

# PREA Facility Audit Report: Final

**Name of Facility:** The McDonnell Center Community-Based Correctional Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/11/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kayleen Murray	<b>Date of Signature:</b> 11/11/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Kayleen
<b>Email:</b>	kmurray.prea@yahoo.com
<b>Start Date of On-Site Audit:</b>	09/19/2022
<b>End Date of On-Site Audit:</b>	09/20/2022

FACILITY INFORMATION	
<b>Facility name:</b>	The McDonnell Center Community-Based Correctional Facility
<b>Facility physical address:</b>	3540 Croton Avenue, Cleveland, Ohio - 44115
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Lori Mcgrady
<b>Email Address:</b>	Lorimcgrady@orianahouse.org
<b>Telephone Number:</b>	3305358116 ext. 2030

<b>Facility Director</b>	
<b>Name:</b>	Pamela Cardinal
<b>Email Address:</b>	PamelaLCardinal@orianahouse.org
<b>Telephone Number:</b>	330-998-3616

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Heather Roper
<b>Email Address:</b>	HeatherMRoper@orianahouse.org
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	215
<b>Current population of facility:</b>	131
<b>Average daily population for the past 12 months:</b>	112
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	20-70
<b>Facility security levels/resident custody levels:</b>	Minimum/Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	53
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	28
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	12

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Oriana House, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	885 East Buchtel Avenue, P.O. Box 1501, Akron, Ohio - 44309
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Lori McGrady	<b>Email Address:</b>	LoriMcgrady@orianahouse.org

<b>SUMMARY OF AUDIT FINDINGS</b>	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
3	<ul style="list-style-type: none"> <li>• 115.231 - Employee training</li> <li>• 115.232 - Volunteer and contractor training</li> <li>• 115.233 - Resident education</li> </ul>
<b>Number of standards met:</b>	
38	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

## On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-19
2. End date of the onsite portion of the audit:	2022-09-20

## Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Cleveland Rape Crisis Center and St. Vincent Hospital - SANE services

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	180
15. Average daily population for the past 12 months:	115
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	123
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	16
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>7</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The agency provided the auditor with a list of residents and identified targeted areas.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>45</p>

<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>3</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>There were no volunteers present during the onsite visit. The Contract staff consisted of Aramark staff.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>14</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>



<p><b>If "Other," describe:</b></p>	<p>Targeted residents were included in the list of random residents. All residents were given the random and targeted (if required) interview protocols.</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The facility provided the auditor with a list of current residents, any identified targeted area, intake date, and housing unit/dorm. Each resident was asked their intake date, housing unit phase, and dorm number at the beginning of each interview for confirmation.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>6</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor.</p> <p>No staff member reported currently housing a resident that fits this target group.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor.</p> <p>No staff member reported currently housing a resident that fits this target group.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor.</p> <p>No staff member reported currently housing a resident that fits this target group.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor interviewed residents who had questioned the behavior of a staff member; however, there were no allegations of abuse against this staff member. The auditor interview one resident who requested to speak to the auditor during the onsite visit concerning this staff member, while other residents questioned the staff member during the random resident interview protocol.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have a segregated housing unit. The auditor was able to verify this during the onsite visit.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Some targeted residents fit into more than one targeted category. In categories where there was more than one resident, only one was counted as a targeted resident. All residents in the targeted category were interviewed on all specialized (that applied) and random interview protocols.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. 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>If "Other," describe:</b></p>	<p>Random staff interviews were selected based on the length of tenure, shift, position, rank, race, gender, and languages spoken.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Resident supervisor staff from every shift were interviewed as well as multiple program staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



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

# SITE REVIEW AND DOCUMENTATION

## SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk through and saw how staff interacted with residents.</p>

## Documentation Sampling

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The auditor received documentation on the agency and facility prior to the onsite visit through PREA audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p>The auditor reviewed electronic documentation during the onsite visit. This includes camera views and ORION resident database system.</p>

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

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	2	1	2	1
<b>Total</b>	4	1	4	1

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

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

## **Sexual Abuse and Sexual Harassment Investigation Outcomes**

### **Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	1	0	0	0

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

4

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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**Inmate-on-inmate sexual abuse investigation files**

<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
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<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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**Staff-on-inmate sexual abuse investigation files**

<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
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<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The facility had five allegations during the past twelve months. Two were classified as resident-to-resident, two were classified as staff-to-resident, and one was classified as contractor-to-resident.</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The auditor reviewed all investigations the facility had during the past twelve months.</p>

# SUPPORT STAFF INFORMATION

## DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

## Non-certified Support Staff

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

Yes

No

# AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

## **Standards**

### **Auditor Overall Determination Definitions**

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### **Auditor Discussion Instructions**

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.

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House has an agency wide zero tolerance policy. Policy 1080 mandates zero tolerance on all forms of sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003 Community Confinement Standards. The policy requires each facility under the Oriana House umbrella to implement a systematic means of monitoring, identifying, reporting, and investigating employee and resident sexual misconduct in an effort to provide a safe environment. The policy includes definitions of prohibited behavior, sanctions for those found to have participated in sexual abuse or sexual harassment, and appropriate strategies to prevent, detect, and respond to allegations. These strategies include having adequate staffing levels, an electronic monitoring system, and educating both residents and staff on the agency's zero tolerance policy and always to report an allegation.

According to the agency's table of organization, the agency wide PREA Coordinator is the agency's PREA and Wellness Coordinator, and reports directly to the agency's Vice President of Administration and Legal Counsel. During the onsite interview, she states she assists with implementing PREA strategies at each facility. She also develops the training curriculum for required monthly PREA training at each facility and provides facilities guidance and assistance in complying with the standards. She is a Department of Justice Certified PREA Auditor and had extensive experience in interpreting the scope and intent of each standard. She indicated that she has enough time and authority to develop, implement, and oversee the agency's efforts to comply. The PREA Coordinator supervises each facility's PREA Compliance Manager. She states that 90% of her job duties are PREA related.

The job description for the PREA and Wellness Coordinator states her PREA responsibilities include:

- Develops and maintains Agency-wide PREA operating procedures; monitors responsibilities of each facility's PREA Manager; provides technical guidance, assistance, and feedback agency-wide to ensure compliance is met
- Serves as the primary contact and resource for management on PREA-related inquires and procedural questions
- Monitors and provides PREA-related program services, educational material, and training to facility PREA Managers and staff. Oversees the development of educational materials, staff guides, and education to residents regarding PREA procedures and reporting.
- Assist the VP of Administration and Legal Counsel with responding and submitting PREA reports to regulatory bodies regarding PREA-related issues

- Reports to the State's Intelligrants System regarding PREA incidents in an accurate and timely manner
- Submits quarterly reports to the Ohio Department of Rehabilitation and Correction (ODRC) in an accurate and timely manner
- Assists facilities' PREA Managers with PREA audit preparation including, but not limited to: completing facility walkthroughs, conducting employee and resident interviews and training, completing PREA assessments and questionnaire, and submitting audit documentation and assessments to the PREA auditor assigned to the facility

The auditor interviewed the VP of Administration and Legal Counsel during a Zoom video interview. She states that she has full confidence in the PREA Coordinator and provides her the support and assistance when needed to ensure each facility is in compliance with the standards. She states that she is still involved in determining the outcome of administrative investigations and is a part of the SART review. She states that 20% of her responsibilities include PREA compliance.

MCCBCF has a new VP of Correctional Programs for Cuyahoga County. The auditor was able to interview her during the onsite visit. She reports that the PREA Coordinator has extensive knowledge on PREA and the standards. She states that her responsibility is to be a resource for the program managers. She is to assist in removing any barriers, ensure recommendations are enforced, and to serve as a member of the SART.

The facility's PREA Compliance Manager is the Program Manager. The Program Manager reports that she is responsible for the day-to-day operations of the facility. She will ensure that the facility is complying with the standards and reach out to the PREA Coordinator when needed for assistance. Her responsibilities include ensuring staff and residents are meeting the training requirements, sending allegations to administrative investigators, conduct retaliation monitoring, and conducting quality assurance monitoring risk assessments.

Oriana House has an appropriate PREA Zero Tolerance policy and staff who have sufficient time and authority to ensure compliance to the standards.

Review:

Policy 1080

Program Manager job description

PREA and Wellness Coordinator job description

Agency table of organization

Interview with PREA Coordinator

	<p>Interview with VP of Administration and Legal Counsel</p>
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Interview with PREA Compliance Manager

Interview with Executive VP of Correctional Programs- Cuyahoga County

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A: The PREA Coordinator reports to the auditor that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf of the Oriana House.



**115.213 Supervision and monitoring****Auditor Overall Determination:** Meets Standard**Auditor Discussion**

Agency policy 1080 requires each Oriana House facility to develop a staffing plan that addresses the physical layout of the facility, adequate staffing levels, composition of resident population, prevalence of substantiated and unsubstantiated allegations of sexual abuse, other relevant factors, and deviations to the staffing plan. The policy requires the plan to be reviewed on an annual basis and assess the effectiveness of the plan, prevailing staffing patterns, the deployment of monitoring systems and other monitoring technologies, and resources to ensure adequate staffing levels.

The facility provided the auditor with their most recent staffing plan. The staffing plan reviews the availability of video surveillance (56 cameras strategically placed throughout the interior and exterior of the building), security mirrors, and identified blind spot areas. The facility also has 50 push button wall mounted two-way intercoms throughout the facility, including all staff restrooms, all resident dormitory rooms and all outside recreation areas. The staffing levels noted on the plan includes availability of security staff twenty-four hours a day, seven days a week, three hundred sixty-five days per year. The plan also identified the minimum number of staff for each shift:

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am- 3pm	3	3	3	3	3	3	3
3pm-11pm	3	3	3	3	3	3	3
11pm-7am	3	3	3	3	3	3	3

OH policy 3002 states that facilities are to be staffed to maximize the use of personnel in conjunction with the needs of our residents, including how best to protect residents against sexual abuse. The facility employs enough security staff members to cover each shift, which does not include supervisory staff to meet these staffing requirements. The staffing plan was developed based on an average daily count of 120 residents.

The PREA Coordinator reports that the facility has recently experienced a few security staff vacancies. The vacancies have caused the facility to be under the minimum staffing levels occasionally, which have been documented. The reduction of resident population resulted in the facility shutting down a housing unit and reducing the minimum staffing levels. Since the shut-down of the housing unit and a reduction in the minimum staffing levels, the facility has been able to meet the requirement.

The floor plans provided to the auditor include locations that have video surveillance, audio surveillance, and security monitors. During the onsite visit, the auditor toured the building. The auditor noted camera placement, security mirror placement, and blind spot areas. The video surveillance cameras have the capability to record and playback up to thirty days. The camera at the main post also records audio. The auditor viewed the video monitors to inspect the video

from each camera, confirm coverage and blind spot areas. The staffing plan requires management staff to view live camera footage six times per shift. The facility has also installed an intercom system on all external doors to facilitate movement. The system has the capability of providing two-way communication with RS staff at the main post desk. The intercom system is in the bathrooms, dorm rooms, recreation yards, and classrooms; however, the camera feature has been disabled in the bathroom and dorm rooms. The system has an automatic volume feature that will alert the main post desk any time the volume in that area reaches a certain level. During the onsite visit, the auditor was able to test the system.

Security checks are conducted by resident supervisor staff and shift supervisors. The staffing plan requires three whereabouts checks per shift. Whereabouts checks require the staff member to visually identify a resident and document on a form that the resident was seen. Residents that have been identified as being vulnerable, abusive, or have mental health issues are required to have six whereabouts checks per shift. Along with whereabouts checks, security staff will also conduct circulations at minimum three times per hour. Circulations are complete facility walk-throughs. Staff will conduct more frequent circulations in designated blind spot areas.

During the past twelve months, the facility has had 2 PREA allegations. The facility had one unsubstantiated allegation of sexual abuse and one allegation that were determined to be unfounded.

The plan did not identify any changes that needed to be made in response to the facility staffing levels, resident composition, or prevalence of substantiated or unsubstantiated sexual abuse allegations.

The Program Manager reports that the facility has enough resources committed to the facility to ensure adequate staffing levels. The facility also has an adequate video monitoring system, with no recommended changes at this time.

The annual staffing plan is completed annually by the Program Manager. The leadership team will review the staffing plan and address any recommendations.

Review:

Policy 1080

Staffing plan 2021

Floor plan

Camera monitors

Building tour

Interview with agency investigators

Interview with PREA Coordinator

Interview with Program Manager

	Interview with VP of Administration and Legal Counsel
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	Interview with Executive VP of Correctional Programs- Cuyahoga County
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**115.215 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The agency's search procedures are outlined in agency policy 8089. The policy states that strip searches and body cavity searches for residents will only be conducted with the prior approval of the President/Chief Executive Officer or designee. The searches are limited to the staff member conducting the search and the resident being searched. Should a search be authorized, the following conditions will apply:

- A body cavity search must only be conducted under sanitary conditions by medical personnel. A strip search must only be conducted by same gender staff and with two staff members present. A resident who is under the jurisdiction of the FBOP can only have a strip or body cavity search by medical personnel or law enforcement.
- The strip search and/or body cavity search must be conducted in a manner and in a location that permits only the person or person who are physically conducting the search and the person who is being searched to observe the search.
- A strip search and/or body cavity search must be conducted professionally that preserves the dignity of the person searched to the highest degree possible.
- At the completion of a strip search and/or body cavity search, the staff member who conducted the search must document in the resident log the date and time of the approval, the authorized person who granted the approval, the time and time of the search and all the findings.

The policy states the facility has the right to conduct reasonable searches of persons, packages, and property. A pat search will be conducted on all residents entering the facility and whenever a resident is suspected of possessing contraband in the facility. A pat search will only be conducted by a member of the same gender in a professional and respectful manner. Searches will be conducted in the line of the security camera, if searches in front of a camera are not possible, a witness must be present and documentation is ORION is required. When conducted a pat search, staff must,

- Allow only one resident in the designated pat search area at a time
- Verbally describe the pat down search steps to the resident using a firm, fair, and empathetic tone of voice
- Instruct the resident to remove all outer clothing to be searched so that the resident is wearing one layer of street clothes

- Instruct the resident to empty all pockets in clothing and place the contents in a designated area
- Instruct the resident to untuck his/her shirt
- Conduct an inspection of the resident's mouth, looking above and below the tongue and in the cheeks. Instruct the resident to open wide and move their tongue around to ensure that no contraband is located within their mouth
- Complete a metal detection search on the resident. Have the resident stand with legs open and arms up. With the metal detector, swipe the back of the neck area, across both arms, down the back, under both arms, down both sides, down the outside of each leg and inside of each leg. Step to either side of the resident and follow the same procedure for the front of the body. Continue the search and pat down until the resident is able to be screened with a metal detector without an alert
- Instruct the resident to place his/her hands on the wall, and to spread feet on the floor more than shoulder-width apart. Instruct the resident to take a step backwards while keeping their hand on the wall. The resident's feet should be far enough back from the wall to make them off balance if they did not use the wall for support
- Position yourself in a protective stance with your dominant foot positioned inside the resident's foot and reposition your body throughout the pat down process to ensure you are always in a protective stance
- Start at the wrist, using both hands with thumbs touching, run your hands down the arm, over the resident's shoulder, around the collar, underneath the arm and down the side of the torso. Repeat the process on the other side
- Run your hands thoroughly and carefully over the resident's back
- Run your hand over the chest, abdomen, and stomach area
- Move your hands using your thumbs in between underwear and other layer around the resident's waistband
- Using the back of your hands, swipe horizontally across the resident's lower waistline
- Using both hands in a blade-like manner, vertically run your inside hand up the inside of the resident's leg up to the groin area. Using both hands, run your hands down the pant legs searching the entire the leg down to the ankle
- Ask the resident to sit down in a chair and remove their shoes and socks. Ask the resident to turn socks inside out and hand both shoes and socks to staff. Search both shoes and socks

During an enhanced pat search, policy states that residents are to remove all

clothing except one layer of undergarments and will only be conducted by members of the same gender in a professional and respectful manner and on a random, scheduled, and/or for cause basis. When performing an enhanced pat down search, the staff member must follow these steps:

- Conducted by two staff members of the same gender as the resident
- Searches are conducted in a designed area that maintains the appropriate level of privacy
- Verbally describe the enhanced search steps to the resident using a firm, fair, and empathetic tone of voice
- Direct the resident to remove their clothing, one article at a time, via staff verbal cues in the following order- shoes, socks, shirts, pants, skirts, dresses (all clothing down to one layer of undergarments) and have the resident hand it to the staff member
- Direct the resident NOT to remove their undergarments
- Do not physically touch the resident when they are in their undergarments or their underwear
- Direct a resident to utilize their thumbs and go around the inside of the waistband and then show the inside of the waistband by flipping it outward without exposing their genitals
- Direct the resident to conduct a self-pat down of the genital and breast area. Observe and listen to this process for purposes of detecting hidden contraband
- Direct the resident to jump up and down several times and/or shake out each leg of the undergarment
- Direct the resident to show the bottoms of their feet and in between their toes

In the pat search area are posted notices of the expected steps for a pat search, enhanced pat search, and urine drug screens. Residents also sign a Search of Person Acknowledgement. The acknowledgement form list what is to be expected for pat and enhanced pat searches, when searches may be conducted, and refusal of searches can be cause for termination.

The facility has a body scanner that all residents and resident property must pass through when entering the facility. Only male staff are allowed to view the scan due to the invasive nature of the picture. A staff member will permit entrance into a search room area. They will remove all clothing down to the first layer of outerwear and empty out pockets. They will be directed to step into the scanner, and the scanner will highlight any anomalies. After passing through the scanner, a resident will receive a pat search or an enhanced pat search. Both searches are conducted on camera; however, the enhanced pat search will be conducted in a private room

with two staff members of the same gender. The monitor that can view into that specific room will be blacked out from the monitoring station. The camera will record the session in case an allegation would arise from the search.

During the onsite visit, the auditor was able to view the room that is used for enhanced pat searches. The searches will be conducted in rooms that have video surveillance. The PREA Coordinator and PREA Compliance Specialist both explained the process for conducting an enhanced pat search. Two staff members of the same gender as the client will perform the search. The monitor that can view into that specific room will be blacked out from the monitoring station. The camera will record the session in case an allegation would arise from the search. All pat searches are conducted in front of a camera.

The auditor watched a pat search while at the onsite visit. The search was conducted in accordance with agency policy 8089. In the pat search area are posted notices of the expected steps for a pat search. Residents also sign a Search of Person Acknowledgement. The acknowledgement form list what is to be expected for pat and enhanced pat searches, when searches may be conducted, and refusal of searches can be cause for termination. The auditor reviewed signed and dated acknowledgements.

Oriana House policy 1080 specifies the pat search procedures for transgender and intersex residents. The policy does not allow for transgender/intersex residents to be searched for the sole purpose of determining a resident's genital status.

Searches are to be conducted in a professional and respectful manner and in the least intrusive manner possible. The agency will meet with a transgender/intersex resident before placement and determine the gender of the staff that will conduct searches. Each determination will be done on a case-by case basis. A dual search (one male staff and one female staff) of a transgender/intersex resident is strictly prohibited. All searches of a transgender resident are required to be documented in the agency's resident database system.

As part of supportive documentation sent prior to the onsite visit, the auditor received and reviewed the training curriculum provided to staff members who are responsible for conducting pat searches. The training included instructions on appropriate pat search techniques for cross-gender and transgender searches, respectful communication with LGBTI residents. These training also include instructions on how to conduct a pat search in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The auditor also reviewed staff training completions sheets for searches.

The training, power point and hands on, also demonstrates to staff how to conduct cross-gender searches (only allowed in exigent circumstances) and transgender/intersex searches.

Oriana House policy 8091 specifies the search procedures for transgender and intersex residents. All transgender and intersex searches will be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and search procedures. The agency does not permit

searches of transgender or intersex residents for the sole purpose of determining the resident's genital status. A resident with an unknown genital status can be determined by interviewing the resident. The gender of the staff that will conduct the search of a transgender or intersex resident will be determined on a case-by-case basis. Oriana House administrative staff will take into account the staffing of the facility and gender of staff available. They will also take into account the resident's preferred gender of the staff member who will conduct the search, and that the search is conducted in a manner consistent with safety and security needs of the facility.

The gender of the staff identified to conduct the pat-down search will be the same gender assigned to collect urine screens. The agency does not permit dual gender searches, in which staff of one gender searches the top half of the resident and the staff of another gender searches the bottom half of the resident based on genitalia and breast.

All searches of a transgender resident are required to be documented in the agency's residential database system.

The auditor spoke with the PREA Coordinator, VP of Correctional Programs, and the Program Manager on the process of addressing the needs of a transgender resident before placement. The PREA Coordinator stated the agency will convene the Transgender Review Committee before placement in order to identify which Oriana House operated facility will be best for the safety, security, and manageability of the residents. The committee will provide options for providing private shower times, dorm and bed placement, and an appropriate case manager.

The auditor interviewed RS staff from all shifts. All staff interviewed indicated that they received annual training on how to conduct proper pat searches and to use the security wand to perform a pat search on a member of the opposite gender. The RS staff report that it is not the practice of the facility to conduct cross gender pat searches. They all state that at no time do they conduct strip or body cavity searches. The staff report that while all residents must pass through the body scanner, they are still required to conduct, at a minimum, a pat search on all residents entering the facility. Staff report receiving refresher training on pat searches annually.

The facility allows residents to shower, perform bodily functions, and dress in areas not viewable to staff. The facility has a restroom in each of the housing units for residents to be able to shower and use the toilets. Policy 1080 requires all staff to announce their presence when entering an area where residents shower, perform bodily functions, and change clothing. All non-medical staff are prohibited from viewing a resident's breast, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine security checks. The facility requires all residents to change in the bathroom in order to ensure the most private space for changing clothing.

The bathroom in the Phase 1 Dorm has a large open entrance from the dayroom area. There are two urinals with a partition between. There is a covering over the first urinal to prevent viewing from the entrance. Next to the urinals are four toilet



stalls with custom 1/3 doors. Directly across from the toilets are sinks with stainless steel mirrors (does not reflect the toilet area). There is a shower area with a medical curtain to cover the changing area. There are five individual showers with curtains that have clear tops and bottoms. The Phase 2 Dorm bathroom also has a large open entrance from the dayroom area. There are two urinals with a partition between. There is a wall that protects the view from the dayroom area. Next to the urinals are four toilets with custom 1/3 doors. Across from the toilets are sinks with stainless steel mirrors. At the back of the bathroom is the shower area. There is no curtain at the entrance, but the showers are tucked into an alcove where there is no visibility outside this area. There are seven individual showers but only showers close to the entrance of the shower area have curtains. The Phase 3 Dorm bathroom is set up identical to the Phase 2 bathroom. The facility has closed down phase 4, but can use the bathroom in this phase to provide a private location for a transgender or intersex resident to shower.

During the onsite visit, the auditor was able to interview twenty (20) residents. The auditor inquired about searches as well as cross-gender announcements. All of the residents interviewed have received at least one pat search during their stay at the facility.

The residents have had a security wand used on them by a female staff member but never an actual pat search. They stated that all hands-on searches were conducted by a male staff member. The residents did not report any unprofessional pat or enhanced pat searches. When asked about cross-gender announcements, all residents stated that anytime a female staff enters the bathroom she announces herself before entering into the room. None of the male residents interviewed reported any incidental viewing from a member of the opposite sex. The male dorm has glass windows in the door that allow for clear line of site views into the room. Because of this, residents are not allowed to change in the dorms. Opposite gender staff still have to knock when entering dorm rooms. During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice.

The auditor had one resident request to speak to the auditor during the onsite visit. This resident wanted to specifically complain about a specific staff member who the resident felt was "doing too much" during bathroom checks. There were also other residents who complained of the same staff member during their interviews. When discussing specifics of the problem, the residents stated that the staff member would remove towels or other barriers they would put up to cover the clear area of the shower curtain or the open part of the toilet stall. When asked if they were allowed to put up barriers, all the residents reported that they were not allowed. When asked if other staff removed these barriers, the residents reported some but not all. When asked what the difference was with the staff member they were reporting and staff who also removed the barriers, the residents reported the staff member's demeanor and attitude. The auditor explained that the staff member was within his job duties and was not interacting in a way that was sexually abusive or harassing. The auditor relayed the residents' concerns to the PREA Coordinator and facility management staff.

The auditor interviewed the specific staff member identified in the complaints. The staff member is aware of the complaints against him and has address the concerns with his direct supervisor. He states that he is only following policy and procedures, and always request that the resident remove the barrier before he removes it himself. He states that while he is removing the barrier he tries to ensure that their is not any incidental viewing of the resident while the resident is showering or using the toilet.

The Program Manager states the facility staff have received proper training for patting down a transgender or intersex resident. This training is completed during new staff orientation and a refresher training is given annually. The Lead Resident Supervisor is required to periodically review pat downs, live or reviewing surveillance video, and provide training/guidance to staff if necessary. The Program Manager states that the facility has identified specific dorms and beds for high risk residents.

The facility does not currently have an identified transgender/intersex resident.

Review:

Policy 1080

Policy 8089

Policy 8091

Facility tour

Interview of random residents

Interview of staff

Interview of PREA Coordinator

Interview of Program Manager

Interview of Lead Resident Supervisor

Training Curriculum

Posters of pat search, enhanced search, and UDS expectations

**115.216 Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 8004 states that Oriana House facilities must ensure that all residents understand the program rules, regulations, and guidelines. This includes ensuring that residents who have disabilities and are limited English proficient have equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The agency provided the auditor with the PREA Plan to Assist Residents with Disabilities. The plan states that at intake a resident will be asked to indicate how he/she communicates most effectively, if he/she has a language barrier, literacy issue, and/or sensory impairment. If such barrier exists, assistance shall be provided to the resident by a staff member or other qualified person. The assistance shall be provided at no cost to the resident. Assistance can take the form of closed caption videos, closed caption videos in Spanish, auxiliary items for residents who may be deaf/hard of hearing or blind/seeing impaired, and interpreter services. Staff are required to read the agency's Guide for Client Sexual Abuse and Sexual Harassment Prevention to each resident at intake. Should community resources be necessary, the facility would contact agency leadership in order to contract with outside services.

The policy also states:

- Telecommunications device for the deaf (TDD), shall be provided as needed with no cost to residents, family members, and/or significant others. Mobile units are stationed at the Administrative Office and the Detox facility. The Admissions Manager, or designee, will coordinate with the Communications Specialist to install the unit at the requested facility
- If an interpreter is needed for continuing case management services, the Program Manager or designee should utilize the contact list for these services
- When a translator (i.e., Spanish, Vietnamese, etc.) is needed for prospective residents, the Admissions Manager or designee will make arrangements through The International Institute
- Once a resident is placed in a program, a Program Manager or designee should arrange for ongoing services
- The Program Manager/designee in the facility where the resident is placed can utilize the contact list during standard business hours and off- hours
- There are no fees to residents, family members, and/or significant others with regard to language barrier/literacy services. The Agency has signed

agreements and/or billing guidelines set up with the contacts listed

- Should an employee offer/be directed to provide in-house services, his/her supervisor must authorize him/her to leave his/her regular duties during the time in which he/she is interpreting
- Any request by a resident to have a family member or friend interpret, following the Agency's offer to provide an interpreter, must be documented in the resident's file. The resident's request will be honored unless the Admissions Manager and/or facility's Program Manager feels the person the resident is requesting is not sufficiently qualified and, in such cases, must provide the resident an interpreter from the contact list. Documentation must include a written statement signed by the resident

The policy does not allow for the use of resident interpreters unless circumstances are such as where an extended delay in interpretation could compromise a resident's safety, the performance of first-responder duties, or the investigation of the resident's allegation of sexual abuse or sexual harassment. If a resident interpreter or reader is used, this must be documented in a resident log.

The auditor was given the materials given to residents during intake. All material provided is at a 9th grade reading level, and all residents must read a passage to ensure that they are capable of reading all provided materials and instructions.

Resident Supervisor staff assigned to work Intake are responsible for the initial orientation process into the facility. During this process, the staff member will provide each new resident with PREA information and conduct the initial PREA risk assessment. The auditor spoke to several staff members who conduct this process. These staff members report that they will provide each new intake with a resident handbook, review facility rules and expectations, shows the residents the Just Detention PREA education video and has the resident sign acknowledgement forms, and conduct the initial risk assessment. The Lead Resident Supervisor, who is the main staff member conducting intakes, states that he will give them facility specific information regarding PREA and how to report allegations and answer any questions. He reports that he makes the residents read a section of the paperwork to ensure the resident can read and understand the material. If the resident cannot read, has limited reading ability, or has comprehension issues, the RS states he will read the entire intake packet and explain each section. For residents that are capable of reading and understanding, he will review all the PREA information, grievance procedures, and facility rules while hitting the highlights of areas the resident can read on his own. He states that the facility does have experience working with residents that are Limited English Proficient or English as a Second Language. He states that he immediately reported the resident's language need, and was able to use another resident to assist with reviewing the resident handbook, but waited for a staff member who is capable of speaking Spanish to act as a translator when conducting the risk assessment. The Lead Resident Supervisor also reports that staff members use a tablet equipped with translation software to communicate with the resident throughout their stay when a staff member,

translator, or other assistance is not available.

The Program Manager states the facility's policy is to accommodate clients that may have reading, cognitive, sensory, or English proficiency limitation. The Manager reports that should a client be in need of services, it would be documented in the facility's client database system along with the type of assistance needed. The Administrator indicated that an appropriate staff member may be tasked with providing assistance to the client during their stay, or the facility would provide auxiliary items or interpreter services should it be necessary.

The facility provided the auditor with a translator to interview a resident that is limited English proficient. The resident reported being given PREA related material in Spanish and reported all PREA posters in his housing unit were also in Spanish. He reports that all written material concerning his rights under PREA have been given to him in Spanish. He states that most of the staff use a tablet/cell phone to communicate with him, and reports that there are a few other residents in the facility that speak Spanish. He reports that a translator was brought in to assist with completing assessments. The resident is new to the facility, but states that he feels safe and would be able to report if necessary.

The auditor interviewed any resident that identified as having a reading or cognitive disability or physical disability. No resident in this targeted category were in need of any additional services in order to benefit from the agency's effort to prevent, detect, or respond to sexual abuse or sexual harassment. All residents interviewed were capable of describing the facility's zero tolerance policy, reporting options, and services that are provided free of charge to any resident that request such services.

Review:

Policy 8004

PREA Plan to Assist Residents with Disabilities

Resident intake materials

Interviewed target residents

Interviewed Program Manager

Interviewed PREA resident educator

Interviewed RS staff

**115.217 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House policy 1080 prohibits hiring or promoting anyone who may have contact with the residents and prohibits 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; has been convicted or 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; or has been civilly or administratively adjudicated to have engaged in the activity described in the above section.

Policy 3006 requires the agency to conduct a background check for all prospective employees, including temporary employees, independent contractors, volunteers, and student interns or required the contractor, vendor, volunteer to provide a background check. Record checks are completed every five years. The auditor interviewed the Director of Human Resources during the onsite visit. The director states that every five years the Human Resource Department will run background checks on the entire facility regardless of when a person was hired in order to guarantee all staff received the required updated check. The updated background check will be stamped with a red PREA label to signify that the employee has received an updated background check as required by the standard. All employees, independent contractors, volunteers, and interns are required by policy 1080 to immediately report to their supervisor any arrests, citations, and complaints to professional licensing boards. Employees document this continued affirmation during annual personnel evaluations. All successful applicants are notified of the PREA background check requirement and that any omission regarding sexual misconduct is grounds for termination. Employees are required to document their adherence to this policy.

The Director of Human Resources reports that the Human Resource Department will review the personnel file, specifically any disciplinary action, of any employee who is up for a promotion. The agency has developed a form that indicates in red that the Human Resource Department must check discipline records for anything related to PREA. This form is then placed in the employee's file. This information is reported to the hiring/promotion committee before a decision is made.

The Director also reports the Human Resource Department conducts referral checks for all new hires and specifically documents whether a potential employee has been found to have substantially sexually abused an offender or resigned during a pending investigation of an allegation of sexual abuse.

The agency documents any request from outside confinement facilities requesting PREA reference checks on potential employees. The Director reports no request at this time.

The auditor conducted a lengthy interview with the Director of Human Resources, through Zoom video conference, who took the auditor systematically through the hiring and promotion process. The Director states that during the hiring process, applicants are questioned about criminal or administrative sexual misconduct allegations on the application, during the telephone interview, and during the in person interview. Once hired, all new employees are provided the agency's zero tolerance policy 1080 and continued affirmation policy 3009 to disclose misconduct.

Employees document their acknowledgment of this annually. The Director reports that to be eligible for a promotion, all interested employees must submit a letter of interest to the Human Resource Department. The department will review the employee's file, including disciplinary actions. Employees with disciplinary action that includes sexual misconduct are not eligible for promotion.

The Director reports no new changes to the hiring process since the last PREA audit. The auditor has been able to interview the Director for all Oriana House, Inc. community confinement facility audits.

The agency makes every effort to ensure the facility does not hire nor promote anyone that has engaged in sexual misconduct.

The facility provided the auditor with documentation for each step of the hiring process to ensure that the facility is complying with each provision of the standard.

This includes interview questions with the confirmation of no administrative, civil, or criminal allegations of sexual abuse or sexual harassment, continued affirmation, background checks, disciplinary action, promotions, and reference checks.

Review:

Policy 1080

Policy 3006

Policy 3009

Employee files

Continued affirmation

Prior institutional referral

Applicant interview questions

Background checks

Promotion documentation

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1455 579">The Vice President of Correctional Programs - Cuyahoga County reports that the facility has not acquired any new facility nor is it planning any substantiate expansion or modification to the current facility. She reports her understanding of including the PREA Coordinator on any plans to change the building's physical plant to ensure the protection from and detection of incidents of sexual abuse and sexual harassment.</p> <p data-bbox="277 621 1455 777">The Program Manager reports that the facility has enhanced the electronic monitoring system or other monitoring technology since the last PREA audit. These changes included adding audio to specific locations. This enhancement allows staff to better detect and investigate incidents of sexual abuse and sexual harassment.</p> <p data-bbox="277 819 1417 890">Facility management will continue to monitor and address technology monitoring issues as needed.</p> <p data-bbox="277 932 386 961">Review:</p> <p data-bbox="277 1003 1154 1037">Interview with VP of Correctional Programs - Cuyahoga County</p> <p data-bbox="277 1079 737 1113">Interview with Program Manager</p> <p data-bbox="277 1155 444 1188">Facility tour</p>



115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator states that any allegation of sexual abuse or sexual harassment will be administratively investigated by a trained internal PREA investigator, and when necessary, criminally investigated by the agency with legal authority to conduct such investigation. The agency has provided the auditor with certificates for the administrative investigator training for all three agency investigators. The agency has shown the auditor a request to enter into a formal MOU with the Cuyahoga County Police Department to investigate any allegation of criminal sexual abuse and/or sexual harassment at MCCBCF.</p> <p>The Regional VP has provided a documented request for the Cuyahoga County Police Department to investigate all criminal incidents of sexual abuse or sexual harassment at the facility. The department responded by stating that do not enter into MOU's but will answer calls of any issues as required. The agency has request the criminally investigative agency to:</p> <ul style="list-style-type: none"> <li>· Use a uniform evidence protocol that, if necessary, has been adapted from or 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 Examination, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011</li> <li>· Investigators shall have specialized training in conducting investigations in confinement settings</li> <li>· Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data</li> <li>· Investigators shall interview victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrators</li> <li>· Polygraph examination or other truth-telling device shall not be required as a condition for proceeding with the investigation of such an allegation</li> <li>· Investigation shall be documented in a written report that contains a thorough description of physical testimonial and documentary evidence, with attached copies of all evidence where feasible.</li> <li>· Substantiate allegations of conduct that appears to be criminal shall be referred to prosecution</li> <li>· The departure of the alleged victim or abuser from Oriana House facilities shall not provide a basis for terminating an investigation</li> </ul>

Administrative investigations will be conducted by trained agency investigators. The agency has provided the auditor with training certificates for the administrative investigators.

The facility does not provide forensic medical exams. Any resident in need of a forensic medical exam will be taken to Cleveland Metro Health Hospital. The hospital has certified Sexual Assault Nurse Examiners (SANE) who receive training by the International Association of Forensic Nursing an accredited provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The hospital collaborates with Cleveland Rape Crisis Center and provides services free of charge.

The facility provided the auditor with documentation of a MOU with Cleveland Rape Crisis Center. The Center agrees to:

- Accompany and support the victim through the forensic examination process
- Accompany and support the victim through investigatory interviews at the hospital or institution
- Provide emotional support
- Provide crisis intervention services
- Provide information on community resources
- Provide contact information to include telephone number and address for victims needing emotional support
- Provide contact information to include a telephone number that any resident can call to anonymously report sexual abuse

The PREA Coordinator states that every effort is made to provide a victim advocate from a rape crisis agency; however, should one not be available, the facility has access to two Crisis Counselors that have been trained to serve as an emotional support person. The auditor was provided training certificates for both Crisis Counselors.

The auditor was able to interview the agency's Crisis Counselor. She reports receiving training from the Bureau of Community Sanctions to serve as an emotional support person for any resident victim of sexual abuse and sexual harassment. She states that she will meet with any resident that has a substantiated or unsubstantiated allegation of sexual abuse or sexual harassment as a part of status checks. She reports that if the resident request or if additional services are needed, she would assist with a community referral for these services.

The auditor contacted the director of Cleveland Rape Crisis Center after the onsite visit. The Director was able to confirm the MOU and that the services are provided free of charge. She states that the agency is able to provide the following services:

- 24-hour crisis and support hotline
- advocacy during the criminal justice process
- individual counseling for survivors
- support groups
- hospital support
- support for Spanish-speaking victims, as well as deaf or hard of hearing victims.

The PREA Manager reports that no resident has requested services of the Cleveland Rape Crisis Center or emotional support services from trained staff.

Review:

Policy 1080

Cleveland Rape Crisis Center MOU

Email to Cuyahoga County Police Department

Cleveland Metro Health Hospital website

Administrative investigation report

Interview with administrative investigators

Telephone interview with Cleveland Rape Crisis Center Director

115.222

**Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House policy 1080 requires the Sexual Abuse Response Team to refer all allegations of sexual abuse to law enforcement promptly. An administrative investigation will be conducted at the conclusion of a criminal investigation.

The auditor reviewed the agency's website ([www.orianahouse.org//accreditations/prea/prea.php](http://www.orianahouse.org//accreditations/prea/prea.php)) to ensure that the investigative policy for PREA allegations was posted. The website advises that all allegations of sexual abuse will be referred to the local legal authority for a criminal investigation. The website also gives notice that all allegations (criminal or not) will have an administrative investigation conducted by a trained investigator. Sexual abuse allegations will receive an administrative investigation at the conclusion of a criminal investigation. The criminal investigatory agency will make referral to the local prosecutor for any allegation deemed appropriate according to their agency policy.

The facility's administrative investigators reviewed the following investigations with the auditor:

Investigation #1: The facility received a third-party report of a staff-resident inappropriate relationship. The allegation was reported to administrative investigators, and the resident and the staff member were separated. The alleged victim and abuser were both interviewed. No corroborating evidence was found. The investigator could not determine either way and classified the allegation as unsubstantiated.

Investigation #2: The facility received a verbal report of resident-to-resident sexual abuse. The allegation was administratively investigated, and the allegation was determined to be substantiated. The facility referred the allegation to the Cuyahoga Sheriff's department. A Deputy Sheriff came to the facility to investigate; however, the victim refused to cooperate. The department declined to investigate due to the victim's refusal.

Investigation #3: The facility received a verbal third-party report of resident-to-resident sexual abuse. The allegation was investigated and determined to be substantiated, but not criminal in nature. The abuser was terminated from the facility.

Investigation #4: Verbal third-party report of staff (contractor)-to-resident inappropriate relationship. The abuser admitted online to performing a sexual act on a resident. The allegation was determined to be substantiated. The contractor was terminated prior to the allegation being reported. The police department was notified; however, the resident victim in this incident went AWOL before the report was made. The department declined to investigate due to being unable to interview the victim.

Investigation #5: Resident made a verbal report and contacted the PREA hotline number to report that a staff member touched him sexually, while making an inappropriate comment. The alleged abuse and victim were separated during the administrative investigation. The administrative investigators could not find any corroborating evidence and determine the allegation to be unsubstantiated.

Review:

Policy 1080

Agency website

Investigation reports

Interview with administrative investigators

**115.231 Employee training**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Agency policy 1080 requires all staff to be trained on the agency's zero tolerance policies and procedures relative to resident sexual abuse and sexual harassment. This training is required to be given to all employees every two years and provide refresher information on the current sexual harassment and abuse policies and procedures during the year full training is not offered.

The agency has trained staff on the agency zero tolerance policy, employee responsibilities, residents rights to be free from sexual abuse and sexual harassment and be free from retaliation from reporting sexual abuse and sexual harassment, common reactions for males and females, dynamics of sexual abuse and sexual harassment in a confinement setting, detecting and responding to incidents of sexual abuse and sexual harassment, avoiding inappropriate relationships, effective communication with LGBTI residents, and compliance with mandatory reporting laws. These training topics are taught to new employees during the onboarding process. All staff are required to attend this training before the employee can work directly with residents.

The facility provided the auditor with the PowerPoint used for training new staff. The training sufficiently covers section a.1-10 of standard 115.231. After completing training, the staff member documents their training by signing a sign-in sheet.

The PREA Coordinator has recorded training videos for staff to review that meet the PREA training requirements. These training videos have been shared with other confinement facilities across the state of Ohio.

In addition to the required training dictated by the standard, the facility also provides training on the following related topics:

- Policy and procedure
- Code of Ethics
- Resident civil rights and grievance procedures
- Employee discipline
- Harassment
- Relationships with residents, former residents, and notification requirements
- Notifying supervision of arrest, citation or complaints to professional licensing board

The agency completes refresher monthly through the agency's Learning

Management System. Every month, each facility conducts a training on a PREA subject directed by the agency.

- January: Common reactions of sexual abuse and sexual harassment victims (male and female)
- February: How to detect and respond to signs of threatened and actual sexual abuse
- March: How to avoid inappropriate relationships with residents
- April: How to communicate effectively and professionally with LGBTI residents; Oriana House policy 8089
- May: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- June: Pat down training; policies, procedures, and practice for conducting proper pat searches (all pat search types are reviewed)
- July: PREA screening policies and procedures
- August: Agency zero tolerance policy; Oriana House policy 1080
- September: Prevention, detection, reporting, and response to sexual abuse and sexual harassment (part 1)
- October: Prevention, detection, reporting, and response to sexual abuse and sexual harassment (part 2)
- November: Right of residents and employees to be free from sexual abuse and sexual harassment and from retaliation for reporting sexual abuse and sexual harassment
- December: Dynamics of sexual abuse and sexual harassment in a confinement setting.

The staff have available a PREA Staff Guide Book that is located at all post desk. The auditor reviewed the contents of the book. It includes:

- First responder duties
- Reporting duties
- Coordinated response plan with contact names and phone numbers
- PREA policies and procedures
- Assisting residents with disabilities
- Transgender safety plans
- Medical response plan

- PREA definitions
- Staffing plan
- Logging cross-gender views

The PREA Coordinator discussed the agency's training practices. She states that the agency cross trains all staff concerning PREA gender-specific topics because staff can work with male and/or female residents. The agency also offers staff gender-specific training on PREA related topics. These topics can include: transgender residents, PREA assessment interview, coordinated response plan, and first responder duties.

The auditor interviewed program, security, and management staff during the onsite visit. All staff interviewed were able to discuss their onboarding experience that included PREA training, and the required online monthly trainings. Staff also discussed training that went beyond the requirements of this standards to include first responder training, risk assessment training, pat search/enhanced pat search training and review of the coordinated response plan.

The Program Manager states that she will provide facility specific PREA training to all new employees, and refresher training during staff meetings. She states that the topics for refresher training during those meetings will depend upon the things going on in the facility (housing a transgender resident, assisting a LEP resident, boundaries/ethics, etc.). She reports that with the new online Learning Management System, she can ensure that all staff are meeting the training requirement, and assign a specific staff member to retrain if necessary.

The auditor was provided training sign-in sheets to verify training.

Review:

Policy 1080

PREA Training Curriculum

Training sign-in sheets

Refresher training Curriculum

Interview with staff

Interview with PREA Coordinator

Interview with Program Manager



115.232

**Volunteer and contractor training**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Oriana House policy 1080 requires all contractors and volunteers who have contact with residents receive training on the agency’s policies and procedures relating to sexual abuse and sexual harassment. The level and type of training provided will be based on the services provided and amount of contact with the residents.

Minimally, all contractors and volunteers will be informed of the agency’s policies and how to report allegations.

The PREA Coordinator discussed the agency’s system for determining the type of training required of a contractor or volunteer. The agency has a level system where individuals identified as a level one would receive a three-hour training on the agency’s policy on how to prevent, detect, respond, and report sexual abuse and sexual harassment. A level two individual will receive a thirty-minute training that consist of a fifteen-minute video and fifteen minutes of instruction of a trained facilitator. A level three individual would be asked to read and sign a PREA acknowledgement form. The form explains the agency’s zero tolerance policy and the signer agrees to agreement to abide by these rules. Anyone assigned a level four status will have to be escorted throughout the facility by staff. The auditor was assigned a level three status, and read and signed the PREA acknowledgement form each day during the onsite visit.

Documentation of received training is forwarded to the Compliance/Accreditation Manager. Once documented, the individual who has a level one or two status will receive a special name badge which identifies to security staff that this person has received PREA training and does not need to sign the PREA acknowledgement form. Should a level one or two contractor or volunteer forget their badge, they would be required to read and sign the PREA acknowledgement form.

The auditor reviewed the training material for contractor training and signed acknowledgements.

During the onsite visit, the auditor reviewed the agency’s visitor zero tolerance noticed and signed acknowledgement of the zero tolerance policy each day.

The facility uses Aramark Food Service to provide meals to its facilities. The staff at Aramark that work in any type of confinement facility will receive PREA training from Aramark. The auditor spoke with both Aramark employees on duty during the onsite visit. Both contractors verified their training and their responsibilities under their work agreement to uphold the agency's zero tolerance policy. The training provided by the company includes the topics:

- What is PREA
- Definitions of sexual harassment, sexual abuse, sexual contact, and consent

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

Review:

Policy 1080

Contractor/volunteer training material

Aramark training curriculum

Level three PREA acknowledgement form

Interview with PREA Coordinator

**115.233**

**Resident education**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Oriana House policy 1080 states that during the intake process, all residents shall receive information explaining the agency's zero tolerance policy regarding all forms of sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The policy also states that residents that are transferred into the facility will receive refresher training, which includes the location of PREA posters and information on how to report allegations or suspicions of sexual abuse or sexual harassment.

Policy 8004 states that Oriana House facilities must ensure that all clients understand the program rules, regulations, and guidelines. This includes ensuring that clients who have disabilities and are limited English proficient have equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor received a copy of the intake packet that all residents including transfer residents receive. The packet includes information on the program rules, which includes possible sanctions for violating the facility's zero tolerance policy. The form is signed and dated by the resident. The intake packet also includes a Guide for Sexual Abuse and Sexual Harassment Prevention. This form includes information on how to report, phone numbers and address for facility, local, and stated reporting agencies, limitations of confidentiality, and how to keep oneself safe. This form is signed and dated by the resident. The resident is also provided a form explaining the facility's search policy and the types of searched that the facility conducts. The resident also signs and dates this form.

The auditor reviewed documentation that the residents received this information at intake.

During the onsite visit, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers and address to reporting agencies. The facility also posts information on pat searches. The posters give a step by step explanation of the search process. The posters are in locations where residents are searched.

The auditor was given the materials given to residents during intake. All material provided is at a 9th grade reading level, and all residents must read a passage to ensure that they are capable of reading all provided materials and instructions.

The Intake RS is responsible for providing residents with PREA education during intake. The RS shows the residents a PREA education video produced by Just Detention and provides facility specific information for reporting allegations; accessing medical, mental health, and rape crisis organizations; and locations of

PREA information posted throughout the facility. The RS will also review resident expectations, what to expect, how to complete various forms, disciplinary procedures, phase rules, and PREA info sheet. The PREA info sheet contains information on reporting options, phone numbers and addresses for outside emotional support agencies, grievance procedures, limits to confidentiality, mandatory reporting, and keeping themselves safe. The sheet also details good faith and bad faith (false or misleading) allegations. Residents are able to ask questions and receive private consultation for any questions at a later time.

See standard 115.216 for how the facility ensures residents with physical, mental, or cognitive disabilities or residents who are limited English proficient receive PREA education.

The auditor interviewed twenty residents (targeted and random) during the onsite visit. The residents interviewed stated that at intake they received a handbook, resident intake packet, and watched a "PREA" video at intake. The residents state that they also received PREA information from the case manager and during orientation group. Most residents were asked to clarify what information was given to them by Oriana House due to them also receiving PREA education while confined at Ohio Department of Rehabilitation and Correction facilities. All residents had some level of understanding and stated that should they need to report; they have the information necessary to do so.

Review:

Policy 1080

Policy 8004

Resident intake packet

Resident handbook

PREA posters

PREA reporting phone numbers

Resident education acknowledgements

PREA Plan to Assist Residents with Disabilities

Interview with residents

Interview with RS staff

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1446 663">Agency policy 1080 requires all administrative investigators to receive specialized training. The agency has three investigators as well as the PREA Coordinator, who received in-person training from the Moss Group. The training provided includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, evidence collection in a confinement setting, and required evidence to substantiate a case for administrative action or criminal referral. The agency retains completion of training certificates as proof of training. The investigators receive refresher training on specialized investigator training.</p> <p data-bbox="277 701 1456 777">The auditor was able to review the curriculum and training material provided by the Moss Group. The training was appropriate to the requirements of this standard.</p> <p data-bbox="277 814 1468 1226">The administrative investigators were able to discuss the training they received on trauma informed care, evidence collection as it relates to administrative investigations in a confinement setting, proper documentation, and how to determine an appropriate finding to an investigation. One investigator is a former police officers and has extensive experience in investigating crimes. The facility has a new administrative investigator who has a long history of working for the agency at various facilities. The new investigator has received the proper training and understands his role and responsibilities as an investigator. The investigators understand Garity; however, this is a private non-profit organization and Garity warnings do not apply.</p> <p data-bbox="277 1264 1468 1377">The PREA Coordinator has received train-the-trainer instruction, and has co-facilitated administrative investigator training. She is able to provide training to any new administrative investigator, and refresher training as needed.</p> <p data-bbox="277 1415 1450 1533">The agency policy prohibits administrative investigators from conducting a criminal investigation. All criminal investigations will be conducted by the local legal authority.</p> <p data-bbox="277 1570 388 1604">Review:</p> <p data-bbox="277 1642 440 1675">Policy 1080</p> <p data-bbox="277 1713 734 1747">Training curriculum and material</p> <p data-bbox="277 1785 553 1818">Training certificates</p> <p data-bbox="277 1856 812 1890">Administrative investigator interviews</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1080 requires specialized training for medical and mental health practitioners. These employees or contractors are also required by this policy to receive the same training mandated for employees or the same training mandated for contractors/volunteers.</p> <p>The facility does have onsite medical practitioners; however, these practitioners would not complete a forensic medical exam should a resident be a victim of sexual abuse or sexual harassment. All residents would be seen by a SANE at Cleveland Metro Health.</p> <p>The auditor was able to interview a nurse practitioner during the onsite visit. The practitioner states that she has received both employee annual PREA training and has completed specialized training for Medical and Mental Health Professionals provided by Oriana House. The practitioner discussed understanding the signs of sexual abuse and her mandatory reporting obligation. The practitioner states that all medical staff are required to complete the agency's employee training, specialized training, and outside medical continuing education credits. She is well versed on working with residents who have experienced trauma.</p> <p>The practitioner states that she has had a resident report general bullying/harassment, but not sexual abuse or harassment. She states that she reported that information directly to the Program Manager.</p> <p>The Crisis Counselor at the facility states that while she does not provide mental health services for the residents at MCCBCF, she has completed the specialized training for Medical and Mental Health Professionals provided by Oriana House. The counselor states that residents will go into the community for mental health services and for residents that are not eligible for community access, professionals from Recovery Resources will meet with the residents at the facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with Crisis Counselor</p> <p>Interview with Nurse Practitioner</p>

115.241

**Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 1080 states that all residents will be assessed for risk of victimization or abusiveness within 72-hours of arrival at the facility. This includes new intake or transfer residents. The Resident Supervisor will administer the screening instrument and considers the following:

- a. Whether the resident has a mental, physical, or developmental disability
- b. The age of the resident
- c. The physical build of the resident
- d. Whether the resident has a prior conviction for sex offenses against an adult or child
- e. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, gender non-conforming, or intersex
- f. Whether resident has previously experienced sexual victimization
- g. The residents own perception of vulnerability
- h. Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

The policy does not allow for residents to be disciplined for refusing to answer or not disclosing complete information to questions a, d, f, or g. The staff member is required to mark those responses as "refused to answer."

The auditor was given a copy of the risk assessment instrument. The assessment not only documents the resident's answers to the required questions, but also identifies sources of additional information, areas of concern or other considerations, and reasons for a professional override to the score. After the screening is complete, the screener will score the instrument based on the resident's answers. The resident can receive a classification of susceptible, highly susceptible, abusive, highly abusive, or no risk.

The auditor interviewed RS staff that are responsible for conducting the initial PREA risk assessment at intake. The staff report receiving training on how to conduct the assessment, use the screening tool, and report classifications to appropriate staff. The Lead Resident Supervisor is the main staff member assigned to conduct intake. He reports that when conducting risk assessments, he meets with the residents one-on-one in a private setting. He will explain the assessment, provided explanations to the questions/definitions, moves through the assessment slowly to ensure resident understanding and cooperation. No resident is disciplined for refusing to answering questions. The RS reports to the auditor that no resident has ever

refused to answer questions.

The case managers are responsible for conducting thirty-day reassessments. The case managers report they will review the initial assessment and ensure that the information is in line with the information already received from the referring agency. The case managers report being trained on how to conduct an assessment, and the Program Coordinator will complete a quality assurance check on both the initial and reassessment.

The auditor interviewed the Program Coordinator. She is new to the position, so currently the Program Manager is conducting quality assurance on the risk assessments. She states that her responsibilities will include tracking both initial and reassessments to ensure each is completed on time, and that she will conduct a quality assurance check on the risk assessments. She reports that she will be checking for accuracy of data compared to information on the resident's pre-sentence investigation. The Program Manager reports that residents will receive a reassessment if the facility should receive any additional relevant information or if the resident is involved in a sexual abuse incident.

The auditor interviewed twenty residents during the onsite visit. The residents were questioned on the risk assessment and reassessment. All residents interviewed stated that they received an initial assessment upon arrival in the facility. They state that they understand the need for the assessment and answered as honestly as possible. When questioned about a reassessment conducted with their case manager, some residents remembered having a reassessment, while others were unsure.

The auditor was able to review initial and 30-day reassessments. The assessments contained the required information, scored according to the instructions on the instrument, and were completed within the correct timelines.

The Program Manager states that the assessments are kept in the agency's ORION database system and access to this information is limited to clinical staff; however, all staff have knowledge of a resident's classification for safety and security purposes.

Review:

Policy 1080

Risk assessments (completed)

Interview with residents

Interview with RS staff

Interview with case managers

Interview with Program Coordinator

Interview with Program Manager



115.242

**Use of screening information**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 1080 states that the screening information will be made available to appropriate staff to ensure that all housing, programming, and community assignments are given in a way to minimize the risk of the resident being sexually victimized. The facility has specifically assigned dorms and beds for residents that have been identified as being highly susceptible or highly abusive. These specific beds are located in areas that are easily visible from the doorway of each room.

Programming staff will make every effort when scheduling groups not to place residents with opposing PREA statuses in the same group. The policy states when that is not possible, that the staff will monitor appearance and behavior and report any significant changes.

The policy states that residents with a highly susceptible or highly abusive PREA status will have increased whereabouts checks. Residents with no status or a status of susceptible or abusive receive three whereabouts checks per shift while residents with highly PREA statuses will receive six whereabouts checks per shift. Only the Program Manager or the Lead Resident Supervisor can remove a resident from the increased whereabouts checks.

During the onsite visit, the auditor was shown the whereabouts check sheet and verification of increased checks for those with PREA statuses. The auditor was also able to view the designated PREA rooms/beds. All residents entering the facility are on increased whereabouts watch during their first 48-hours in the facility. This allows the facility to monitor residents' acclimation to the facility, to adjust accommodation methods if necessary.

Oriana House policy 1080 also requires the facility to address the underlying reasons and motivations for susceptibility or abusiveness. The information from the screening will be used to develop targeted Individual Program Plan (IPP) goals and objectives to address the identified risk and needs assessment indications. The facility has in-house programming such as anger management and Trauma group. If additional interventions are needed, the crisis counselor will then make the appropriate referral to an outside professional to address and correct the underlying reasons and motivations for susceptibility or abusiveness.

The auditor interviewed case managers as well as the crisis counselor during the onsite visit. Case managers discussed meeting with residents after reviewing assessment information along with other information (Pre-Sentence Investigation) to develop an IPP. If the resident has been identified as being highly susceptible or abusive, the case manager will work with the resident to include programming that will address those issues such as trauma group or anger management. Residents that have experienced past sexual abuse and wish to seek mental or emotional health counseling will be referred to community agencies that specialize in those areas. The crisis counselor states that she is available for immediate needs, but

long term case will be referred to community agencies.

The agency has developed a plan to ensure the safety of transgender/intersex residents while in Oriana House facilities. The plan includes a review of the perspective resident by the PREA Coordinator, PREA manager, admissions personnel, and crisis counselor that will address issues that come with the placement of a transgender resident. Once an appropriate facility has been identified, the intake department will notify supervisory staff at the proposed facility. In order to ensure placement decisions are on an individualized case-by-case basis, the facility will collect information into consideration the transgender resident's concerns in terms of safety - housing placement and programming, name, pronoun, shower, preference, and searches. The resident will be asked:

- What gender do you identify with
- What is your preferred name
- How do you prefer to be addressed
- Have you had any medical consultation regarding your gender identity
- Are you willing to provide a medical release of information for verification of medical consultation
- Are you in the process or have you undergone any gender affirmation surgery or hormonal therapy
- How long with you been living as your identified gender
- Who are you attracted to
- Do you prefer male or female housing
- Do you have any specific safety concerns regarding your placement
- Are you comfortable with communal showering or would you prefer accommodations be made for you to shower separately
- What gender would you feel most comfortable conducting a pat-down search and UDS

The PREA Coordinator reports that once the transgender assessment is completed, the facility will forward the results to the review committee. She reports that the resident's preferences will not be the sole determining factor for placement and handling but will be given serious consideration, along with the safety, security, and staffing of the facility. Once the review and placement decision is made, the facility will notify and prepare staff for the safe management of the resident.

There were no residents that identified as transgender or intersex during the onsite

visit.

The facility does not have a dedicated unit for residents that identify as LGBTI.

Residents that identify as LGBTI will be housed in a safe, appropriate dorm/bed where staff have clear line of site views to the resident's bed. All residents that have been identified as being at higher risk, including LGBTI residents, will have increased whereabouts checks.

The auditor interviewed any resident that identified as gay or bisexual. All residents interviewed stated that they have not experienced any discrimination and did not feel as if they were placed in a housing unit or dorm based on their status. All residents interviewed were asked about dorm placement and all stated that the rooms were based on ORAS score.

The auditor performed an internet search and did not find any reports of the agency or facility being a part of a lawsuit or consent decree.

Review:

Policy and procedure

Facility tour

Risk screening

Individual case plan

Staffing plan

Web search

Interview with Case Managers

Interview with Resident Supervisors

Interview with PREA Coordinator

Interview with Crisis Counselor

Interview with residents

**115.251**

**Resident reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 1080 requires Oriana House to provide residents with the opportunity to report sexual abuse and sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. The policy allows for residents to report anonymously and lists the following as ways a resident can report:

- Verbally telling any Oriana House employee
- Completing a Client Sexual Abuse/Harassment Reporting form (located in the resident handbook)
- Oriana House website at [www.orianahouse.org/contactus](http://www.orianahouse.org/contactus)
- Calling the Oriana House Client Sexual Abuse Hotline, 330-258-1271 free of charge
- Emailing [SexualAbuseReporting@orianahouse.org](mailto:SexualAbuseReporting@orianahouse.org)
- Calling an outside third party hotline at 614-728-3399 free of charge

The residents can use the payphones in each housing unit to privately report (including anonymously) an allegation using the available hotline numbers. Residents are able to report allegations directly to any staff member, contractor, volunteer, or to/on behalf of a third party. Residents are reminded during intake, orientation, and during case manager meetings that all reports will be taken seriously and investigated.

The residents have access to a computer where they can report allegations of sexual abuse or sexual harassment from the agency website. The website has links for the Client Sexual Abuse/Harassment Reporting Form and instructions on how to complete the form and return to the email listed on the site. The auditor left a test message and received a return email from an agency administrative investigator.

Each housing unit is equipped with several payphones that residents are able to use in order to report (including anonymously) sexual abuse and sexual harassment.

Residents are also able to report allegations directly to any staff member, contractor, volunteer, or to/on behalf of a third party. Residents are reminded during intake, orientation, and during case manager meetings that all reports will be taken seriously and investigated.

During the tour portion of the onsite visit, the auditor used a payphone in the Phase 1 housing unit. The auditor called the hotline numbers for both the agency and outside reporting agency. The agency hotline is answered by an answering

machine. The message on the machine reminds callers of the obligation of the facility to investigate all allegations and that there is no retaliation for reporting any incidents. The message request callers to leave as much detailed information about the incident, but if the caller wishes, they can remain anonymous. The outside reporting agency's hotline number is also answered by a machine. The message also requests the caller leave detailed information about the incident and that if they so choose, they can remain anonymous. The auditor received a return phone call from an agency administrative investigator on the same day the call was placed. The outside reporting hotline option is managed by the Ohio Bureau of Community Sanctions. The auditor received a return phone call from Chris Galli, Chief Director, the day after the request to the hotline was made.

The auditor reviewed the agency website and the links to complete a report for an allegation of sexual abuse or sexual harassment. The links lead to a Client Sexual Abuse/Harassment Reporting Form and instructions to complete the form and return to the email listed on the form (SexualAbuseReporting@orianahouse.org)

During the tour, the auditor noticed several postings in conspicuous places that listed reporting information for local, state, and national organizations. The information includes the name, phone number, and address for all organizations listed.

During the onsite visit, the auditor interviewed a total of twenty residents. The residents were asked questions on ways a resident can report, private and anonymous reporting, and how residents received this information. Residents discussed the information they received during intake and watching the "PREA" video. Residents understood their ability to report to any staff member and could make mention of a staff member they felt comfortable reporting allegations. Some residents reporting being apprehensive of reporting due to retaliation, but stated that the facility was safe and did not think they would be victims of sexual abuse or sexual harassment while housed at the facility.

In the past twelve months, the facility has received four allegations that were reported by residents. The allegations were reported either directly to staff verbally, or to the hotline. All allegations were reported to administrative investigators for an investigation.

The auditor interviewed both targeted and random staff members and inquired about reporting options and obligations. All staff reported that all information they received concerning an incident or report of sexual abuse or sexual harassment they are to immediately report to their supervisor and document on a Client Sexual Abuse/Harassment Reporting Form and email the form to administrative investigators. The staff was able to identify the Program Manager as the PREA Compliance Manager and that they could make a private report to her.

Review:

Policy 1080

Client Sexual Abuse and Sexual Harassment Reporting Form

Agency website

Reporting posters

Resident handbook

Reporting hotline numbers

Interview with Administrative investigators

Interview with staff

Interview with residents

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A: The PREA Coordinator advised the auditor that the agency does not have administrative procedures to address resident grievance regarding sexual abuse. The agency has an explicit policy and procedure (policy 1080: Resident Sexual Abuse and Sexual Harassment Prevention) that addresses all aspects of the agency's compliance with the PREA standards. The Coordinator states that should a resident file a grievance alleging sexual abuse or sexual harassment, the allegation will be investigated under agency policy 1080.

**115.253**

**Resident access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House policy 1080 requires each facility to provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential manner as possible. Policy requires staff to notify residents, prior to giving them access, of the extent to which the communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility has placed posters in English and Spanish around the building in conspicuous places that provide the telephone number and address to the local victim advocate and emotional supportive services agency. A review of the resident handbook shows a listing of the addresses and telephone numbers to local, state and national victim advocate agencies.

MCCBCF has a MOU with Cleveland Rape Crisis Center for its Cuyahoga County locations. The MOU permits the agency to provide its residents the telephone number and address to the Center and to offer all residents emotional supportive services. A copy of the MOU was provided to the auditor.

After the onsite visit, the auditor contacted the Center via email to the Chief Program Officer listed on the MOU. The Officer confirmed the hotline number and address and that the advocates at the center will provide emotional supportive services to all residents at MCCBCF. The Officer states that at the initiation of services, advocates inform residents that all information reported is confidential except in a case where they are mandated to report. The Officer stated that the agency has not provided services to any resident victim from MCCBCF.

Policy 1080 requires the facility to inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The residents are informed that they have the right to privacy while making a report of sexual abuse to outside agencies; however, due to state and federal mandatory reporting laws, the agency may be required to report the allegation. The residents can also find this information inside the resident handbook.

During interviews with residents and case managers, both stated that during the role clarification meeting, residents are given information on the limits to confidentiality and information that would be immediately reported to proper authorities.



During the interview with the Crisis Counselor, she confirmed that she informs all residents prior to the beginning of services of the limits of confidentiality and the agency's mandatory reporting requirement for all incidents, reports, or suspicions of sexual abuse and sexual harassment.

\*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

Review:

Policy 1080

PREA Postings

Cleveland Rape Crisis Center MOU

Resident Handbook

Email with Rape Crisis Center representative

Staff interviews

Resident interviews

115.254	<p><b>Third party reporting</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Agency policy 1080 requires the posting of information on how a third party can report sexual abuse or sexual harassment on behalf of a resident on the agency website. The auditor reviewed the agency website (<a href="http://www.orianahouse.org/accreditations/prea/prea.php">www.orianahouse.org/accreditations/prea/prea.php</a>) and was able to see the posted information on how to report an allegation.</p> <p>The auditor called the outside agency hotline number. A representative from the outside agency returned the auditor’s phone call and confirmed that they are a reporting agency and would report all allegations to the PREA Coordinator. The auditor also called the internal hotline number. The administrative investigator returned the call the same day.</p> <p>The facility has posted in conspicuous places, including areas 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 notices include toll-free hotline numbers and the email address that is listed on the agency website.</p> <p>The facility has received one third-party report of sexual abuse during the past audit cycle from an outside source, and has a resident make a third party report on behalf of another resident. The allegations were referred to the administrative investigators.</p> <p>Review:</p> <p>Policy 1080</p> <p>Agency website</p> <p>Investigation reports</p> <p>PREA notices</p> <p>PREA hotline number</p>
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**115.261 Staff and agency reporting duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House policy 1080 requires all employees, including medical and mental health staff, to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment including third-party and anonymous reports to the Resident Sexual Abuse Response Team via email.

This includes allegations of retaliation for reporting incidents of sexual abuse or sexual harassment or cooperating in an investigation concerning an allegation of sexual abuse or sexual harassment and any knowledge, suspicion, or information regarding staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.

Policy 1027 states that all resident information related to PREA will be maintained in a confidential manner in compliance with Federal PREA requirements. Release of information concerning PREA allegations will be done as necessary and in accordance with Federal PREA requirements.

Policy 1005 requires states staff, without reservation, must report to the appropriate supervisor any corrupt or unethical behavior, including sexual misconduct or sexual abuse as defined by the Prison Rape Elimination Act, that could affect a resident or the integrity of the Agency.

The PREA Coordinator reviewed the process with the auditor. According to the Coordinator, the staff are to:

- Immediately email the Resident Sexual Abuse Response Team
- Documenting the allegation, including verbal reports to management staff
- Limit the number of people who have knowledge of the allegation to designated officials who are responsible for making treatment, investigation, and other security decisions
- Perform any first responder duties as needed

A review of the PREA Staff Guide Book provides instructions to staff on how to report resident sexual abuse or harassment. The guide speaks to the agency's responsibility of creating a culture where residents feel safe to report sexual abuse or sexual harassment without the fear of retaliation. The book provides a phone number, email address, and required reporting form.

Each staff file contains a signed acknowledgment of receiving the following information:

- Resident confidentiality
- Code of ethics

- Employee discipline
- Resident's rights and grievance procedure
- Ethics and accountability
- PREA annual acknowledgment

The agency uses a web base resident database system that allows the facility to assign certain rights to access information concerning residents and PREA allegations. All staff are required to submit an email for to the regional reporting email that limits the staff informed of the allegation and incident details to the administrators on the email chain.

The facility does not accept residents that are under the age of 18 and does not have a duty to report to child protective services. The State of Ohio does not require institutions or facilities licensed by the state in which a person resides as a result of voluntary, civil, or criminal commitment to report to adult protective services (Chapter 5101:2-20 and 5101:2-20-01).

The auditor interviewed staff that have reporting requirements as part of their licensure (counselors and medical staff). The staff reported to the auditor that they provide residents informed consent before rendering services. Each state, they understand their reporting obligations and would inform their supervisor of the need to address any incidents where Child Protective Services or Adult Protective Services would need to be contacted.

The auditor interviewed programming, security, and administrative staff during the onsite visit. The staff were interviewed on agency reporting protocols and expected practice. All staff were capable of listing the reporting options available to residents, staff, and outside sources. Numerous staff were new to their positions, and reported that should they need assistance with how to report or who to report to, they could assess the "PREA Book" that is located at the main post. When asked about reporting suspicions, the staff state they have been trained to report all suspicions without investigating their suspicions. Some staff members stated if they had suspicions or witnessed some red flags or questionable behavior, they would address their concerns with the staff member along with reporting the behavior. The staff were able to verbalize their understanding of limiting their reporting to management staff. All staff stated they will report and can be disciplined for receiving information, having knowledge, or suspecting sexual abuse or sexual harassment and not immediately reporting that information to their supervisor or the manager on call.

Review:

Policy and procedure

Employee files

Resident files

	PREA staff guide book Interview with staff
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<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Agency policy 1080 requires the agency to take immediate action to protect a resident when the facility learns of a substantial risk of imminent sexual abuse. The PREA Coordinator states that the agency can take action to protect any resident by moving the alleged victim or abuser to a different dorm or phase. The agency can also move an alleged staff abuser to another facility or place on administrative leave during an investigation.</p> <p>The facility has had five investigations during the past twelve months; however, no resident reported being at risk of imminent sexual abuse.</p> <p>The Program Manager reports that the facility will always separate an alleged abuser and victim once a report is made. The facility will make arrangements to keep residents safe based upon the situation. These protection measures can include bed moves, dorm moves, or phase moves. The Program Manager also reports that anyone who needs increased monitoring will be placed on increased whereabouts watch. The length of time the resident will remain on the identified protection measures will depend upon the results of the investigation.</p> <p>Review:</p> <p>Policy 1080</p> <p>Investigation reports</p> <p>Interview with Program Manager</p>

115.263	<p data-bbox="261 94 1481 1661"><b>Reporting to other confinement facilities</b></p> <p data-bbox="261 165 1481 239"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="261 239 1481 312"><b>Auditor Discussion</b></p> <p data-bbox="261 312 1481 606">Agency policy 1080 states that upon receiving an allegation that a resident was sexually abused while confined at another confinement facility, the Program Director or Program Administrator shall notify in writing the head of that facility or appropriate central office of the agency where the abuse occurred. The policy mandates that the notification shall be provided as soon as possible, but no later than 72-hours after receiving the allegation.</p> <p data-bbox="261 606 1481 785">The facility received one allegation reported by a resident that he was sexually assaulted while at another confinement facility. The Program Manager reported the allegation to the warden of that facility. The agency provided the auditor with a copy of the report.</p> <p data-bbox="261 785 1481 984">Policy 1080 also mandates an administrative investigation into any allegation that is made to the facility, including investigations reported to the facility by another confinement facility. Should the investigation reveal criminal activity, the allegation will be referred to the local legal authority.</p> <p data-bbox="261 984 1481 1205">The Program Manager reports that the facility has not received an allegation from another confinement facility on behalf of a former resident. She reports, and the PREA Coordinator confirms, that any allegation reported to the facility from another confinement facility or if a resident makes a report about another confinement facility is required to be reported to the PREA Coordinator.</p> <p data-bbox="261 1205 1481 1278">Review:</p> <p data-bbox="261 1278 1481 1352">Policy 1080</p> <p data-bbox="261 1352 1481 1425">Investigation reports</p> <p data-bbox="261 1425 1481 1499">Notification letter</p> <p data-bbox="261 1499 1481 1572">Interview with PREA Coordinator</p> <p data-bbox="261 1572 1481 1646">Interview with Program Manager</p>
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**115.264 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House policy 1080 outlines first responder duties for any allegation of sexual abuse. The policy instructs first responders to:

- Separate the alleged victim and abuser
- If there is a crime scene, preserve and protect it by clearing all residents and unnecessary staff from the area until law enforcement can assume responsibility of the crime scene
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, do not allow the alleged abuser to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating
- Staff shall not collect evidence or disturb the crime scene as much as possible

In addition, the required first responder steps mandated by this standard, the policy also requires first responders to:

- Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director.
- Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email.
- If the Clinical Director is on the premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed.
- Residents who request to talk with a counselor immediately will be referred to emergency mental health services (Cleveland Rape Crisis Center). Residents who request to see a mental health counselor but state their need is not immediate will be seen by the facility crisis counselor the following business day and referred for appropriate services.

During the onsite visit, the auditor was able to review the PREA Staff Guide Book that is located at all main post. The book contains:



- First responder duties
- Reporting duties
- Coordinated respond plan with contact names and phone numbers
- PREA policies and procedures
- Assisting residents with disabilities
- Transgender safety plans
- Medical response plan
- PREA definitions
- Staffing plan
- Logging cross-gender views

All staff are trained on first responder duties (security and non-security staff) including role-playing potential situations. The training is given during onboarding training, and again during the monthly training. The auditor was given a copy of the training curriculum and sign-in sheets.

During staff interviews, staff were able to dutifully repeat the first responder duty steps of:

- Separating the abuser and victim
- Protecting the scene
- Requesting and ensuring the victim and abuser do not do anything to destroy evidence
- Contact all parties listed on the phone tree

The staff state that other than having to separate the alleged abuser and victim, they have not had to employ the first responder step duties. All staff report feeling comfortable deploying the steps should an incident of sexual abuse take place.

The facility has had five allegations of sexual harassment or sexual abuse during the past twelve months. No incident required the facility to call for immediate medical, mental health, or law enforcement services.

Review

Policy and procedure

Coordinated Response Plan

	PREA Staff Guide
	Interview with staff
	Investigation reports

**115.265 Coordinated response**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 1080 list the coordinated response plan as the following:

- Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director.
- Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email.
- If the Clinical Director is on the premise, they will assess the resident to determine services and support needed. If a sexual abuse incident occurs outside of normal business hours, and the Clinical Director is not available, the Clinical Administrator will assess the resident via telephone to determine services and support needed.
- Residents who request to talk with a counselor immediately will be referred to emergency mental health services (Cleveland Rape Crisis Center). Residents who request to see a mental health counselor but state their need is not immediate will be seen by the facility crisis counselor the following business day and referred for appropriate services.

The coordinated response plan is contained in the PREA Staff Guide Book that is at each main post. During onboarding and monthly back to basic training, staff learn the coordinated response plan and the location of the posted plan.

The Coordinated Response to an Incident of Client Sexual Abuse Plan:

- Enact first-responder duties
- Management staff shall contact law enforcement
- First responders will notify in-house mental health staff if available and call 9-1-1 to arrange for immediate access to emergency medical and/or mental health services
- Offer to contact rape crisis services, at 216-619-6192, for victim advocate services
- Document incident as a violation report
- Follow all directives of law enforcement

The auditor was given a copy of the coordinated response plan and viewed the posted plan during the onsite visit. Staff interviewed could note the location of the plan.

Review:

Policy 1080

PREA Book

Coordinated Response to an Incident of Client Sexual Abuse- MCCBCF

<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 Human Resource Director reported during her interview with the auditor that the agency does not have a union and does not enter into contracts with its employees. The agency is an "At Will" employer. Staff members sign an "At Will" employer acknowledgement during onboarding.</p> <p>Review:</p> <p>Interview with Human Resource Director</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1429 621">Policy 1080 requires the facility to protect all residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or employees. The facility does this by employing multiple ways to protect, such as dorm changes, transfer to another facility, or if applicable placed on electronic monitoring. The facility can also transfer staff members to a different facility or place on administrative leave.</p> <p data-bbox="277 659 1446 940">The report will include periodic status checks, and a review of the resident’s disciplinary records, housing, program changes, or negative performance reviews and reassignments of staff. The report will be sent to the appropriate facility and administrative team members. Residents that are on 90-day retaliation monitoring will also be placed on the facility “whereabout” checklist at an increased rate. The auditor was shown the process and the facility whereabouts checklist and identified high risk residents with increased whereabouts checks.</p> <p data-bbox="277 980 1468 1222">The auditor was able to interview the Crisis Counselor during the onsite visit. She states that she has an open door policy for all residents. She will meet with any resident by request or if they were a witness or victim of a substantiated or unsubstantiated allegation of sexual abuse. The Counselor states that she is trained on providing services to residents who had experienced trauma and can provide these services in addition to conducting weekly status checks.</p> <p data-bbox="277 1262 1455 1377">Agency policy 1080 states that the agency’s obligation to monitor shall terminate if the allegation is determined to be unfounded. The Program Manager reports that if necessary, the facility will continue to monitor past the 90-day obligation.</p> <p data-bbox="277 1417 1386 1491">The Program Administrator reports that no resident has reported an incident of retaliation.</p> <p data-bbox="277 1530 388 1562">Review:</p> <p data-bbox="277 1602 440 1633">Policy 1080</p> <p data-bbox="277 1673 583 1705">Whereabouts checklist</p> <p data-bbox="277 1745 570 1776">Investigation reports</p> <p data-bbox="277 1816 737 1848">Interview with Program Manager</p> <p data-bbox="277 1887 711 1919">Interview with Crisis Counselor</p>

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1080 requires an administrative investigation on any allegation of sexual harassment and sexual abuse. This includes allegations received through third-parties or anonymous reports. If the allegation is of sexual abuse/assault or appears to be criminal in nature, the Sexual Abuse Response Team will promptly refer the allegation to the Washington County Sheriff Department. In instances of sexual abuse or sexual harassment that are not criminal in nature, the facility shall gather and preserve direct and circumstantial evidence, including any physical and electronic data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints, and reports of sexual abuse/sexual harassment involving the suspected perpetrator.</p> <p>The policy requires the facility to document the investigation in a written report that is retained by the administrative investigators for as long as the alleged abuser is an Oriana House resident, or is employed by Oriana House, plus five years. The Oriana House Investigative Form includes the following information:</p> <ul style="list-style-type: none"> <li>· Name of all victims, witnesses, and abusers</li> <li>· Names of staff working during incident</li> <li>· Date, time, and location of incident</li> <li>· Type of incident</li> <li>· How the incident was reported</li> <li>· Description of incident</li> <li>· Medical and/or counseling treatment (SANE services/Rape crisis)</li> <li>· Statements from all available sources</li> <li>· Separation from abuser</li> <li>· Increased supervision</li> <li>· Transfer to another facility</li> <li>· LGBTI status</li> <li>· Gang affiliation</li> <li>· PREA Screening Status</li> <li>· Law enforcement referral</li> </ul>

- Parent agency notification
- Interpreter services
- Video evidence available
- Physical barriers
- Investigation determination
- Disciplinary action

The auditor reviewed the training curriculum and certificates of completion for all administrative investigators. The PREA Coordinator and VP of Administration and Legal Counsel have also received administrative investigator training. The training was conducted by the Moss Group and included techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The process of investigation, referral, and outcome determination was described to the auditor. The PREA Coordinator states that the agency prohibits administrative investigators from requiring a polygraph examination or other truth telling device during an investigation. She states that all investigators are also prohibited from conducting any type of criminal investigation. All criminal investigations are conducted by the local legal authority, and the administrative investigators will remain in contact with the criminal investigators in order to remain informed about the progress of the investigation.

The PREA Coordinator and policy state that the departure of the alleged abuser or victim from employment or control of the facility or Agency shall not provide a basis for terminating an investigation.

The administrative investigators reported the following methods of investigating an allegation:

- Trauma informed victim interviews
- Witness interviews
- Staff interviews
- Alleged abuser interviews
- Reviewing video evidence
- Reviewing past incident reports if available
- Credibility assessments based on documented behavior



· Consultation with other investigators/PREA Coordinator if necessary

The administrative investigators reviewed the allegations reported at the facility during the past twelve months (see standard 115.222).

The investigators state that they are not to question a suspected abuser during a criminal investigation. The administrative investigation would only begin at the conclusion of the criminal investigation or with the permission of the legal authority.

The investigators report that they are responsible for maintaining and securing investigation reports for as long as the abuser is incarcerated or in the case of staff abusers until the employee is no longer employed, plus five years for both cases.

Review:

Policy 1080

Investigation reports

Interview with PREA Coordinator

Interview with Administrative Investigators

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1458 453">Agency policy 1080 states that the agency imposes a standard of preponderance of evidence or 51% to substantiate an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="277 491 1463 646">The auditor interviewed the facility’s administrative investigators on the standard of proof used when making allegation determinations. All report using 51% as the measure to substantiate an allegation. The VP of Administration and Legal Counsel will make the final outcome determination.</p> <p data-bbox="277 684 1450 764">The auditor reviewed the allegation from the past audit cycle to verify the standard of proof used. The allegations were determined with that standard.</p> <p data-bbox="277 873 386 907">Review:</p> <p data-bbox="277 945 571 978">Policy and procedure</p> <p data-bbox="277 1016 555 1050">Investigation report</p> <p data-bbox="277 1087 959 1121">Interview with PREA administrative investigators</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1448 579">Policy 1080 states that following an investigation into a resident’s allegation of sexual abuse, the facility will inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, the facility will request the information from the investigatory agency in order to inform the resident. The facility will also notify the resident whenever:</p> <ul data-bbox="277 617 1448 1062" style="list-style-type: none"> <li data-bbox="277 617 1321 651">· The employee is no longer working at the resident’s assigned facility</li> <li data-bbox="277 688 1084 722">· The employee is no longer employed by the agency</li> <li data-bbox="277 760 1419 835">· The agency learns the employee has been convicted on a charge related to sexual abuse within the agency</li> <li data-bbox="277 873 1442 949">· The agency learns the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li data-bbox="277 987 1425 1062">· The agency learns that the alleged resident abuser has been convicted on a charge related to sexual abuse in the facility</li> </ul> <p data-bbox="277 1100 1442 1255">All such notifications or attempted notification are documented in the agency’s resident database system. The obligation to make such report under this standard shall terminate if the resident is release from the agency prior to an investigation determination.</p> <p data-bbox="277 1293 1448 1369">The auditor reviewed criminal referral documentation for allegations that appeared to be criminal and any outcome from the criminal investigation.</p> <p data-bbox="277 1407 1455 1562">The facility has provided the auditor with signed acknowledgements from residents, verifying that they have received information regarding the determination of the investigation, and the status of the abuser for administrative and criminal investigations. All residents were notified of the outcome of the allegation.</p> <p data-bbox="277 1600 386 1633">Review:</p> <p data-bbox="277 1671 441 1705">Policy 1080</p> <p data-bbox="277 1743 1003 1776">PREA Sexual Abuse Victimization Notification report</p> <p data-bbox="277 1814 704 1848">Criminal Investigation Reports</p> <p data-bbox="277 1885 880 1919">Interview with administrative investigators</p>

**115.276 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 1080 states that employees shall be subject to disciplinary action up to and including termination for violating the Resident Sexual Abuse and Sexual Harassment Prevention policy. Policy 3037 specifically outlines employee discipline. This policy states disciplinary action may take the following steps:

- Formal verbal warning
- Written warning
- Disciplinary probation
- Disciplinary suspension
- Disciplinary discharge
- Suspension pending investigation

Policy 3037 also states that disciplinary action may not always be progressive. The agency reserves the right to take whatever disciplinary action it deems appropriate for employee misconduct, including termination of employment for a first offense.

The agency outlines its progressive disciplinary plan in its employee handbook. A review of the handbook states that any staff member found to have engaged in sexual abuse will be terminated. Termination or resignation by a staff member who otherwise would have been terminated for violations of the Client Sexual Abuse and Sexual Harassment Prevention, will be reported to law enforcement agencies and any relevant licensing bodies. The handbook also states that employees who have knowledge of resident victimization and do not report it will be terminated.

During interviews with facility staff, the auditor questioned staff on the agency's disciplinary policy in regard to violations of the zero tolerance policy. All staff reported that termination was the presumptive disciplinary action for violations of the agency's zero tolerance policy. Some staff members responded that just knowing about incidents of sexual abuse and sexual harassment and not reporting can be a fireable offense.

The auditor interviewed the Human Resource Director. The Human Resource Director reports that it is agency practice to place a staff member on administrative leave during the course of an investigation. She states the agency enforces their strict zero tolerance policies by terminating employees found to be in violation of the policy, and terminating employees whose allegation was determined to be unsubstantiated but a major violation of the boundaries/integrity policy has been committed.

Employees must sign an acknowledgement of receiving the employee handbook

and the agency's zero tolerance policy. Employees who have been disciplined by the agency had a Notice of Employee Disciplinary Action. The documentation listed the disciplinary charge, appeal, information, and sanction. None of the disciplinary charges reviewed were related to PREA. The auditor spoke to the Director about disciplinary action for actions that do not quite meet the definition of sexual abuse or sexual harassment. She states that the agency will terminate all employees that have a significant boundary issues with residents. She also states that employees that are in the orientation phase of employment cannot appeal a disciplinary sanction.

The facility did not have a substantiated allegation of sexual abuse or sexual harassment against a staff member during this audit cycle; however, the agency did give a verbal warning to a staff member who did not violate the agency's zero tolerance policy, but another agency policy that was discovered during an investigation.

An allegation summary can be found in standard 115.222.

Review:

Policy 1080

Policy 3037

Employee Handbook

Investigation reports

Interview with staff

Interview with Human Resource Director

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policy 1080 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency will take appropriate remedial measure, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>During the onsite visit, the auditor reviewed all allegations reported within the past audit cycle. There has been one allegation against a contract worker. The worker was initially under investigation for a different violation and had already had access to the facility revoked. The administrative investigation was determined to be substantiated, and the facility referred the incident to the local legal authority for a criminal investigation. The contact agency, Aramark, terminated the worker's employment based on the substantiated allegation.</p> <p>The Human Resource Director states that contract workers, volunteers, and interns are subject to the same zero tolerance policies as agency employees, and that any violation of those policies will result in a worker being refused access to facilities.</p> <p>Review:</p> <p>Policy 1080</p> <p>Investigation report</p> <p>Criminal report</p> <p>Interview with Human Resource Director</p>

**115.278 Disciplinary sanctions for residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House policy 1080 requires all residents to face disciplinary action up to and including termination from the program following a substantiated allegation of resident to resident sexual abuse and sexual harassment or a criminal finding of guilt for resident to resident sexual abuse. The policy requires the agency to consider whether a resident's mental disabilities or mental illness contributed to his/her behavior, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents with similar histories, when determining what type of sanction, if any, should be imposed.

Agency policy does not allow for the disciplining of a resident for a good faith report of sexual abuse when there is a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The policy also does not allow for offenders to have consensual sexual contact; however, such conduct will not be defined as resident sexual abuse. The policy also does not allow for the discipline of offenders for resident sexual contact with staff unless the staff member did not consent to such contact.

In the resident handbook, the facility has listed physical assaults/sexual assaults by residents or threats of assault and sexual harassment are not tolerated. The handbook also states that the agency prohibits all sexual activity between residents, which includes hugging, kissing, or touching any body part. Specifically, under the Resident sexual abuse and Sexual Harassment Prevention Guide in the handbook, the agency details what is considered sexual abuse, sexual harassment, and retaliation. The handbook states that violations of the zero tolerance policy will result in disciplinary sanctions and/or criminal charges.

The PREA Coordinator states that any resident found to have sexually abused another resident will be terminated from the facility. All other substantiated allegations of sexual harassment will be disciplined according to the agency's progressive discipline policy. She states that if sexual harassment incidents are egregious or repetitive, the agency will terminate the resident. The agency does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

During resident interviews, all residents were aware of the facility's zero tolerance policy, received a handbook during intake, participated in orientation group and understood the facility's disciplinary policies. When questioned on the possible sanction for a violation of the policy, all residents stated that termination from the facility would be the consequence for a PREA violation.

The auditor reviewed signed and dated acknowledgements of receiving a handbook

and PREA education.

The PREA Coordinator states that any resident found to have sexually abused another resident will be terminated from the facility. All other substantiated allegations of sexual harassment will be disciplined according to the agency's progressive discipline policy. She states that if sexual harassment incidents are egregious or repetitive, the agency will terminate the resident. The agency does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

The facility had two allegations of resident-to-resident sexual abuse. Both allegations were administratively investigated, and one was determined to be unsubstantiated, while the other was determined to be substantiated. The abuser in the substantiated allegation was terminated from the facility. The allegation was referred for criminal investigation.

The facility did not have an incident of non-consensual resident-to-staff sexual harassment or abuse.

Review:

Policy 1080

Resident handbook

PREA information sheet

Interview with residents

Interview with PREA Coordinator

Investigation reports



**115.282 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policy 1080 mandates the offering of timely, unimpeded access to emergency medical treatment and crisis intervention services free of charge to an alleged victim of sexual assault. The treatment offered also includes timely information about and timely access to sexually transmitted infection prophylaxis and emergency contraception.

The PREA Coordinator reports that residents who experience sexual victimization would be offered services provided by the agency’s crisis counselor. The counselor would be available for immediate crisis intervention or to complete weekly status checks. The agency would refer sexual abuse victims to community rape crisis counseling or other appropriate community resources.

The auditor interviewed the Crisis Counselor, who confirmed the services he would provide to residents that experience sexual victimization. She reports that she is available to residents either by resident request or from staff. She would conduct weekly check ins with the resident, regardless of referrals to community providers. The Counselor states that the facility has onsite counseling available through Recovery Resources as well.

The victim support person assigned to the resident will complete a Victim Support Person Activity Report for each contact with the resident. The report documents the support services provided, who provided the service (staff emotional support or outside advocate), referrals for service, refusal of services, and additional comments made by the service provider. The form also documents any reports of retaliation from the victim.

The PREA Coordinator states that staff are also trained on the agency’s PREA Medical Response Plan. The auditor reviewed the plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. The scope of services, length of service, and type of service will be at the discretion of the medical provider and is at no cost to the resident. The plan states:

- In the event a resident is a victim of sexual abuse in our facility, the resident will be provided with unimpeded access to both emergency and ongoing medical and mental health care at no cost to the resident
- Once staff become aware of an incident involving the sexual abuse of a resident, they will follow the initial staff first responder duties
- The alleged victim will be afforded unimpeded and timely access to emergency medical and/or mental health services
- The alleged victim will be taken (if necessary) to a hospital that provides SAFE/

SANE services. Services will be at no cost to the resident

- The name, address, and telephone number for local medical, mental health, and SANE providers must be listed in the facility's binder that contains emergency phone numbers

- Ongoing medical and/or mental health services that are related to incidents of sexual abuse, will be provided to the resident at no cost

The Coordinator states that the facility is responsible for reviewing the PREA Medical Response Plan annually to ensure that all service provider information is current and that the range of services are still available. Residents are informed of the rights to these services free of charge during PREA education at intake.

The facility did not have an allegation during this audit cycle that required medical or mental health services, nor did any resident request any such services.

Review:

Policy 1080

Medical Response Plan

Victim Support Person Activity Report

Interview with PREA Coordinator

Interview with Crisis Counselor

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The facility offers community medical and mental health counseling services for residents who have been sexually abused in jail, lockup, or juvenile facility. Policy 1080 states that all treatment including testing for sexually transmitted disease and treatment within sixty-days to all known resident on resident abusers be offered free of charge.

During a mandatory PREA training. Staff are notified of the agency’s PREA Medical Response Plan. The auditor reviewed the Medical Response Plan. The plan outlines how staff is to offer unimpeded access to both emergency and ongoing medical and mental health care. The PREA Coordinator states that all ongoing medical or mental health care will be at the discretion of the medical provider and is at no cost to the resident. The facility is responsible for reviewing the plan annually to ensure that all service provider information is current and that the range of services are still available. To see the details of the plan, please see standard 115.282.

The PREA Crisis Counselor states that the agency has not been notified of any known resident-to-resident abuser. This information would be collected at intake in documentation provided to the facility from the resident’s parent agency or a resident could self-report during risk assessments. Should the facility become aware that a resident has previously abused another resident, the Crisis Counselor would meet with the resident to assess how to address any underlying issues. The facility does not provide treatment for known abusers. Any available services would be provided by community agencies.

The policy also states that should a pregnancy result from sexually abusive penetration while incarcerated, timely and comprehensive information about and timely access to all lawful pregnancy related medical services will be offered; however, the facility does not house female residents. This provision would take place should the facility house a transgender male resident that has female genitalia, and experiences sexual abuse.

The facility has offered services to residents after receiving a report of a resident being sexual abused while in a jail, lockup, or juvenile facility prior to intake at this facility during this audit cycle.

The PREA Coordinator has confirmed the process and practice of the agency’s Medical Response Plan.

Review:

Policy 1080

	<p>Medical Response Plan</p>
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	<p>Interview with PREA Coordinator</p>
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	<p>Interview with Crisis Counselor</p>
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**115.286 Sexual abuse incident reviews**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Oriana House policy 1080 states that the PREA Coordinator will activate a Client Sexual Abuse Review of all substantiated or unsubstantiated allegations of sexual abuse within thirty days of the conclusion of the investigation. The review team shall include an upper management designee, compliance/accreditation manager, admissions manager, and input from a designated resident supervisor and/or caseworker, administrative investigator, and mental and/or medical practitioner.

According to agency policy and as well as the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation:

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

The team is then tasked with preparing a report of its findings and any recommendations for improvement and submit the final report to the Vice President of Administration and Legal Counsel, who will be responsible to distribute the final report to the Executive Team. The Executive Team will review and determine (with the input of the PREA Coordinator) which recommendations will be implemented or will document the reasons for not doing so. The regional Vice President of Correctional Programs will be responsible for distribution the report to facility management and overseeing the implementation of the approved recommendations.

The auditor interviewed the Regional Vice President, PREA Coordinator, Program Manager and the Crisis Counselor on their role on the SART. The Program Manager reports that she would report on the facility dynamics that might have contributed to the report, conduct a review of the physical plan to see if there are physical barriers that may have led to the incident, and collect reports from facility staff that may assist in discerning whether the facility could have prevented the incident. The Program Manager would ensure facility staff had the resources to comply with the recommendations and report to the PREA Coordinator after implementation. The

PREA Coordinator would discuss any barriers to implementation and possible solutions with the VP of Correctional Programs

The Regional Vice President and the VP of Administration and Legal Counsel participate in the Executive Team's review of the report and makes recommendations based on the PREA standards.

The facility provided the auditor with the Client Sexual Abuse Review form. The form list a summary of the allegation and findings, the considerations of the committee as listed above, collateral information, and committee recommendations. The second section of the form is completed by the Executive Team. This section lists the approved recommendations, reasons for not approving recommendations, and the implementation plan.

The auditor was provided the SART reports from four investigations. The report has a summary of the allegation, investigation outcome, committee members, committee considerations (as required by standard and policy), and committee recommendations. After reviewing the four reports, the following recommendations were made:

- Reviewing agency expectations of supervisor camera reviews
- Improving efficient of reporting circulations and whereabouts checks
- Review PREA risk assessment form for adjustments to classification levels
- Possible training on gang affiliation and dynamics
- Increase training for contractors and volunteers as well as requiring refresher training
- Contract staff may not bring in food items for residents for any reason
- Aramark staff must sign keys in/out from main post
- Signage has been posted in kitchen advising Aramark staff and residents cannot be in freezers/coolers at the same time
- Medical staff will document contact with residents

The agency has implemented these recommendations agency wide. The PREA Coordinator reports that she would document any time a recommendation was not implemented and the reason for not implementing.

Review:

Policy 1080

Client Sexual Abuse/Harassment Review form

Interview with PREA Coordinator

Interview with Vice President of Correctional Programs - Cuyahoga County

Interview with Program Manager

Interview with Program Administrator

**115.287 Data collection****Auditor Overall Determination:** Meets Standard**Auditor Discussion**

Agency policy 1080 requires the tracking of accurate, uniform data for every allegation of sexual abuse in all Oriana House facilities, and that information will be aggregated at least annually. The PREA Coordinator reports that the information is collected, reviewed, and retained from all PREA related reports. The agency is using the Ohio Department of Rehabilitation and Corrections PREA reporting form as their collection instrument, as well as completing the Department of Justice's SSV Form.

The auditor reviewed the forms used to collect the data and confirmed that the information collected is appropriate enough to complete the Survey of Sexual Victimization for all Oriana House facilities.

<b>Determination</b>	<b>Year</b>	<b>Resident-Resident</b>	<b>Staff-Resident</b>	<b>Contractor/Volunteer-Resident</b>
Unfounded	2020	0	0	0
Substantiated	2020	0	0	0
Unsubstantiated	2020	0	0	1
Unfounded	2021	0	0	0
Substantiated	2021	1	0	1
Unsubstantiated	2021	0	0	1

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, <http://www.orianahouse.org/accreditations/prea/prea.php>. The auditor accessed the agency's website and reviewed the 2021 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Oriana House, Inc. operated facilities.

The Coordinator reports that the Department of Justice has not made a request for this information.

Review:

Policy 1080

Sexual Victimization report form

Agency website

Interview with PREA Coordinator

<b>115.288</b>	<b>Data review for corrective action</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1438 495">Oriana House policy 1080 states that the agency will use the information collected in standard 115.287 to assess and improve the effectiveness of the agency’s resident sexual abuse prevention, detection, and response policies, practices, and training, which includes:</p> <ul data-bbox="277 533 1373 751" style="list-style-type: none"> <li data-bbox="277 533 716 567">· Identifying problem areas</li> <li data-bbox="277 604 980 638">· Taking corrective action on an ongoing basis</li> <li data-bbox="277 676 1373 751">· Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole</li> </ul> <p data-bbox="277 789 1438 907">The auditor reviewed the report and ensured that the report compares the current year’s data with those of previous years and includes updates made from previous year’s reports. The report states that the agency has:</p> <ul data-bbox="277 945 1438 1646" style="list-style-type: none"> <li data-bbox="277 945 1382 978">· Eleven reported incidents of sexual abuse during the 2021 Calendar Year</li> <li data-bbox="277 1016 1032 1050">· Mandated monthly PREA training for all facilities</li> <li data-bbox="277 1087 1382 1163">· Providing residents with information of their rights to be free from sexual abuse, sexual assault, sexual harassment, and/or retaliation</li> <li data-bbox="277 1201 1382 1276">· Executive staff will review recommendations for feasibility and applied to minimize risk for harassment and/or retaliation</li> <li data-bbox="277 1314 1438 1390">· Executive staff ensuring all policy and procedures are regularly reviewed and updated</li> <li data-bbox="277 1428 1166 1461">· Piloting cameras in the dormitory areas to deter incidents</li> <li data-bbox="277 1499 1390 1533">· Re-evaluating camera placement and adding cameras to blind-spot areas</li> <li data-bbox="277 1570 1409 1646">· Training on entering blind-spot areas, refresher training for contractors and volunteers, and high levels of ethics training</li> </ul> <p data-bbox="277 1755 1422 1873">The information in the report does not contain any identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p data-bbox="277 1911 1390 2028">The information in the report has been reviewed and approved by the agency’s President and CEO. The report is posted on the agency’s website at:  <a href="http://www.orianahouse.org//docs/prea/2017%20Annual%20Report.pdf">http://www.orianahouse.org//docs/prea/2017%20Annual%20Report.pdf</a></p>



Review:

Policy 1080

PREA annual report (2021)

Oriana House website

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1080 requires the agency to collect data requested in standard 115.287 and that this information will be aggregated, and made available to the public through the agency’s website. The information posted to the agency’s website is required to have all personal identifying information removed. The PREA Coordinator is mandated by policy to securely retain the information collected and to retain the data collected for at least ten years.</p> <p>The auditor accessed the agency’s website, <a href="http://www.orianahouse.org/accreditations/prea/prea.php">www.orianahouse.org/accreditations/prea/prea.php</a>, to ensure that the agency has posted its annual report. The annual reports are completed based on a calendar year and the agency has posted statistical reporting information for all years dating back to 2014 to the present report (2021) The information in the report is collected by each facility’s PREA Manager and is then submitted to the agency’s PREA Coordinator. The agency PREA Coordinator aggregates the information and prepares the information for the annual report. The report is then submitted to the President/CEO for approval.</p> <p>The PREA Coordinator reports that all information is only accessible to approved staff members and that she retains control of all information. The information is kept for ten-years as per policy 1080.</p> <p>The information collected in standard 115.287 is made available to the public through the agency website.</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 1080</p> <p>Oriana House website</p> <p>PREA annual reports 2014-2021</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1425 579">The agency post all final PREA reports for each of its facilities on the agency website. The auditor reviewed the agency website to ensure that during the previous audit cycle, all Oriana House facilities have been audited and reports posted. The agency will have 1/3 of facilities audited each year of the three-year cycle. This is the first facility audited during year one of the audit cycle, and the second facility audit has been scheduled from March 2023.</p> <p data-bbox="277 621 1463 819">The auditor interviewed staff and residents in accordance with the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook’s Effective Strategies for Interviewing Staff and Resident Guide. Residents and facility staff were interviewed during the onsite visit, and agency staff were audited via video teleconferencing.</p> <p data-bbox="277 861 1458 1180">The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and residents during the walk through and saw how staff interacted with residents.</p> <p data-bbox="277 1222 1419 1335">The auditor received documentation on the agency and facility prior to the onsite visit through PREA OAS web based audit system. The auditor was also provided requested documentation during the onsite visit.</p> <p data-bbox="277 1377 1463 1449">The auditor reviewed electronic documentation during the onsite visit. This includes camera views and ORION resident database system.</p> <p data-bbox="277 1491 1446 1772">Appropriate audit notices were posted in conspicuous areas throughout the facility. These places included areas resident, staff, and visitors would frequent. The notices included the auditors mailing and email addresses. The PREA Coordinator emailed the auditor photos of audit notice postings on August 9, 2022. The auditor received a request to be interviewed by a resident during the onsite audit. The auditor spoke with the resident during the onsite visit, and discuss the concerns of the resident with the PREA Coordinator and facility management.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has published on its agency website, <a href="http://www.orianahouse.org/accreditations/prea/prea.php">www.orianahouse.org/accreditations/prea/prea.php</a>, the final PREA reports for all Oriana House operated facilities . The auditor reviewed the agency website and verified that all the facilities that were audited during the previous audit cycle had their final audit report posted. The PREA Coordinator states that she understands the requirement of having all final reports posted.</p> <p>In the state of Ohio, all final audit reports are also posted on the Ohio Department of Rehabilitation and Corrections website, <a href="https://www.drc.ohio.gov/prea">https://www.drc.ohio.gov/prea</a>.</p>

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

<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, 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 require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes



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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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.)	na
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

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

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes



<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, 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 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<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.)	yes

<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.)	yes
	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.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: 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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes



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

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

<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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (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.)	na



<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial 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 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (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 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information 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 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<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.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes



<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (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 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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