dorm room, to the left, are three urinals and four toilet stalls with curtains. Further in the bathroom are the shower and sink areas. There is a curtain at the entrance of the multi-use shower. The shower has been divided into five individual showers by curtains. The male unit also has a single-use handicap shower with a curtain separate from the multi-use shower room.

The configuration of each bathroom allows residents to shower, change clothing,

and perform bodily functions with as much privacy as possible without compromising the safety of the facility.

Residents generally understand the cross-gender announcement requirement, and resident accounts suggest it is consistent in dorm and bathroom areas. Multiple male residents said female staff members announce “female on floor” or “female on the dorm” when entering the dorm or bathroom areas. Female residents report that male staff do not enter the bathroom when it is occupied. They report that the staff member will stand at the entryway and ask who is inside. No resident reports any type of incidental viewing or PREA concerns related to cross-gender supervision.

Staff described the announcement requirement as a regular practice. One staff member said training emphasized announcing oneself and that staff yell into opposite-gender bathrooms rather than entering. Another staff member said that when staff enter the women’s dorm, they announce themselves, and the same expectation applies to staff entering the men’s dorms. That staff member also said she does not enter the men’s restroom and instead calls into the restroom during counts.

Most staff reported little direct experience working with transgender residents where accommodations beyond pronoun changes were needed. Facility leadership described using individualized planning when a resident identifies as transgender. Several staff said they had received training on transgender residents or transgender searches, but had limited or no direct experience conducting transgender searches. The facility currently has a transgender resident; however, the resident is processed through the body scanner rather than receiving a pat search. Facility staff state that male RSS staff process this resident through the body scanner. One staff member described past experience with transgender residents, saying they offered different shower times when requested, but otherwise treated the resident according to the housing placement. The Program Director said the facility has a preferences form and, when a resident discloses transgender status, she meets with the resident to discuss showers, pronouns, and other preferences.

The transgender resident reported that they disclosed their transgender identity during the PREA risk assessment and that staff asked about preferred pronouns. The resident stated that they currently prefer neutral pronouns, such as they/them. The resident reported that staff often use “Mister,” but said they did not believe this was intended negatively and understood it as staff using the same respectful form of address with residents generally. The resident also reported using the larger handicap shower area, which provides more privacy, and leadership confirmed that staff spoke with the resident about showers, pronouns, and preferences after the resident disclosed their transgender identity. Leadership also reported that the resident asked whether they could wear makeup or female clothing and was told they could do so if they wanted.

Review:

Policy and procedure

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|  | <p>Facility tour</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Relias course completion report</p> <p>Pat search demonstration</p> <p>Interview with residents</p> <p>Interview with RSS staff</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> |
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| 115.216 | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Each resident receives PREA information at intake and orientation, including the agency's zero tolerance policy, how to report sexual abuse or harassment, the right to be free from sexual abuse/harassment, the right to be free from retaliation, and the agency's response procedures. The policy requires VOAHOIN to make accommodations so residents with limited English proficiency, disabilities, sensory impairments, or limited literacy can understand the agency's PREA zero tolerance information and reporting options.</p> <p>The procedure requires that residents receive a handbook, sign an acknowledgment, and receive additional education during facility orientation. Key PREA information must remain available through posters, handbooks, or other written formats. For residents who may not understand the written material, the policy requires staff to provide assistance in several ways:</p> <ul style="list-style-type: none"> <li>• Information must be read aloud for residents with limited literacy skills.</li> <li>• Interpreters, including technology-based or nonresident interpreters, must be available for residents who are limited English proficient, deaf, or visually impaired.</li> <li>• Translations in the resident's primary language must be provided whenever possible.</li> <li>• Staff must read and explain program rules, including sexual abuse/assault information, during intake/orientation when needed.</li> </ul> |

- Residents with learning disabilities or who cannot read must have materials read and explained in simple language.
- Auxiliary aids must be provided for sensory-impaired residents, family members, and significant others when necessary, at no cost.

The policy also prohibits relying on resident interpreters, resident readers, or other resident assistants, except in limited circumstances where waiting for an effective interpreter could compromise resident safety, first-response duties, or an investigation.

PREA posters, brochures, and the resident handbook are readily available in Spanish. The Program Director reported that these materials can be translated into any needed language through Google Translate. During interviews, the Program Director and other staff stated that the facility has not housed any residents identified as limited English proficient during the audit period, although some residents have reported English as a second language. Staff reported that residents are offered materials in their preferred language when needed. The facility provided the auditor with documentation of Spanish-language PREA materials. The Program Director also reported that no resident had requested translated materials. If onsite translation or interpretation services are needed, the Program Director stated that the facility maintains a list of local interpreter services available for use:

- Vice Versa Translation Service
- Affordable Language Services
- Translations Unlimited
- Cincilingua

The intake packet is to be reviewed with the resident within 24 hours of arrival, and additional education is provided during facility orientation groups.

Staff interviews were generally consistent with this process. One RSS described giving the resident an intake packet, helping ensure the packet was completed, directing the resident for PREA-related processing, and determining bed placement. The same staff member said the handbook is included in the packet, and residents are told the facility rules are in the packet. A case manager described intake as including ORAS completion to determine risk level and programming requirements, releases of information, handbook acknowledgment, and PREA risk assessment on the first day to help determine dorm placement. Residents who may be more vulnerable to abuse due to a physical, mental, or intellectual disability will be housed in an identified "PREA bed" that allows for increased staff supervision and increased safety.

The Program Director said she personally taught orientation for her first six months at the facility to make sure key topics were being covered. She specifically referenced wanting to ensure PREA education was stressed because, while it was on the curriculum, she was not sure it had previously been emphasized enough. She states that anytime a resident needed additional help or resources to understand

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|  | <p>their rights and protections under the PREA standards, she would sit one-on-one with the individual and provide assistance at the level needed. She states that assistance for residents with cognitive or learning-related disabilities is primarily through individualized explanation, reading assistance, and simplified communication.</p> <p>All staff who were interviewed were questioned on their experience in assisting residents who are limited English proficient, have mental, physical, or cognitive disabilities, are deaf/hard of hearing, or are blind/low vision. Staff interviews provided examples of individualized assistance. One staff member described a resident with a cognitive disability related to a brain injury who was very forgetful and could lose track of what she was doing during intake. Staff responded by slowing the process down, pointing out where to sign and date, and arranging for assistance when the resident had to leave the facility because staff did not feel comfortable sending her out alone. Another staff member said she uses intake forms as a way to identify whether a resident has difficulty reading, and she will read materials to residents when needed, including for a resident with vision issues who became frustrated trying to read documents.</p> <p>Targeted residents confirmed that they received an intake process involving paperwork, search procedures, handbook receipt, and orientation. One targeted resident confirmed receiving a handbook, said staff pointed out major parts rather than reviewing the entire handbook, and said there was an orientation group on Tuesdays. Another targeted resident stated that orientation covered PREA, the grievance process, and the handbook, and that he knew how to report a PREA concern if needed. A resident with reading difficulties similarly reported that the Program Director helps him when he has trouble understanding written material.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interpreter services in Cincinnati, Ohio</p> <p>Resident handbook- English and Spanish</p> <p>PREA posters- English and Spanish</p> <p>Targeted resident interviews</p> <p>Interviews with RSS staff</p> <p>Interviews with case managers</p> <p>Interview with Program Director</p> |
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 have:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the previously described activities

Human Resources screens internal and external applicants to ensure they meet minimum job requirements and that any reported background issues are not disqualifying. The agency also asks applicants who may have had contact about prior convictions and allegations of sexual abuse or sexual harassment in written applications and interviews, including for promotions and transfers. Employees have an ongoing duty to disclose this type of misconduct, and material omissions or false information are grounds for termination.

Before hiring employees who may have contact with residents, the agency conducts local and statewide criminal background checks and considers prior convictions and allegations of sexual abuse or sexual harassment when making hiring decisions. For Federal Bureau of Prisons contracted programs, hiring is contingent on the required FBOP background investigation and clearance. The policy requires criminal background checks at least every five years for current employees who may have resident contact.

The policy also requires the agency, consistent with law, to make best efforts to contact prior institutional employers to determine whether the applicant had substantiated allegations of sexual abuse or resigned during a pending sexual abuse investigation. The PREA reference form supports this process by asking prior employers whether the applicant engaged in or was accused of sexual abuse or harassment of a client, or resigned during a pending investigation, and by asking applicants to identify prior correctional or treatment facility employers.

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

The auditor was able to review applications, interview questionnaires, PREA prior employer reference checks, and initial and five-year background checks. All background checks reviewed were completed through ADP. The Human Resources Manager reported that VOA facilities with Federal Bureau of Prisons contracts renew those contracts every five years. As part of the renewal process, the FBOP requires

updated background checks for all staff who have contact with FBOP offenders, including staff who may have recently completed a background check. The agency uses this same five-year cycle to update background checks for staff assigned to facilities that do not house FBOP offenders. This process ensures that all staff receive an updated background check at least every five years, consistent with the requirements of the standard.

Staff described the promotion process as an internal application and interview process coordinated through ADP and involving HR. When a position opens, staff are notified that the position is posted in ADP and are encouraged to apply if interested. One supervisor said the facility generally tells staff about open positions and encourages them to apply rather than assuming they will be selected automatically.

After an internal applicant applies, the staff said the applicant completes an interview process. HR participates in internal interviews to verify that the interview occurred and to help ensure the process is not based only on favoritism or personal preference. If the facility wants to move forward with the applicant, the promotion then proceeds through HR. Staff also identified corrective action as a factor in promotional eligibility. One staff member stated that if an employee receives disciplinary action, they must wait six months before applying for a promotion. Leadership also noted that HR would not allow internal applicants with recent corrective actions to move forward for an open case management position, so the facility proceeded with external candidates.

The PREA Coordinator reports that the selection and onboarding process for contractors and volunteers is scaled down but similar to that for employees. All contractors and volunteers must be able to pass a background and check and affirm that they have not engaged in sexual abuse in a prison, jail, juvenile facility, community confinement facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community through force, coercion, threats, or where the victim could not or did not consent; or has been civilly or administratively adjudicated for that conduct. PREA affirmations and background checks were provided to the auditor for facility contractors and volunteers.

The PREA Coordinator reports that Aramark kitchen staff have background checks completed by Aramark, with the results being reported to the agency.

The Human Resource Manager reports that all requests for employment verification for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Review:

Policy and procedure

Employee background checks- Initial and five-year

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|  | <p>Interview questionnaire</p> <p>PREA acknowledgements</p> <p>Contractor/volunteer background checks</p> <p>Job applications</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> |
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| <b>115.218</b> | <b>Upgrades to facilities and technology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p><b>Auditor Discussion</b></p> <p>Agency policy P100:03 states that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, the Program Director and executive level leadership will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The executive level leadership will solicit feedback from the 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 is planning to remodel the main shower area in the male housing unit. 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>iTech Digital proposed adding two new cameras at the front lobby entry and downstairs computer lab, and upgrading four existing cameras to IP cameras in the following areas: Female SM GP, Smoke Dock Door, Day Room to Booth, and Female Smoke Door. The proposal included five interior 4MP WDR/IR vandal dome cameras, one exterior 4MP bullet camera with a back box, camera licenses, POE switches for upstairs and downstairs. iTech Digital proposed adding three additional cameras in the Female Dorm, Female Control Room, and Kitchen Dish Room. The proposal also added a camera to the exterior yard.</p> |

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|  | <p>An email confirmation shows that iTech Digital was scheduled to be onsite February 10-13, 2026, to “upgrade and add cameras” at the Cincinnati Re-entry location.</p> <p>The PREA Coordinator reports that all facilities will address electronic monitoring needs as the budget allows.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Camera proposals</p> <p>iTech email</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> |
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| 115.221 | Evidence protocol and forensic medical examinations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Auditor Discussion</b></p> <p>Agency policy 100.14 requires that all allegations of sexual assault, sexual abuse, or sexual harassment in VOAHOIN residential reentry facilities receive either an administrative and/or criminal investigation. Investigations must be completed by properly trained PREA investigators or by local law enforcement, depending on whether the allegation appears criminal. Before opening an investigation, the PREA Coordinator or designee evaluates the allegation to determine whether it meets PREA definitions. This preliminary review may include video surveillance review, clarifying interviews with staff or residents, and review of resident assessments or other electronic records. If the information is unclear, the policy requires staff to err on the side of safety and treat the matter as a potential PREA allegation requiring investigation.</p> <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 taken by staff, first responders</li> <li>• Access to forensic medical examination</li> <li>• Access to a victim advocate</li> <li>• Notification of local law enforcement, when necessary</li> <li>• Protection measures in place to ensure that the alleged victim or resident who reports incidents is not subject to retaliation</li> </ul> |

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 the Cincinnati Police Department.

The facility has requested the Cincinnati Police Department enter into a Memorandum of Understanding with the facility to investigate all criminal allegations of sexual abuse or sexual harassment at the facility using a uniform evidence protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The police department has not responded to the MOU. She has and will continue to refer all allegations that appear to be criminal in nature to the Cincinnati Police Department.

Victims of sexual abuse are offered access to forensic medical exams at no cost when medically or evidentially appropriate, preferably by SAFE or SANE providers. The MOU with SANE of Butler County states that SANE services are available to CRRP residents and include sexual assault forensic examinations, medications to prevent sexually transmitted diseases, confidential services regardless of whether the victim reports the crime, and referrals for medical, legal, court accompaniment, and advocacy services. SANE professionals may also testify as expert witnesses.

SANE of Butler County partners with local hospitals to provide 24/7 coverage, hospital staff education, liaison to federal, state, and local agencies, liaison to physicians, and quality improvement strategies. Anytime a forensic examination is performed, the assault is reported to the appropriate authorities, which may include law enforcement, child protective services, and adult protective services.

The facility would send residents who require a forensic medical exam to the University of Cincinnati Medical Center. The hospital is in partnership with SANE of Butler County.

The auditor spoke by telephone with a representative from SANE of Butler County following the onsite visit. The representative confirmed the organization's continued partnership with VOA, verified the information contained in the MOU, and confirmed the partnership with the University of Cincinnati Medical Center. The representative also stated that services are provided at no cost to residents. She reported that all forensic examinations are conducted in accordance with the Ohio Department of Health and Ohio Attorney General protocols for the treatment of sexually assaulted patients. In addition, she stated that examiners are available to provide expert witness testimony regarding forensic standards and the nursing scope of practice.

The coordinated response policy states that the agency must attempt to make a victim advocate from a rape crisis center available to the victim. If a rape crisis center is not available, the agency must provide a qualified staff member from a

community-based organization or a qualified agency staff member to serve in that support role. At the victim's request, the advocate or support person may accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

In addition to the advocacy services offered by SANE of Butler County, the facility has an MOU with the YWCA of Greater Cincinnati. Under that agreement, VOA's Program Director or designee contacts the YWCA Domestic Violence Shelter to request telephone access to a hotline counselor when a victim of prison rape requests the service after returning from a sexual assault examination or after disclosing a sexual assault. The YWCA agrees to respond to such requests, provide access to a hotline counselor, and maintain confidentiality consistent with state standards, VOA policies, and PREA standards.

The MOU outlines the services that the YWCA will provide to resident victims. The services include:

- Provide a counselor to a resident victim of sexual assault
- Crisis Counseling
- Safety planning
- Information and referrals

The resident handbook's notice states that emergency medical/mental health care and victim advocate access are available after an incident free of charge.

The facility does not have an onsite victim support person; however, SANE of Butler County and YWCA of Greater Cincinnati ensure a victim advocate is readily available for any victim of sexual abuse.

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

Review:

Policy and procedure

MOU with SANE of Butler County

MOU with YWCA of Greater Cincinnati

Resident handbook

Phone correspondence

Training certificate

Interview with PREA Coordinator

Interview with Program Director

| 115.222 | Policies to ensure referrals of allegations for investigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|         | <p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1481 544">Agency policy P100:14 requires that administrative and/or criminal investigations be completed for all allegations of sexual assault, abuse, and harassment in VOAHOIN residential reentry facilities. The agency is to ensure that investigations are conducted by properly trained individuals or local law enforcement following reports of sexual abuse and sexual harassment.</p> <p data-bbox="279 577 1481 913">The agency posts its investigatory policy on its website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.voahin.org/wp-content/uploads/sites/9/2023/10/Investigation_Protocols_VOAHOIN-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 its agency policy.</p> <p data-bbox="279 947 1230 981">The facility has had five allegations during the past twelve months:</p> <p data-bbox="279 1014 1457 1216">Investigation #1: A routine search revealed sexually inappropriate text messages between a resident and a staff member. The resident denied any physical contact but confirmed the relationship. The allegation was investigated and determined to be substantiated for sexual harassment. The allegation was not referred for a criminal investigation.</p> <p data-bbox="279 1249 1473 1451">Investigation #2: Facility staff discovered messages from a resident to another resident offering goods in exchange for sexual services. Both residents denied physical sexual contact. The administrative investigation determined the allegation to be substantiated for sexual harassment. The facility did not make a referral for a criminal investigation.</p> <p data-bbox="279 1485 1473 1731">Investigation #3: The facility received information that a former resident and a staff member began to engage in a relationship shortly after the resident was discharged from the facility. The staff member initially denied the allegation, but later acknowledged contact after discharge. The allegation was determined to be substantiated for sexual misconduct. The facility did not make a referral for a criminal investigation.</p> <p data-bbox="279 1765 1449 1933">Investigation #4: A female resident reported that a male resident exposed himself to her through a doorway. The allegation was administratively investigated; however, no corroborating evidence was found. The allegation was determined to be unsubstantiated.</p> <p data-bbox="279 1966 1457 2089">Investigation #5: The facility received a report through the PREA hotline and completed a phone search that led to an investigation of a staff member having an inappropriate relationship with a resident. The allegation was determined to be</p> |

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|  | <p>substantiated. The allegation was not referred for a criminal investigation.</p> <p>* Investigation #6: The facility has an open investigation involving an inappropriate relationship with a staff member. The facility initiated an investigation after the resident reported being unable to use the body scanner due to pregnancy. A staff member later reported that she received information that the resident was pregnant by a staff member. The facility terminated the employee and referred the allegation to the Cincinnati Police Department for a criminal investigation. The facility had not closed the investigation at the time of the onsite visit.</p> <p>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 to criminal prosecution.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p> <p>Interview with administrative investigators</p> |
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| 115.231 | Employee training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         | <p><b>Auditor Discussion</b></p> <p>The agency's PREA training policy requires all workforce members at Residential Re-entry Programs who may have contact with residents to be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies. The policy defines the workforce broadly to include employees, volunteers, interns, and contractors who may have physical, visual, or auditory contact with residents.</p> <p>All workforce members must acknowledge the agency's professional workforce/ client relations policy and zero-tolerance policy upon hire and annually thereafter. Human Resources maintains acknowledgment documentation for employees, while Program Directors maintain documentation for contractors, interns, and volunteers.</p> <p>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</p> |

last completion date. 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.

The training topics include:

- PREA Cross-Gender Pat Down
- Boundaries and Dual Relationships for Paraprofessionals
- Working Effectively with Gender and Sexual Minorities
- PREA: Dynamics of Sexual Abuse in Correctional Systems
- PREA: Reporting Obligations and Retaliation Protections
- Safe Management of Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning, and Intersex Populations
- Working with Women Offenders in Correctional Institutions
- Managing Common Boundary Situations
- PREA Respectful Communication with LGBTI Offenders
- PREA Introduction and Overview Training
- Agency Zero Tolerance Policy

Employee PREA training is assigned and tracked through the agency's online Learning Management System. New hires are enrolled in the PREA Training Plan and must complete the required modules within the established timeframe after hire. Ongoing training is required every two years, based on the employee's last completion date, and staff must pass a test at the end of each training course to demonstrate comprehension.

During onboarding training, staff receive PREA Introduction training. This training covers the origins of PREA, related definitions, mandatory reporting obligations, creating a reporting culture, retaliation, protection responsibilities, all types of searches, and ways residents can report. Training is given to both genders due to staff having contact with both male and female residents.

Along with training that meets the requirements of standard 115.231, the agency also provides employees with training that improves the facility's ability to prevent, detect, respond to, 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.

Staff reported that they receive PREA training through the agency's online training platform, Relias/LMS, and that PREA-related modules are assigned as part of their required training. One staff member stated that his training was auto-assigned through Relias and included PREA-related pat search training, use of the wand, body scanner procedures, property searches, and transgender resident training. Staff also described receiving training on reporting responsibilities and how to respond when residents report harassment, bullying, or other PREA-related concerns. Staff further reported receiving training and reminders on professional boundaries.

Leadership also reported that boundaries are addressed in staff meetings and that the training department had previously provided in-person boundaries training covering high-risk red flags.

Training records show completed PREA modules for Cincinnati staff, including PREA overview, dynamics of sexual abuse in corrections, reporting obligations and retaliation protections, cross-gender and transgender pat searches, safe management of LGBTQ+ populations, sexual harassment, and professional boundary-related training.

Review:

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|  | <p>Policy and procedure</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> <p>Interview with Program Director</p> |
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| 115.232 | Volunteer and contractor training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Auditor Discussion</b></p> <p>The agency's PREA training policy requires all workforce members at Residential Re-entry Programs who may have contact with residents to be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies. The policy defines the workforce broadly to include employees, volunteers, interns, and contractors who may have physical, visual, or auditory contact with residents. For contractors, interns, and volunteers, the Program Director must ensure they receive training on necessary and relevant PREA topics before they have unsupervised contact with residents. The level and type of training depend on the services provided and the amount of resident contact, and the Program Director must maintain documentation confirming they understood the training received.</p> <p>The PREA Coordinator states that contractors and volunteers at the facility are required to have VOA-specific training on:</p> <ul style="list-style-type: none"> <li>• The agency's zero tolerance policy</li> <li>• Mandatory reporting obligations</li> <li>• Professional boundaries</li> <li>• Prohibitions against retaliation</li> </ul> <p>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.</p> <p>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</p> |

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|  | <p>of sexual abuse and sexual harassment. The staff at Aramark who work in any type of confinement facility will receive PREA training from Aramark. The training provided by the company includes the following topics:</p> <ul style="list-style-type: none"> <li>• What is PREA</li> <li>• Definitions of sexual harassment, sexual abuse, sexual contact, and consent</li> <li>• How does PREA apply to Aramark</li> <li>• How does Aramark comply with PREA- Responsibilities of an Aramark employee under PREA</li> <li>• Reporting a PREA incident</li> <li>• Aramark's harassment policy and why it is important</li> <li>• Manipulation and PREA</li> <li>• Personal VS Personable</li> </ul> <p>Kitchen staff reported that they receive their PREA training through Aramark, rather than through VOA. Food service staff showed an understanding of key PREA responsibilities, including their duty to report sexual harassment or sexual abuse and the need to maintain appropriate professional boundaries with residents.</p> <p>No volunteers were available during the onsite visit.</p> <p>The auditor was able to review the signed training acknowledgement form from contractors and volunteers.</p> <p>Review:</p> <p>Policy and procedure</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>The resident PREA education policy requires that every resident admitted to a VOAHOIN Residential Reentry Program receive information about the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to report incidents or suspicions, the right to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting, and the agency's procedures for responding</p> |

to PREA-related incidents.

The policy requires the facility to:

- Provide all new intakes and transfers with a resident handbook that contains information on the agency's policies and procedures related to sexual abuse and harassment, and sign an acknowledgement of receipt
- Additional information is provided to the new residents and transfers during facility orientation group conducted by the Program Director or designee
- Key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats
- Information to be read aloud if a resident has identified or is known to have limited literacy skills. Interpreters (technology or nonresident) are made available for those who are limited English proficient, deaf, or visually impaired. Translations in a client's main language are provided whenever possible

The policy states that during orientation phase, the following will take place:

- 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

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 is 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 a grievance related to sexual abuse may not be disciplined unless filed in bad faith

Staff interviews were generally consistent with this process. One RSS described giving the resident an intake packet and reviewing the PREA-related information.

The Program Director said she personally taught orientation for her first six months at the facility to make sure key topics were being covered. She specifically referenced wanting to ensure PREA education was stressed because, while it was on the curriculum, she was not sure it had previously been emphasized enough.

Residents' descriptions were consistent with staff accounts. Residents reported that orientation covered the handbook, rules and regulations, PREA, how to write a grievance, rule violations, and sanctions. One resident confirmed receiving a handbook and said staff pointed out major parts rather than reviewing the entire handbook, and said there was an orientation group on Tuesdays. Another resident stated that orientation covered PREA, the grievance process, and the handbook, and that he knew how to report a PREA concern if needed.

The policy requires VOAHOIN to make accommodations so residents with limited English proficiency, disabilities, sensory impairments, or limited literacy can understand the agency's PREA zero tolerance information and reporting resources.

For residents who may not understand the written material, staff can provide assistance in several ways:

- Information must be read aloud for residents with limited literacy skills.
- Interpreters, including technology-based or nonresident interpreters, must be available for residents who are limited English proficient, deaf, or visually impaired.
- Translations in the resident's primary language must be provided whenever possible.
- Staff must read and explain program rules, including sexual abuse/assault information, during intake/orientation when needed.
- Residents with learning disabilities or who cannot read must have materials read and explained in simple language.
- Auxiliary aids must be provided for sensory-impaired residents, family members, and significant others when necessary, at no cost.

The policy states that key PREA information must remain available through posters, handbooks, or other written formats. In addition to the handbook and the brochure provided to the residents at intake or transfer, throughout the facility are posters in English and Spanish that provide the following information:

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|  | <ul style="list-style-type: none"> <li>• VOA hotline number</li> <li>• VOA email reporting address</li> <li>• Outside agency hotline reporting</li> <li>• Local rape crisis hotline number</li> <li>• National rape crisis hotline number</li> <li>• Other ways to report <ul style="list-style-type: none"> <li>◦ Any VOA staff member</li> <li>◦ Family and friends</li> <li>◦ Anonymous note</li> </ul> </li> </ul> <p>During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and the phone numbers for reporting agencies.</p> <p>The information provided during the 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 in ongoing staff interactions.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident intake packet</p> <p>Resident handbook Orientation group materials</p> <p>Resident PREA acknowledgement PREA brochure</p> <p>PREA posters (English and Spanish) Resident files</p> <p>Interview with residents</p> <p>Interview with Program Director</p> <p>Interview with case managers</p> <p>Interview with RSS staff</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>                                                                                                                                            |
|                | Policies P100:02 and P100:14 require staff with administrative investigation responsibilities to receive Specialized PREA investigation training prior to conducting |

an investigation. Training is required to be provided by a qualified provider using an approved curriculum that includes:

- Techniques for interviewing sex abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The PREA investigator training uses the Specialized Training: Investigating Sexual Abuse in Correctional Settings curriculum developed by The Moss Group for the National PREA Resource Center. The curriculum emphasizes the importance of consistent definitions, standardized evidence collection, forensic medical exams, and victim advocate access.

The curriculum also covers legal issues and agency liability. This includes instruction on Miranda and Garrity warnings, the difference between criminal and administrative investigations, staff sexual misconduct laws, civil liability, deliberate indifference, official and individual liability, and the importance of following policy and documenting investigative actions to reduce legal risk.

Investigators receive training on agency culture and how it affects sexual safety and reporting. This module addresses how formal and informal norms, professional boundaries, workplace relationships, sexualized work environments, staff perceptions of fairness, codes of silence, and fear of retaliation can affect whether residents or staff report misconduct and whether witnesses cooperate during investigations.

The training includes trauma-informed investigation practices. Investigators are taught how trauma can affect memory, reporting, cooperation, demeanor, and the ability of victims to describe events chronologically. The training emphasizes that victims may respond in many different ways, that a lack of emotion or inconsistent recall does not mean an allegation is false, and that investigators should avoid retraumatizing victims through unnecessary or repetitive interviews.

The curriculum addresses medical and mental health roles in investigations, including the importance of timely emergency and ongoing care, forensic medical examinations, SANE/SAFE services, victim advocates, evidence preservation, confidentiality, and coordinated response. It explains that forensic exams serve both medical and evidentiary purposes and that victims must receive services at no cost when appropriate.

Investigators are trained on first response and evidence collection, including the dynamics of sexual abuse and sexual harassment in confinement, separating alleged victims and abusers, preserving the crime scene, preventing destruction of physical evidence, understanding staff sexual misconduct as an unequal relationship where consent is not a defense, and recognizing that all allegations, including sexual harassment, must be taken seriously and investigated.

The curriculum also provides skill-based instruction on interviewing adult sexual abuse victims. It emphasizes open-ended, nonjudgmental interviewing, rapport-building, avoiding leading or yes/no questions, using interpreters appropriately, involving victim advocates when requested, minimizing distractions, considering vulnerability factors, and allowing victims adequate time to provide information.

The report-writing module teaches investigators how to prepare complete, accurate, unbiased investigative reports. Reports should include evidence reviewed, interviews conducted, credibility assessments, investigative steps, applicable standards or definitions, and conclusions. The module also emphasizes that reports affect both administrative action and prosecutorial referral, and that substantiated conduct that appears criminal must be referred for prosecution.

The prosecutorial collaboration module trains investigators on how to improve the likelihood that substantiated criminal cases can move forward. It addresses what prosecutors consider when deciding whether to charge a case, the importance of solid investigations, preserving and documenting evidence, writing clear reports, collaborating with law enforcement and prosecutors, and understanding defense challenges in correctional sexual abuse cases.

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

The agency has 33 trained administrative investigators, with three working directly at the facility. Investigators reported that they received specialized PREA investigator training addressing trauma-informed interviewing, recognizing and minimizing personal bias, assessing credibility, evaluating available evidence, and applying the preponderance of the evidence standard rather than a criminal burden of proof. During interviews, investigators demonstrated an understanding of their role in conducting administrative PREA investigations in accordance with agency policy. Investigators described a process that includes promptly notifying the PREA Coordinator, reviewing available evidence such as video footage, phone records, text messages, and other documentation, interviewing the alleged victim, alleged perpetrator, and witnesses, and documenting the investigative findings and outcome. Investigators also reported that when an allegation involves a staff member, the PREA Coordinator provides oversight to ensure impartiality and assists in determining whether the allegation appears criminal in nature. If criminal conduct is suspected, the matter is referred to the appropriate local law enforcement agency.

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

Review;

Policy and procedure

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|  | <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</b> | <b>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 residents' 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>The screening policy requires all residents admitted to a VOAHOIN Residential Reentry Program to be screened during intake for risk of being sexually abused by other residents and for risk of being sexually abusive toward others. The PRAT is required to be an objective screening instrument and must consider factors such as mental, physical, or developmental disability; age; physical build; prior incarceration; nonviolent criminal history; prior sex offense convictions; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; prior sexual victimization; and the resident's own perception of vulnerability. The tool also considers prior acts of sexual abuse, prior violent offense convictions, and prior institutional violence or sexual abuse when assessing risk of sexual abusiveness.</p> |

Initial screening must be completed within 72 hours of arrival for all new intakes and transfers. Residents must then be reassessed between 20 and 30 days after arrival, and no later than 30 days. Reassessment is also required whenever warranted due to a referral, request, incident of sexual abuse, or additional information affecting risk of victimization or abusiveness.

Residents are not disciplined for refusing to answer or for not fully disclosing information related to disability status, LGBTI or gender-nonconforming status, prior sexual victimization, or their own perception of vulnerability.

Interviews indicate that case managers generally complete the PREA risk assessments during the intake process. Case managers reported that the initial assessment is completed when residents first arrive or on the first day of admission. Case managers reported that the SecuManage system contains the PREA assessment questions, which they read through with the resident. They also reported reviewing collateral information, such as the resident's PSI, transition summary, or institutional paperwork, to verify information and help determine whether the resident should be classified as a potential victim, potential predator, known victim, or known predator.

Case Managers reported completing both the initial assessment and the follow-up reassessment. One male case manager stated that the first assessment is completed when the resident arrives and that a second assessment is completed 20 to 30 days later. Staff said they track reassessments through SecurManage task reminders and calendar dates.

Case managers reported that at times additional context may be provided because residents may hear "PREA" and assume it only relates to sexual victimization or harassment, so they explain that the assessment is broader and is used to determine safe housing and placement.

Staff also recognized that information may change between the first and second assessments. One case manager reported that residents sometimes disclose different information during the reassessment, explaining that residents may be more guarded when they first arrive and become more open as rapport develops.

Resident comments were consistent with the written policy, which requires all residents to be screened during intake for risk of sexual victimization or abusiveness, including factors such as prior sexual victimization, LGBTI or gender-nonconforming status, disability, age, physical build, prior incarceration, sex offense history, and the resident's own perception of vulnerability. Residents reported that PREA-related risk assessment questions were asked during intake or early in the admission process. One resident recalled being asked "personal" questions related to sexual preference and prior sexual abuse and understood the purpose as a safety issue. The resident disclosed being gay during the interview but reported no harassment or safety concerns at the facility.

The auditor was given a copy of the risk assessment instrument. The instrument meets the requirements of being objective and including all required criteria per this

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|  | <p>standard. The screening instrument uses a scoring system to assess the resident's risk classification. Classification categories are:</p> <ul style="list-style-type: none"> <li>• Known victim</li> <li>• Potential victim</li> <li>• Non-victim</li> <li>• Known predator</li> <li>• Potential predator</li> <li>• Non-predator</li> </ul> <p>The facility provided the auditor with access to initial, 30-day, and for-cause risk assessments. The assessments were completed in a timely manner and scored according to the tools' guidelines. The Program Director reports that she keeps an Excel spreadsheet that lists each resident and the due date for the initial and 30-day reassessment, which turns red when assessments become overdue.</p> <p>Policy P100:15 states that the program implements appropriate controls on the dissemination within the facility of responses to PREA Screening questions to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>The SecurManage resident database allows for permissions to block access to view completed risk assessments. The agency only allows staff who need access to this information.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Risk assessments (initial, 30-day, reassessment for cause)</p> <p>Interview with residents</p> <p>Interview with case managers</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> |
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| 115.242 | Use of screening information                                                                                                                                                                                                                     |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                             |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                        |
|         | The screening policy requires all residents admitted to a VOAHOIN Residential Reentry Program to be screened during intake for risk of being sexually abused by other residents and for risk of being sexually abusive toward others. The agency |

uses the PREA Risk Assessment Tool (PRAT) to inform housing, bed, work, education, and program assignments, with the goal of keeping residents at high risk of sexual victimization separate from residents at high risk of sexual abusiveness. 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.

The policy requires the Assistant Program Director and Program Director or designee to consider PRAT results when making dorm and bed assignments and other placement decisions. Staff reports that the assessment helps determine where residents should be placed in the dorm. One staff member explained that if a resident is assessed as a potential victim, staff try to house that resident away from residents assessed as potential or known predators.

Case Managers indicated that when residents disclose prior victimization or related needs, they can offer referrals for mental health assessment or community-based services. Staff stated that residents assessed as potential victims may be placed in smaller dorms or in designated camera-view beds, while known predators may also be assigned to camera-view beds for monitoring. Female residents were described as housed in one larger dorm area due to the smaller number of women, although staff noted that cameras had been updated in that area.

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.

The Program Director reports that the case management staff will be participating in a Case Management 101 training. The Program Director reported that new case managers may not have received the level of training they needed due to a lapse in supervision, and training was occurring "on the fly." She further reported that a full-day case management training was scheduled for June 2 to cover the case management process from intake to discharge. This will include the risk assessment, safety accommodations, and information that should be considered when developing accommodation strategies.

The agency understands that residents who identify as gay, lesbian, bisexual, transgender, or intersex are at higher risk for abuse while being housed at the facility. The Program Director or designee will consider the following when determining housing and program assignments:

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

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|  | <p>The transgender resident reported that they disclosed their transgender identity during the PREA risk assessment. The resident's primary concern involved housing and bed placement. The resident reported that they initially asked to move to a more comfortable bed area because being in the center of the dorm felt uncomfortable and made them feel watched. The resident stated that they preferred a stable bed assignment with someone they could safely live near. The resident reports that the facility met with him and adjusted his bed assignment to something more suitable while still being safe. The resident also reported using the larger handicap shower area, which provides more privacy, and leadership confirmed that staff spoke with the resident about showers, pronouns, and preferences after the resident disclosed their transgender identity. Leadership also reported that the resident asked whether they could wear makeup or female clothing and was told they could do so if they wanted.</p> <p>The auditor met with residents during the onsite visit who identify as gay, lesbian, or bisexual. The residents report feeling safe, and did not feel as if their dorm assignment was based on their sexuality.</p> <p>The facility does not have a dedicated unit for residents who identify as LGBTI. Residents who identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff can have a clear line of sight from the camera system. The auditor performed an internet search and confirmed that the facility is not under any consent decree, legal settlement, or legal judgment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Interview with case managers</p> <p>Interview with residents</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> <p>Internet search</p> |
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| 115.251 | Resident reporting                                                                                                                                                    |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                  |
|         | <b>Auditor Discussion</b>                                                                                                                                             |
|         | The resident reporting policy requires VOAHOIN to provide residents with multiple internal and external ways to privately report sexual abuse, sexual assault, sexual |

harassment, retaliation, and staff neglect or violations of responsibilities that may have contributed to such incidents. Residents are not limited to the regular complaint and grievance process, and staff must accept reports made verbally, in writing, anonymously, or by third parties.

Residents may report through the agency PREA hotline, the agency PREA email reporting link, the State of Ohio or State of Indiana PREA hotline, or directly to any VOAHOIN staff member. The policy requires hotline numbers and email addresses to be posted in accessible areas of the facility and included in the Resident Handbook. Documentation also shows that the PREA reports email line and PREA hotline were tested, indicating that these reporting mechanisms were functioning.

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 lists the following reporting options:

- Report to any staff member
- Written reports
- Grievances
- Third-party
  - Family members
  - Attorneys
  - Fellow residents
- Law enforcement
- External PREA hotlines

The auditor tested the facility's reporting hotline phone number listed on the agency's website. The PREA Coordinator responded to the request on the same day.

The auditor contacted the outside hotline number to verify the reporting process. The hotline message instructed callers to leave details regarding the allegation, advised that callers may remain anonymous, and stated that all allegations will be investigated. The auditor subsequently received a return call from the Assistant Chief of the Ohio Department of Rehabilitation and Correction, Bureau of Community Sanctions. The Assistant Chief confirmed receipt of the auditor's test call and stated that all hotline reports are taken seriously. She further explained that when a report is received through the hotline, BCS notifies the PREA Compliance Manager of record for the applicable facility. Each facility is also required to report PREA allegations to BCS through the online reporting system and provide general information regarding the investigation, which includes:

- Type of allegation
- How it was reported
- Retaliation monitoring
- Outcome determination
- SART review

In addition to the listed external reporting entity, the residents can call local law enforcement (911 or the non-emergency number) to report sexual abuse. The residents are allowed to carry personal cell phones to make unassisted, unmonitored calls to all reporting agencies. Residents who do not have a cell phone have unmonitored access to a landline telephone for calling all reporting agencies.

During the onsite visit, the auditor was able to see various postings in English and Spanish informing the residents of the phone numbers, website address, and email address of internal and external reporting entities.

Residents reported that they were aware they could report PREA-related harassment or sexual abuse to staff, telling a family member or friend, contacting a third party outside the agency, submitting a written report, or reporting anonymously. One resident confirmed that PREA was covered during orientation and stated: "Oh yeah, yeah. They actually reviewed it a couple of times." The same resident also reported that PREA information was posted in the facility: "They have it posted up around the building too. So they're pretty active about the PREA stuff." Another resident described knowing how to use the grievance process: "They got a grievance box; actually it's almost like right outside this office, they have like a little box. Yeah, so they got a slip, a stack of slips next to it that you fill out, and then you put it in the box."

Residents reported that phone access is one available way to report PREA-related concerns, primarily through the hotline numbers provided in the handbook and posted reporting information. 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 reported limited use of the mail process. One resident stated he had not sent mail from the facility but had received mail. When asked if he had to open it in front of staff, he said, "No. They just give it to you." He added that the mail he received was not personal mail, but items from agencies such as Job and Family Services or Social Security. He stated that, when sending mail, residents "just give it to them and they put it in our outgoing box there," and added that it appeared to be mailed promptly because he received a quick response. Residents reported they are able to send mail independently without staff assistance once they have access to the community. Most residents report only using the mail system for business transactions.

The Program Director reports that residents have free access to the resident telephone that is near the main control desk. She reports that residents do not have to provide staff with any information in order to use the phone, and that the phone is unmonitored. Residents have the ability to contact both reporting agencies and support services without staff assistance. She also reports that outgoing mail is placed in a basket in the control booth and given to the mail carrier when the carrier arrives. Indigent residents are provided with two stamped envelopes a week.

According to the employee handbook, staff, once aware of any behavior that is in

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|  | <p>violation of VOA's Professional Client/Staff Relationship policies, must immediately report such behavior to their immediate supervisor. Failure to report could implicate staff as complicit in the behavior and share in responsibility.</p> <p>During staff interviews, staff stated that they would report allegations, suspicions, or information about sexual abuse or sexual harassment to either their direct supervisor or the Program Director. A few staff members mentioned the ability to report directly to the PREA Coordinator. All staff were aware that they could report through private channels outside the normal chain of command.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Resident handbook</p> <p>PREA reporting posters</p> <p>PREA resident brochure</p> <p>PREA staff brochure</p> <p>Agency website</p> <p>Facility tour</p> <p>Outside reporting testing</p> <p>Investigation reports</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p> |
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| 115.252 | Exhaustion of administrative remedies                                                                                                                                                                                                                                                                                                                    |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                              |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                         |
|         | <p>The grievance policy for reporting PREA allegations provides residents multiple ways to privately report sexual abuse, sexual assault, sexual harassment, retaliation, and staff neglect or violations that may have contributed to such incidents. Residents are not limited to the agency's standard complaint and grievance process, and staff</p> |

must accept PREA reports made verbally, in writing, anonymously, or by third parties. The policy states that residents do not have to use an informal grievance process or attempt to resolve an allegation of sexual assault, abuse, or harassment with staff before reporting. It also prohibits requiring a resident to submit a PREA grievance to the staff member who is the subject of the grievance, and that staff member may not participate in the investigation or final decision.

For grievances alleging sexual abuse or sexual harassment, the agency does not impose a filing time limit. A final agency decision must be issued within 90 days of the initial filing, unless the agency claims an extension of up to 70 days because additional time is needed. Residents must be notified in writing of any extension and the date by which a decision will be made.

Third parties, including other residents, staff, family members, attorneys, and outside advocates, may assist residents with PREA-related administrative remedies or file on a resident's behalf. If a third party files for the resident, the facility may require the alleged victim's agreement to proceed, and if the resident declines, the agency documents that decision.

Emergency grievances alleging that a resident is at substantial risk of imminent sexual abuse must be forwarded immediately to a level of review where corrective action can be taken. The agency must provide an initial response within 48 hours and issue a final decision within five calendar days, documenting whether the resident was at substantial risk and what action was taken.

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 harassed, 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 that 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

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|  | <ul style="list-style-type: none"> <li>• If a sexual abuse allegation complaint or grievance is filed in bad faith, the resident may be disciplined for the false report</li> <li>• A resident can file a report with an outside regulatory agency (multiple outside agency addresses and phone numbers listed)</li> </ul> <p>The Program Director reports that during the orientation group, she reviews the grievance process. She states that she informs residents:</p> <ul style="list-style-type: none"> <li>• What is grievable</li> <li>• Where to locate grievance slips</li> <li>• Where to find the grievance box</li> </ul> <p>She reports that grievances are routed to the Program Director and then to the Resident Rights Officer. If the grievance concerns the Program Director, residents may mark the envelope to go directly to the Resident Rights Officer.</p> <p>During the onsite visit, the residents who were interviewed reported that they knew how to access the grievance system and where to submit their grievances. One resident had a grievance box near the interview area and stated that there were slips available to complete and place in the box. No resident interviewed reported using the grievance system to report an allegation of sexual abuse or sexual harassment for themselves or on behalf of another resident.</p> <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Orientation group curriculum</p> <p>Resident acknowledgements (receiving handbook)</p> <p>Interviews with residents</p> <p>Interview with Program 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            |

**Auditor Discussion**

VOAOHIN policy P100:07 requires that residents have access to outside victims' advocates for emotional support services related to sexual abuse by giving residents the mailing addresses 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, before giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility provides residents access to outside emotional support services by giving residents information about advocacy and rape crisis resources during intake and orientation. 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 possible; however, there are some limits to confidentiality for mandated reporters. The facility provides the name, address, and phone number of the YWCA of Greater Cincinnati for outside victims' advocacy and emotional support services. The agency is local and has an MOU with the facility.

The residents at the facility have free access to the phone and mail system. The residents are allowed to carry personal cell phones to make unassisted, unmonitored calls to all emotional support agencies. Residents who do not have a cell phone have unmonitored access to a landline telephone for calling all emotional support agencies.

The Program Director reports that residents have free access to the resident telephone that is near the main control desk. She reports that residents do not have to provide staff with any information in order to use the phone, and that the phone is unmonitored. Residents have the ability to contact both reporting agencies and support services without staff assistance. She also reports that outgoing mail is placed in a basket in the control booth and given to the mail carrier when the carrier arrives. Indigent residents are provided with two stamped envelopes a week. The residents report limited use of the mailing system. Most residents report that mail is not monitored and that they have the ability to either use the facility's mailing system to send and receive mail, or while out in the community, use a public mailing system.

Following the onsite visit, the auditor contacted the YWCA of Greater Cincinnati by telephone. The YWCA representative confirmed that the agency is able to provide emotional support services to CRRP residents by mail or telephone. The representative also confirmed that an advocate can provide rape crisis services, including support during hospital examinations, law enforcement interviews, and court proceedings. In addition, the representative stated that advocates can offer

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|  | <p>referrals to other community resources. These services are provided at no cost to residents. The advocate was unable to confirm if any services were provided to a resident of CRRP.</p> <p>During any investigation into an allegation of sexual abuse or sexual harassment, residents are offered victim advocate services and reminded of the availability of emotional support services. The investigation reports do not note any resident accepting these services. The auditor was able to interview one resident who is the victim of a staff-on-resident sexual misconduct allegation. She was able to confirm that victim advocate and emotional support services were offered, but that she declined the services.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA brochure</p> <p>PREA posters</p> <p>Email communication with YWCA of Greater Cincinnati</p> <p>Investigation reports</p> <p>Interview with Program Director</p> <p>Interview with resident victim</p> |
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| 115.254 | Third party reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Auditor Discussion</b></p> <p>Policy 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 that occurred within the facility, the information will be immediately reported to the Program Director of the facility. Third parties may include fellow residents, family members, attorneys, and outside advocates.</p> <p>The auditor reviewed the agency website, <a href="https://www.voahin.org/services/criminal-justice-reentry/">https://www.voahin.org/services/criminal-justice-reentry/</a>, and was able to see the posted information on how a third party</p> |

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|  | <p>can report an allegation. The website states:</p> <ul style="list-style-type: none"> <li>• 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@voaohin.org.</li> </ul> <p>The facility has posted in conspicuous places, including where visitors would frequent, notices on how a person can make a third party report of sexual abuse or sexual harassment on behalf of a resident. The poster includes:</p> <ul style="list-style-type: none"> <li>• VOA Hotline - 855-297-1492</li> <li>• VOA email - reportsline@voaohin.org</li> <li>• Local Hotline (Hamilton County and Cincinnati area) - 513-381-5610</li> <li>• ODRC outside email- DRC.ReportSexualMisconduct@odrc.state.oh.us</li> <li>• National Hotline R.A.I.N.N. - 800-656-4673</li> </ul> <p>The auditor noted the various locations of reporting posters, including public locations during the facility tour.</p> <p>The auditor tested the third-party reporting options for the VOA hotline and VOA email. The auditor received a response from the PREA Coordinator on the same date the contact was made.</p> <p>The facility had one investigation that was initiated by a third party reporter. The report was forwarded to the Program Director and investigated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>PREA posters</p> <p>Investigation reports</p> |
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| 115.261 | Staff and agency reporting duties                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                      |
|         | <p><b>Auditor Discussion</b></p> <p>Policy 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</p> |

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, 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 retaliating 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

Staff reported that residents may report bullying, harassment, PREA-related concerns, or abuse to any staff member, including RSS staff, case managers, supervisors, the Program Director, or facility leadership. Staff stated that they are expected to take all such reports seriously, notify the appropriate supervisor or Program Director, and ensure the concern is documented and elevated rather than handled informally. Staff also reported that if a concern involves possible sexual abuse, sexual harassment, retaliation, or staff misconduct, they would report it immediately through the chain of command and ensure the PREA Coordinator or PREA Investigator is notified.

One staff member stated that if she observed a staff member being overly friendly with a resident, spending too much time with a resident, or otherwise presenting a concern, she would address the staff member directly and also report the concern to the Program Director.

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|  | <p>Staff described bullying or non-PREA harassment as still requiring action. They reported that those issues would be addressed through supervision, documentation, resident accountability, separation if needed, and referral to case management or leadership. If the information was unclear or potentially PREA related, staff indicated they would report it upward so leadership or the PREA Coordinator could determine whether it met the PREA definition.</p> <p>The PREA Coordinator stated that she has told programs to contact her about “any sex act whatsoever” and to at least email her, even if staff believe the conduct is consensual, so she can evaluate whether there are PREA-related nuances such as harassment or coercion.</p> <p>The policy requires the facility to investigate allegations regardless if:</p> <ul style="list-style-type: none"> <li>• The alleged perpetrator is no longer at the facility</li> <li>• The resident has been transferred or discharged</li> <li>• The report is delayed</li> </ul> <p>The facility does not accept residents who 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 behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Training records</p> <p>Employee handbook</p> <p>Investigation reports</p> <p>Interview with staff</p> <p>Interview with Program Director</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 |

**Auditor Discussion**

VOAOHIN has procedures to protect residents who are at risk of sexual abuse and to prevent retaliation against residents or staff who report sexual abuse or sexual harassment or who cooperate with investigations. When the agency learns that a resident is at substantial risk of imminent sexual abuse, either through a risk assessment or a reported incident, the agency must take immediate action to protect the resident. Protective actions may include dorm moves, facility reassignment, and close observation of the alleged victim or perpetrator.

The policy also requires multiple protection measures for residents and staff who report or cooperate with sexual abuse or sexual harassment investigations. These measures may include 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.

The PREA Coordinator reported that when an allegation involves a staff member, the agency's practice is to place the staff member on administrative leave pending review or investigation. She further stated that resident protection measures are determined based on the circumstances of each case. When an allegation involves another resident, the facility may move the resident to a different dorm or, when appropriate and permitted by the supervising agency, transfer the resident to another VOAHOIN facility. The supervising agency may also remove the resident from the program when necessary to ensure safety.

Staff reported several methods for protecting residents, depending on the nature of the concern. The most common measures described were moving residents to different beds or dorms, keeping residents separated from the person creating the safety concern, and increasing monitoring. One staff member stated that they had moved residents' beds and kept residents from going to certain sides of the room when residents were not getting along. Staff also described using camera-monitored beds or dorm placements when a resident may need increased observation or separation from residents assessed as potential predators or victims.

The Program Director also reported that residents may be transferred to another VOAHOIN facility or another placement if the safety issue cannot be resolved at CRRP. During interviews, she stated that if a resident did not feel safe, they could try to move the resident to another facility, such as another VOAHOIN site or another placement, so the resident could still complete the program safely.

During interviews, residents generally reported feeling safe within the facility. Residents stated that most residents either get along with one another or keep to themselves, and they did not report being sexually abused, sexually harassed, or otherwise abused while at the facility. Several residents stated that staff are attentive to resident behavior and would intervene if bullying, harassment, or safety concerns were reported or observed. Residents also described staff as conducting rounds, counts, searches, and supervision practices that contribute to safety within the facility. Some residents noted that when concerns arise between residents, staff

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|  | <p>address the issue by separating residents. Overall, residents reported that they believed staff would take action to prevent or respond to harassment, abuse, or unsafe conduct.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>Interview with Program Director</p> |
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| 115.263 | Reporting to other confinement facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         | <p>Policy 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 the 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 Program Director reports that the facility received two allegations from residents that had to be reported to other confinement facilities. The allegations, information reported about the incident, and contact information for investigation follow-up, if necessary.</p> <p>The facility provided the auditor with documentation sent to the other facilities.</p> <p>Review:</p> <p>Policy and procedure</p> |

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|  | Email Correspondence            |
|  | Interview with Program Director |

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| <b>115.264</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p>Program Directors ensure that their facility has a written Response Plan and Evidence Protocol in place, which are updated as necessary and approved by the PREA Coordinator. Each plan must include provisions for the following:</p> <ul 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 the Resident Supervisor on staff</li> </ul> <p>The facility provided the auditor with a copy of the facility's Response Plan and Evidence Protocol. The specific facility protocol includes:</p> <ul style="list-style-type: none"> <li>• Separate the alleged victim and abuser. Locations include the administrative office area or the cafeteria. All would be easily under staff supervision until law enforcement arrived, if needed</li> <li>• Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence by law enforcement</li> <li>• If the abuse occurred within a time period that still allowed for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating</li> <li>• Report the incident to the Program Director</li> <li>• If the Program Director is unavailable, report the incident to the on-call manager. The supervisor who received the report will call the local police department to refer the incident for investigation</li> </ul> <p>All facility staff are trained on first responder duties (security and non-security staff).</p> |

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|  | <p>The duties are reviewed during onboarding training and during staff meetings. The auditor was provided with a training curriculum and course completion records.</p> <p>Staff reported that the first priority is to ensure resident safety. Staff understood the need to separate involved parties, preserve information, and prevent further contact. Staff described first responder duties as requiring an immediate, safety-focused response when an allegation is made or suspected. They reported that staff are expected to take all allegations seriously, notify the Program Director or facility leadership, and ensure the PREA Coordinator or PREA Investigator is notified.</p> <p>The auditor reviewed all investigation reports for the past twelve months. The reports document the method used to separate the alleged abuse from the victim and the services offered to the victim. The facility did not have an allegation where law enforcement or SANE was necessary.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Response Plan and Evidence Protocol</p> <p>Training curriculum</p> <p>Course completion records</p> <p>Investigation reports</p> <p>Interview with staff</p> |
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| 115.265 | Coordinated response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|         | <p><b>Auditor Discussion</b></p> <p>Policy requires the facility to have a plan in place to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and agency leadership in response to a reported incident of sexual assault, abuse, or harassment. The facility posts its Coordinated Response Plan and Evidence Protocol in all staff control posts. 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 requests, provide a victim advocate from the rape crisis</li> </ul> |

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|  | <p>center, but if none are available, contact the qualified staff member to perform emotional support duties</p> <ul style="list-style-type: none"> <li>• Document all activities</li> <li>• Monitor the resident for ninety days following the report</li> </ul> <p>During interviews, staff were able to identify where the facility's Coordinated Response Plan and Evidence Protocol are maintained. Staff reported that the plan outlines the responsibilities of each member of the response team, including required actions and notification procedures. Staff also stated that contact information for members of the coordinated response team is posted near the computer at each staff post desk for quick access during an incident.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Response plan and evidence protocol</p> <p>Interviews with staff</p> |
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| <b>115.266</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <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.</p> <p>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> |

| 115.267 | Agency protection against retaliation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|         | <p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1453 499">VOAOHIN policy P100:12 states the facility will have procedures in place 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. The facility does this by:</p> <ul data-bbox="352 566 1477 981" style="list-style-type: none"> <li>• 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</li> <li>• For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of the 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</li> </ul> <p data-bbox="279 1014 1474 1216">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:</p> <ul data-bbox="352 1283 823 1451" style="list-style-type: none"> <li>• Disciplinary report</li> <li>• Housing or program changes</li> <li>• Negative performance reviews</li> <li>• Staff reassignments</li> </ul> <p data-bbox="279 1485 1474 1865">The PREA Coordinator, Program Director, PREA Investigator, or other assigned leadership staff may be involved in ensuring the monitoring is completed and documented. Responsibility for retaliation monitoring is shared among several staff members. The PREA Coordinator uses the SecurManage resident database system to review resident disciplinary reports, housing changes, and program changes. The Human Resources Department is responsible for monitoring employee-related concerns, including negative performance reviews and staff reassignments. The Program Director or Assistant Program Director conducts face-to-face check-ins with the person being monitored to assess whether any retaliation has occurred.</p> <p data-bbox="279 1899 1474 1977">The facility provided the auditor with a copy of the Retaliation Monitoring Form. The form includes:</p> <ul data-bbox="352 2045 799 2078" style="list-style-type: none"> <li>• Date monitoring begins/ends</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Type of monitoring</li> <li>• Staff assigned to monitor</li> <li>• Who's being monitored (resident or staff)</li> <li>• Reason for monitoring (victim, witness, cooperation w/ investigation)</li> <li>• Comments</li> <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 provided the auditor with retaliation monitoring reports. The monitoring lasted until the resident was released from the facility. During the monitoring period, no retaliation was reported.</p> <p>The auditor was able to interview a resident victim during the onsite visit. The resident reported that while she felt uncomfortable at the facility after the allegation became known, no resident or staff member had made any negative comment or gesture towards her. She states that the Program Director checks in on her and is aware of her discomfort. The Program Director reports that staff are aware of the situation and are monitoring the resident and the staff member who reported the allegation.</p> <p>The policy allows for the retaliation monitoring to end if the allegation is determined to be unfounded.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Retaliation monitoring reports</p> <p>Interview with resident</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> |
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| 115.271 | Criminal and administrative agency investigations                                                                                                                       |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                    |
|         | <b>Auditor Discussion</b>                                                                                                                                               |
|         | VOAOHIN's investigation policy requires that all allegations of sexual assault, sexual abuse, and sexual harassment in residential reentry facilities receive either an |

administrative or criminal investigation. Investigations must be conducted by properly trained PREA investigators or by local law enforcement. The policy requires designated PREA investigators to receive specialized training before assuming investigative duties. Training includes interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence needed to substantiate a case for administrative action or referral for prosecution.

The policy requires agency administrative investigators to:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complaints and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Document the investigation in a written report

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

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

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

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

- 90-day retaliation monitoring

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

When an allegation is reported, the PREA Coordinator or designee evaluates whether the information meets PREA definitions before opening an investigation. Available video surveillance, interviews, resident assessments, and other electronic records may be reviewed during this preliminary assessment. If the information is unclear, staff are required to err on the side of safety and treat the matter as a potential PREA allegation requiring investigation. For staff-involved allegations, the PREA Coordinator is the first point of contact, so an impartial investigator can be assigned. Investigations must begin as soon as possible, but no later than 24 hours after notification, and must include evidence collection, interviews with alleged victims, suspected perpetrators and witnesses, review of prior complaints involving the suspected perpetrator, and consideration of whether staff actions or failures to act contributed to the abuse.

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 suggests criminal behavior.

The departure of the alleged victim or alleged abuser from the facility or employment does not end the investigation. Each investigation is documented in a written report that includes physical and testimonial evidence, credibility assessments, investigative facts, and findings.

The policy also addresses funder notification and incident review. The PREA Coordinator maintains contact with the Ohio Department of Rehabilitation and Correction and enters required information into Intelligrants. FBOP-contracted programs must report allegations involving the agency workforce or FBOP residents to the Regional Residential Reentry Management Office.

The PREA Coordinator reports that it is at the discretion of the legal authority to refer allegations for criminal prosecution. When asked how the facility assists in criminal investigations, the Coordinator reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence, while the police department will collect the physical evidence.

When asked about document retention, the PREA Coordinator reported that, at the conclusion of an investigation, all documents, notes, and other materials relevant to the investigation are submitted to the PREA Coordinator for retention. She stated that investigative records are maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus ten years. The PREA Coordinator further reported that the information is stored on the agency's intranet in a secure file with access limited to authorized staff.

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|  | <p>The auditor was giving documentation of staff administrative investigation training certificates. The training is appropriate to meet standard 115.231.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Administrative investigator training certificates</p> <p>Investigation reports</p> <p>Administrative investigator interviews</p> <p>PREA Coordinator interview</p> |
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| 115.272 | Evidentiary standard for administrative investigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Auditor Discussion</b></p> <p>The policy identifies three possible investigation outcomes: substantiated, unsubstantiated, and unfounded. Investigators apply a preponderance of the evidence standard or a lower standard of proof; evidence does not have to prove the allegation beyond a reasonable doubt.</p> <p>The auditor interviewed the facility's administrative investigators on the standard of proof used when making allegation determinations. All reports use 51% as the measure to substantiate an allegation.</p> <p>The auditor reviewed the allegations from the past twelve months to verify the standard of proof used. All allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with administrative investigators</p> |

| 115.273 | Reporting to residents                                      |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> |
|         | <p><b>Auditor Discussion</b></p>                            |

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|  | <p>Agency policy requires the assigned PREA investigator to inform residents of the outcome of the investigation and document all notifications or attempts to notify via the Resident Notification Form. If there were 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 used to notify residents of investigation outcomes. The form included the elements required by the standard, including the investigative disposition and, when applicable, information regarding the outcome for the abuser. The auditor reviewed completed notification forms issued to residents following the conclusion of investigations. The forms were signed and dated by the residents, and the residents received a copy of the signed notification. Documentation indicated that residents who were no longer at the facility were either not provided notification or had the notification mailed to them.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Resident notification reports</p> <p>Interview with Program Director</p> |
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| <b>115.276</b> | <b>Disciplinary sanctions for staff</b>              |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

The disciplinary policy states that staff are subject to disciplinary sanctions, up to and including termination, for violating the agency's sexual abuse or sexual harassment policies. The policy identifies termination as the presumptive disciplinary sanction for staff who engage in sexual abuse. For other violations of sexual abuse or sexual harassment policies, sanctions must be proportionate to the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable violations by staff with similar histories. The policy also requires that all terminations for violations of agency sexual abuse or sexual harassment policies, as well as resignations by staff who would have been terminated if they had not resigned, be reported to law enforcement unless the activity was clearly not criminal and to any relevant licensing bodies.

The agency outlines the disciplinary procedure in the employee handbook. The auditor was given a copy of the handbook for review. The handbook states that the agency has zero tolerance for sexual abuse, harassment, and exploitation. It states:

- Employees must maintain professional client/staff boundaries
- Sexual misconduct, exploitation, or abuse of clients is strictly prohibited
- Violations may result in discipline up to and including termination

In addition, the handbook states that all employees:

- Must report suspected criminal activity
- Must cooperate with internal investigations
- May not ignore or conceal misconduct
- 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 the 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 three completed investigations that involved staff members. These allegations were administratively investigated and determined to be substantiated. One staff member resigned during the course of the investigation, while the other two staff members were terminated. The facility has one open investigation that is pending the closure of a criminal investigation. The administrative investigation determined that the allegation was substantiated, and the staff member was terminated.

Staff also described PREA-related misconduct as including sexual contact, sexual harassment, sexual misconduct, inappropriate relationships, boundary violations, and failure to report concerns. Overall, staff understood that PREA violations are not handled informally. Reported violations are investigated, Human Resources is involved, and substantiated staff misconduct can result in termination, referral to law enforcement when appropriate, and notification to licensing bodies if applicable.

All disciplinary decisions are consistent with agency policy, contractual obligations,

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|  | <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Termination notices</p> <p>Zero tolerance acknowledgements</p> <p>Investigation reports</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p> |
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| <b>115.277</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p><b>Auditor Discussion</b></p> <p>VOAOHIN policy establishes disciplinary sanctions for staff, contractors, volunteers, and residents who violate the agency's sexual abuse and sexual harassment policies. The policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from further contact with residents and reported to law enforcement, unless the conduct is clearly not criminal, and to any relevant licensing bodies. For any other violation of the agency's sexual abuse or sexual harassment policies by a contractor or volunteer, the facility is required to prohibit further resident contact.</p> <p>The PREA Coordinator reports that the facility has not received an allegation of sexual abuse or sexual harassment against a contractor or volunteer during this audit cycle.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p> |

| 115.278 | Disciplinary sanctions for residents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|         | <p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1469 499">Policy states residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or harassment or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy states:</p> <ul data-bbox="352 566 1477 1395" style="list-style-type: none"> <li>• Sanctions will be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories</li> <li>• The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motives for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits</li> <li>• The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact</li> <li>• For the purpose of disciplinary action, a report of sexual abuse or harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate an allegation</li> <li>• Consensual sexual activity between residents, while prohibited by agency rules, does not constitute sexual abuse unless coercion was used</li> </ul> <p data-bbox="279 1440 1469 1641">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.</p> <p data-bbox="279 1686 1469 1888">Residents interviewed reported that they received a resident handbook during intake or orientation and that staff reviewed facility rules and expectations with them. The comments include receiving paperwork at admission, being given the handbook, and participating in orientation, where staff reviewed rules, PREA information, the grievance process, rule violations, and possible sanctions.</p> <p data-bbox="279 1921 1469 2078">Residents also reported that disciplinary expectations were explained through the handbook and orientation process. They understood that violations of facility rules could result in consequences, including restriction, loss of privileges, sanctions, or possible termination, depending on the behavior.</p> |

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|  | <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> <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 will discipline residents for establishing or trying to establish a relationship with each other or staff members, as well as for engaging in obscene or seductive acts that are not considered sexual abuse or sexual harassment.</p> <ul style="list-style-type: none"> <li>• Resident establishing a relationship with another resident- disciplinary action</li> <li>• Resident establishing a relationship with another resident- disciplinary action</li> <li>• Resident doing obscene acts in a staff office- termination from program</li> <li>• Resident making an inappropriate sexual comment towards another resident- caution and counseling</li> </ul> <p>The facility had one allegation of resident-to-resident sexual harassment. The allegation was administratively investigated and determined to be unsubstantiated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>PREA Acknowledgements</p> <p>Investigation reports</p> <p>Disciplinary actions</p> <p>Interviews with residents</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> |
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| 115.282 | Access to emergency medical and mental health services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|         | <p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1465 622">Policy 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.</p> <p data-bbox="279 667 919 701">The services required to be provided include:</p> <ul data-bbox="352 768 1461 1216" style="list-style-type: none"> <li>• Emergency medical treatment and crisis intervention services</li> <li>• Information about and access to sexually transmitted infections prophylaxis and emergency contraception</li> <li>• Medical and mental health evaluation and treatment</li> <li>• Evaluation, treatment, and follow-up services</li> <li>• Treatment plans and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody</li> <li>• Case and services consistent with the community level of care</li> <li>• Test for sexually transmitted infectious diseases</li> <li>• Pregnancy testing and comprehensive access to pregnancy related medical services (for VOAHOIN facilities that house female offenders)</li> </ul> <p data-bbox="279 1261 1477 1541">The agency's resident medical services policy 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.</p> <p data-bbox="279 1585 1461 2033">The PREA Coordinator reported that medical and mental health services are provided through community-based providers. She stated that the scope, duration, and type of services are determined by the medical or mental health provider and are provided at no cost to the resident. The Program Director reported that access to mental health services depends on the resident's supervision status. Residents on Post-Release Control may access community resources, such as the McMicken Clinic located near the facility. Transitional Control and Treatment Transfer residents may receive services through Greater Cincinnati Behavioral Health, which can provide services onsite at the facility. Medical services are available through the University of Cincinnati hospital system, and rape crisis services may be provided through the YWCA of Greater Cincinnati or SANE of Butler County.</p> |

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|  | <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.</p> <p>The Program Director and PREA Coordinator reported that victims of sexual abuse are provided access to medical and mental health services at no cost to the resident. They stated that services are offered once an allegation of sexual abuse or sexual harassment is reported and before a final investigative determination is made. During the auditor's review of PREA investigations from the previous twelve months, documentation showed that the facility offered services to alleged victims and witnesses involved in sexual abuse and sexual harassment allegations. None of the residents who were offered services accepted them.</p> <p>The auditor was able to interview a victim during the onsite visit. The resident reported that due to her pregnancy that resulted from a relationship with a staff member, she has been able to receive pregnancy related services. She reports that the services are provided by a community medical provider. The resident states that she does not consider herself a victim and declined advocacy, mental health, and emotional support services.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with resident victim</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p> |
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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p>Agency policy states that the facility 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:</p> |

- 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 make 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 by community providers. She states that the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider and will be at no cost to the resident. All services provided to residents are from community providers (Greater Cincinnati Behavioral Health, McMicken Clinic, University of Cincinnati Hospital, and SANE of Butler County).

The facility provided the auditor with investigation reports that document medical and mental health services offered to resident victims. All victims refuse medical, mental health, and rape crisis services.

The auditor interviewed residents who reported prior sexual victimization. These residents confirmed that they were offered mental health services related to their trauma. Residents reported that treatment decisions were voluntary and that, if services were not accepted initially, they could request services later through their case manager.

During the onsite visit, the auditor also interviewed a resident who was identified as a victim in a PREA investigation. The resident reported that, due to a pregnancy resulting from a relationship with a staff member, she has been able to access pregnancy-related medical care through a community medical provider. The resident stated that she does not consider herself a victim and declined advocacy, mental health, and emotional support services.

Review:

Policy and procedure

Risk assessments

Investigation reports

Interview with residents

Interview with Program Director

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| <b>115.286</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p><b>Auditor Discussion</b></p> <p>The policy states that the Sexual Abuse Review Team (SART) conducts an incident review after every sexual abuse investigation, including substantiated and unsubstantiated allegations, unless the allegation is determined to be unfounded. The review must occur within 30 days of the conclusion of the investigation. The SART includes the PREA Coordinator, Program Director, involved PREA Investigators, and any other staff determined necessary, with input from line supervisors, investigators, and medical or mental health practitioners when applicable.</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; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility</li> <li>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse</li> <li>• Assess the adequacy of staffing levels in the area during different shifts</li> <li>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff</li> </ul> <p>The SART must prepare a report with findings and recommendations, submit it to the Senior Director of Reentry Programs and PREA Coordinator, and the facility must implement recommendations or document why they were not implemented within 30 days.</p> |

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 the 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's prior reports of uncomfot/concerns
- If yes, list concerns
- Response according to policy
- Recommendations for additional employee training
- If yes, recommended areas of training
- Type of incident
- Timely response to the victim
- Notification to the victim's emergency contact
- Law enforcement contacted
  - If yes, agency name, response location
- Scene protected
- Evidence was removed from the scene by law enforcement
- List items removed
- Whereabouts of the victim on this date
- Whereabout of the alleged abuser on this date
- Identified physical vulnerabilities
- Media attention
- If yes, details of media attention
- Identified staff vulnerabilities

- Other details
- Did the victim know/understand the available services
- Did the victim know/understand the optional community-based services
- Documents completed accurately
- Any pertinent information overlooked
- Reasons why the victim should not have been placed in the 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 that 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 why 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 the summary of the incident, previous reports, allegation motivation, victim care, policy and procedure review, staffing, facility vulnerabilities, and screening. The team made the following recommendations from the SART reviews:

- Review immediate reporting requirements, confidentiality, basic response training, and staff understanding of the power dynamic
- Limiting access to the downstairs closet area under the stairs due to the blind spot area
- Staff check the blind spot areas during every round
- Place a request for more cameras to help cover blind spots

The auditor interviewed the members of the SART during the onsite visit. Team members described the SART review as a post-investigation process used to evaluate the incident, the agency's response, and any needed corrective action. Members reported that, after a PREA investigation is completed, the team reviews what occurred, the evidence and information gathered during the investigation, whether staff followed policy, and whether the response was timely and appropriate. SART members further reported that the team evaluates whether other operational changes are needed to better prevent, detect, or respond to future incidents.

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|  | <p>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.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SART after incident reviews</p> <p>Interviews with SART members</p> <p>Review of implemented recommendations</p> |
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| 115.287 | Data collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|         | <p><b>Auditor Discussion</b></p> <p>Policy 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 reporting these numbers to the PREA coordinator.</p> <p>The facility provided the auditor with the agency's data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The information includes:</p> <ul style="list-style-type: none"> <li>• Definition of PREA sexual victimization and staff sexual misconduct</li> <li>• Definition of resident on resident sexual harassment and sexual abuse incidents</li> <li>• Definition of possible outcomes</li> <li>• Date of notification to PREA Coordinator</li> <li>• Facility</li> <li>• Investigator names</li> <li>• Incident type</li> <li>• Staff or resident involved</li> <li>• Incident outcome</li> <li>• ODRC reporting</li> <li>• Resident notification</li> <li>• 90-day follow up</li> <li>• Perpetrator demographic information</li> </ul> |

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://efaidnbmnnnibpcajpcglclefindmkaj/https://www.voaohin.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.

**2025 PREA Investigation Outcomes by Case Types:**

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

**2025 PREA Incident Reports by Facility:**

- CRRP - Cincinnati Residential Reentry Program - Seven Investigations
- DRRP- Dayton Residential Reentry Program - Three Investigations
- MRRP - Mansfield Residential Reentry Program - Ten Investigations
- TRRP - Toledo Residential Reentry Program - Six Investigations
- Hope Hall - Evansville, Indiana - Zero Investigations
- Brandon Hall - Indianapolis, Indiana - Three Investigations

**2026 CRRP Investigations with Determinations:**

- Staff- Resident, sexual harassment, substantiated
- Staff-Resident, sexual harassment, substantiated
- Resident-Resident, sexual harassment, substantiated

The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics selected the Cincinnati Residential Reentry Program for the 2024 Survey of Sexual Victimization (SSV) data collection. The DOJ letter requested that the facility submit SSV data online by December 1, 2025. The letter provided the online submission website, user ID, and password. The PREA Coordinator submitted the requested information.

The facility provided the auditor with the completed SSV form sent to the Department of Justice.

Review:

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|  | <p>Policy and procedure</p> <p>Residential Reentry Program Allegation Reports</p> <p>Residential Reentry Program Data Collection reports</p> <p>Agency website</p> <p>2025 annual report</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p><b>Auditor Discussion</b></p> <p>The agency has a policy that states that the Program Director and the PREA Coordinator shall collect and maintain accurate, uniform data for every allegation of sexual abuse at VOAHOIN facilities using a standardized instrument and set of definitions. The PREA Coordinator will aggregate incident based sexual abuse data annually. The PREA Coordinator and Senior Director of Reentry Programs will review the annual data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Taking corrective 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 PREA Coordinator prepares the annual report, including 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 report will be approved by the Chief Executive Officer and made readily available to the public through the agency's website.</p> <p>The auditor accessed the website and reviewed the agency's annual report. The report contains aggregated data on the number of reported allegations (facility specific and as a whole), identifying problem areas, and corrective actions, and the agency's progress in addressing sexual abuse.</p> <p><b>The report contains the following assessment:</b></p> <p><b>The number of substantiated cases for CY2025 was equal to that of CY2024. The</b></p> |

total number of cases, however, was an increase from the cases investigated in CY2024.

In CY 2025, the agency conducted the following investigations:

- Mansfield RRP investigated ten reports, three of which were determined to be substantiated.
- Dayton RRP had three reports, and two were determined to be substantiated.
- Cincinnati RRP investigated seven, and four were determined to be substantiated.
- Toledo RRP investigated six reports, and one of those was substantiated.
- Indianapolis RRP investigated three reports, and two of those were determined to be substantiated.
- Evansville RRP had zero reports within the calendar year.

Across all four Ohio residential reentry programs, Volunteers of America Ohio & Indiana (VOAOHIN) served 2781 residents in CY2025. VOA OHIN served 10 fewer residents in Ohio during CY2025 than in CY2024. Indiana residential reentry programs served a total of 430 residents in CY2025, 118 fewer than in CY2024. The number of reported PREA incidents (n=29) is not disproportionate to the number of residents served in a twelve-month period.

In review of the aggregated data from CY2025, reports included both resident-on-resident incidents and staff-on-resident incidents. 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 CY2025 to increase the number of in-person PREA training courses available to ensure staff competency and additional trainings were completed live at each site.

During CY2025, Volunteers of America continued to ensure that 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 continued plans in CY2025 to finish updating cameras and security systems at the residential reentry facilities. VOA finalized the implementation of photo badge IDs for all employees. In CY2024, the agency began to install new access control systems at our residential reentry sites, which allow the agency to assign access controls to each individual employee to individual badge readers. Implementation at all facilities was completed in CY2025, ensuring access control across residential reentry program sites. Cincinnati RRP received our most recent upgrade in camera technology.

**Corrective Action and Problem Areas:**

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|  | <ul style="list-style-type: none"> <li>• Continued annual review and revision of agency policy and procedure</li> <li>• Selection and training of additional investigators and trainers, to cover all program site locations</li> <li>• Selection and training of additional victim advocates at all locations</li> <li>• Training for all staff on communication and boundaries via the Relias online training system, with the addition of live training when needed.</li> <li>• Continued review of PREA Training modules assigned to all staff in the Relias online training system</li> <li>• Training review for all modules required for Contractors and Volunteers</li> <li>• Additional training, specifically for staff completing intake tasks and case managers, targeting the importance of the use of screening, including dorm/bed assignments and increased monitoring of vulnerable individuals</li> <li>• Additional training for all site leadership on best practices and remaining audit ready to ensure resident and facility safety</li> <li>• Continue to track all contractors, volunteers, and interns in ADP and training tracked in Relias, our learning management system.</li> <li>• Refresher training for current PREA Investigators</li> </ul> <p>The annual report is completed by the agency PREA Coordinator and reviewed and approved by the agency Chief Executive Officer. The information in the report did not contain any personal identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>CY2025 annual PREA report</p> <p>Interview with PREA Coordinator</p> |
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| 115.289 | Data storage, publication, and destruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|         | <p><b>Auditor Discussion</b></p> <p>Agency policy requires that data collected be securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. Electronic copies of all investigation reports and related documentation, as well as annual report data, tracking documents, and outcome measures, are stored on the agency shared drive in a protected folder accessible only to the PREA Coordinator, PREA investigators, and designated agency leadership.</p> <p>The PREA Coordinator reported that each facility Program Director is responsible for</p> |

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|  | <p>providing the required PREA information for audit purposes, while the PREA Coordinator collects the information and maintains control of the records. She stated that the agency is required to retain the information for ten years. The PREA Coordinator further reported that the information is maintained electronically in an encrypted database with access limited to specific qualified executive staff. She uses the collected information to prepare the agency's annual PREA report, which is made available to the public through the agency's website.</p> <p>The facility provided the auditor with a copy of the annual report and its data retention schedule. The data retention schedule identifies PREA records as being kept for 10 years. The annual report can be found at: <a href="chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.voahin.org/wp-content/uploads/sites/9/2026/03/2025-PREA-Annual-Report-Ohio-Indiana.pdf">chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.voahin.org/wp-content/uploads/sites/9/2026/03/2025-PREA-Annual-Report-Ohio-Indiana.pdf</a>.</p> <p>The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Agency retention schedule</p> <p>2025 PREA annual report</p> |
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| 115.401 | Frequency and scope of audits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|         | <p><b>Auditor Discussion</b></p> <p>The agency posts 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 of one-third (1/3) of its facilities each year during a three-year audit cycle. VOA of Greater Ohio recently merged with VOA of Indiana, leaving the agency with a total of six facilities. The PREA Coordinator completes two audits each year of the cycle to ensure compliance with the 1/3 completion requirement. This is year one of the audit cycle, and this is the second facility to be audited this year. The agency has met the 1/3 requirement.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA coordinator, Program Director, and Quality Control Supervisor escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, classrooms, group rooms, recreation areas, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and</p> |

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|  | <p>maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA coordinator provided the auditor with agency and facility documentation prior to the onsite visit through the PREA Online Audit System. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit.</p> <p>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high-traffic areas for residents, 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>                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <p>The agency has published on its agency website, <a href="https://www.voahin.org/residential-reentry">https://www.voahin.org/residential-reentry</a>, the final audit report for all VOA operated facilities in both Ohio and Indiana. The final report for the Cincinnati Residential Reentry Program from 2023 is currently posted. The auditor reviewed the agency's website and verified that the final audit report for all facilities was posted.</p> |

| <b>Appendix: Provision Findings</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
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| <b>115.211<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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  |

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|                        | 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<br/>(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<br/>(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.)                                                                               | yes |
| <b>115.213<br/>(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 |

|                    |                                                                                                                                                                                                                                                                                                           |     |
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|                    | 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 |

|                    |                                                                                                                                                                                                                                                                                                                   |     |
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|                    | 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.                                                                                                                                                                                                                             | yes |
| <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.                                                                                                                                                                                                                             | yes |
| <b>115.216 (a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                               |     |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?    | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?   | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  | yes |
|                    | Does the agency take appropriate steps to ensure that residents                                                                                                                                                                                                                                                   | yes |

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|                    | 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?                                                                                            |     |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
|                    | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?                                                                                                                                                                                                                | yes |
|                    | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?                                                                                                                     | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?                                                                                                                 | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?                                                                                                                    | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?                                                                                                               | yes |
| <b>115.216 (b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                    |     |
|                    | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?                                                                                                        | yes |
|                    | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?                                                                                                                                               | yes |
| <b>115.216 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                    |     |
|                    | Does the agency always refrain from relying on resident                                                                                                                                                                                                                                                                                | yes |

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|                        | 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?                                 |     |
| <b>115.217<br/>(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<br/>(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                                                                                                                                                                                                                                | yes |

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|                        | contact with residents?                                                                                                                                                                                                                                                                                                                              |     |
|                        | 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<br/>(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<br/>(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<br/>(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<br/>(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 contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?                                                                                  | yes |

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|                        | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?                                                                                                                                                                                                                                                                                                                                                                                 | yes |
| <b>115.217<br/>(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<br/>(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<br/>(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<br/>(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<br/>(a)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|                        | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for                                                                                                                                                                                                                                                                               | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
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|                    | 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.)                                                                                                                                                                                                                                                                                                  |     |
| <b>115.221 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                    | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)                                                                                                                                                                                                                                                                                | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| <b>115.221 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                    | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?                                                                                                                                                                                                                                                                               | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?                                                                                                                                                                                                                                                                                                                                                    | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?                                                                                                                                                                                                                                                                                    | yes |
|                    | Has the agency documented its efforts to provide SAFEs or SANEs?                                                                                                                                                                                                                                                                                                                                                                                                                          | yes |
| <b>115.221 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?                                                                                                                                                                                                                                                                                                                                                                                      | yes |
|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these                                                                                                                                                                                                                                                                                                                                                             | yes |

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|                    | services a qualified staff member from a community-based organization, or a qualified agency staff member?                                                                                                                                                                                                                                                                                                                       |     |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?                                                                                                                                                                                                                                                                                                                                               | yes |
| <b>115.221 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?                                                                                                                                                                      | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?                                                                                                                                                                                                                                                                                                         | yes |
| <b>115.221 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)                                                                                         | yes |
| <b>115.221 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na  |
| <b>115.222 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                                                                                                                                                            |     |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?                                                                                                                                                                                                                                                                                                             | yes |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?                                                                                                                                                                                                                                                                                                        | yes |
| <b>115.222</b>     | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                                                                                                                                                            |     |

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| <b>(b)</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<br/>(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<br/>(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 |

|                    |                                                                                                                                                                                                  |     |
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|                    | 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.                                                                                          | na  |
|                    | 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 resident is transferred to a different facility?                                                                                                                                                                                                                                                                         | yes |
| <b>115.233</b>     | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                         |     |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                               |     |
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| <b>(c)</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 sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                                                                                                                                             | yes |

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|                        | 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<br/>(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<br/>(a)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | na  |
|                        | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                              | na  |
|                        | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na  |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                   |     |
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|                    | 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 toward other residents?                                                                                                                                                                                                                                      | yes |
|                    | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?                                                                                                                                                                                                                               | yes |

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| <b>115.241<br/>(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<br/>(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<br/>(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                                                                                                                                                       | yes |

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|                    | criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?                                                                                                                                                                  |     |
| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?                                                                                                                 | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?                                                                                                     | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?                                                                                    | yes |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| <b>115.241 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Referral?                                                                                                                                                                                           | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Request?                                                                                                                                                                                            | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?                                                                                                                                                                           | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?                                                                                         | yes |
| <b>115.241 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?                                             | yes |

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| <b>115.241<br/>(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<br/>(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<br/>(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<br/>(c)</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</b>         | <b>Use of screening information</b>                                                                                                                                                                                                                                        |     |

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| <b>(d)</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  |
| <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                                                          | yes |

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|                        | third parties?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                        | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                                                                                         | yes |
| <b>115.251<br/>(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<br/>(a)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | Is the agency exempt from this standard?<br>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<br/>(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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                                                                    | yes |
| <b>115.252<br/>(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</b>         | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |

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| <b>(d)</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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|                    | 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                                                                                                                                                                                                                                                                                        | yes |

|                        |                                                                                                                                                                                                                                                                                                                                                                                   |     |
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|                        | exempt from this standard.)                                                                                                                                                                                                                                                                                                                                                       |     |
|                        | 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<br/>(g)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                        | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)                                                                                                                                   | yes |
| <b>115.253<br/>(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 |

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|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.253<br/>(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<br/>(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<br/>(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<br/>(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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?                           | yes |
|                        | 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<br/>(b)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                   |     |

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|                    | 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>                                                                                                                                                                                                                                                                 |     |

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|                        | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?                                                                                                                                                                                                                                                                                                                                                                | yes |
| <b>115.263<br/>(c)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|                        | Does the agency document that it has provided such notification?                                                                                                                                                                                                                                                                                                                                                                                                             | yes |
| <b>115.263<br/>(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<br/>(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, 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 |
|                        | 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<br/>(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                                                                                                                                                                                                                                                                                                                                       | yes |

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|                        | actions that could destroy physical evidence, and then notify security staff?                                                                                                                                                                                                                                                                                                                                                                      |     |
| <b>115.265<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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                                                                                                                                                                                                                                                                                                                | yes |

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|                        | 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?                                                                                                                                              |     |
|                        | 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<br/>(d)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                  |     |
|                        | In the case of residents, does such monitoring also include periodic status checks?                                                                                                                                                                                                                                                                           | yes |

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| <b>115.267<br/>(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<br/>(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<br/>(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<br/>(c)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                         |     |
|                        | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?                                                                                                                                         | yes |
|                        | 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<br/>(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 |

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| <b>115.271<br/>(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<br/>(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<br/>(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<br/>(h)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                          |     |
|                        | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?                                                                                                                                | yes |
| <b>115.271<br/>(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<br/>(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 |

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| <b>115.271<br/>(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<br/>(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<br/>(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<br/>(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 request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)                   | yes |
| <b>115.273<br/>(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                                                                                                                                                                      | yes |

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|                        | resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?                                                                                                                                                                                                                                                     |     |
|                        | 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<br/>(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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?                                                                                                                           | yes |
| <b>115.273<br/>(e)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                   |     |
|                        | Does the agency document all such notifications or attempted notifications?                                                                                                                                                                                                                                                                                                                                     | yes |
| <b>115.276<br/>(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>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                                                                         |     |

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| <b>(b)</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 |

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| <b>115.278<br/>(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<br/>(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<br/>(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<br/>(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 condition of access to programming and other benefits? | yes |
| <b>115.278<br/>(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<br/>(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 |

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| <b>115.278<br/>(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<br/>(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<br/>(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<br/>(c)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                           |     |
|                        | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?          | yes |
| <b>115.282<br/>(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<br/>(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                                                                          | yes |

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|                    | facility?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
| <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 information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                         | yes |

|                    |                                                                                                                                                                                                                                        |     |
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|                    | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?                                                                                                           |     |
| <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.                                                                                                                                | na  |
|                    | 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                                                                                                                                                                             | yes |

|                    |                                                                                                                                                                                                                                                                            |     |
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|                    | should be deployed or augmented to supplement supervision by staff?                                                                                                                                                                                                        |     |
|                    | 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 necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?                                                                       | yes |
| <b>115.287 (d)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?                                                                                       | yes |
| <b>115.287 (e)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)                                           | na  |

|                        |                                                                                                                                                                                                                                                                                                                                                             |     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.287<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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                                                                                                                                                                   | yes |

|                        |                                                                                                                                                                                                                                                                                                                                         |     |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                        | and security of a facility?                                                                                                                                                                                                                                                                                                             |     |
| <b>115.289<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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 (f)</b> | <b>Audit contents and findings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |