

# PREA Facility Audit Report: Final

**Name of Facility:** CROSSWAEH Community Based Correctional Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 10/30/2024

## Auditor Certification

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



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



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



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

**Date of Signature:** 10/30/2024

## AUDITOR INFORMATION

**Auditor name:** Murray, Kayleen

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

**Start Date of On-Site Audit:** 09/19/2024

**End Date of On-Site Audit:** 09/20/2024

## FACILITY INFORMATION

**Facility name:** CROSSWAEH Community Based Correctional Facility

**Facility physical address:** 3055 OH-100, Tiffin, Ohio - 44883

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Veronica Gosch
<b>Email Address:</b>	3055 South State Rte 100, Tiffin, Oh 44883
<b>Telephone Number:</b>	419-447-1444

<b>Facility Director</b>	
<b>Name:</b>	Shannon Maag
<b>Email Address:</b>	ShannonMaag@orianahouse.org
<b>Telephone Number:</b>	419-447-1444

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Veronica Gosche
<b>Email Address:</b>	veronicagosche@orianahouse.org
<b>Telephone Number:</b>	O: 419-447-1444

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	94
<b>Current population of facility:</b>	85
<b>Average daily population for the past 12 months:</b>	65
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	20-61
<b>Facility security levels/resident custody levels:</b>	Minimum/Minimum
<b>Number of staff currently employed at the facility who may have contact with</b>	41

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	21
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	8

**AGENCY INFORMATION**

<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>	

**Agency Chief Executive Officer Information:**

<b>Name:</b>	James Lawrence
<b>Email Address:</b>	JamesLawrence@orianahouse.org
<b>Telephone Number:</b>	3305358116

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Lori McGrady	<b>Email Address:</b>	lori.mcgrady2021@gmail.com
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**Facility AUDIT FINDINGS**

**Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-09-19
2. End date of the onsite portion of the audit:	2024-09-20

#### 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 type="radio"/> Yes <input checked="" type="radio"/> No
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### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	94
15. Average daily population for the past 12 months:	65
16. Number of inmate/resident/detainee housing units:	4
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>	85
<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>	9
<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>	4
<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
<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>	2

<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>20</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The facility provided the auditor with a list of the residents with the identified characteristics.</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>41</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>8</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>13</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>16</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Facility provided a list of residents with various characteristics. The auditor confirmed the details with the selected residents at the beginning of each interview.</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>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	The auditor received on request to be interviewed during the onsite visit. The auditor spoke with the resident and reported the concerns with the PREA coordinator and facility management. The concerns reported were already known by the facility and were being addressed.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<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>	2

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

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>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. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have a segregated housing unit or single cells used to isolate offenders.</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>The residents listed as Limited English Proficient are English as a Second Language (ESL).</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" 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>Gender</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

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

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

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

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



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No volunteers or contract staff available during the onsite visit.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit. This includes camera views and ORION resident database system.</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>
<p><b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b></p>	
<p><b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b></p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### 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	5	0
<b>Total</b>	0	0	5	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:**

1

<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  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input 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 abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>



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

<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	5
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility had six investigations during the past twelve months. There was one resident-resident sexual abuse allegation. The allegation was investigated both administratively and criminally. The facility had five sexual harassment allegations. All sexual harassment allegations were staff-resident and were investigated administratively.

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

<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other

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

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

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 Intelligents 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. 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.

During the onsite visit, the auditor interviewed the Program Manager and Program Administrator. The Program Administrator oversees the day-to-day operations of the facility and is supervised by the Program Manager. Both confirmed that they are responsible for ensuring that residents and staff are educated on the PREA standards, including methods for detecting, protecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The Program Manager also

	<p>coaches staff on fostering a culture where both clients and staff feel comfortable reporting any information, suspicions, or knowledge related to sexual abuse and sexual harassment.</p> <p>The auditor was able to review the Program Administrator’s job description, which includes:</p> <ul style="list-style-type: none"> <li>• Conducting quality assurance monitoring for PREA standards</li> <li>• Ensuring facility walkthroughs in order to address any safety issues</li> <li>• Overseeing the day-to-day PREA facility issues</li> <li>• Ensures staff meet PREA training requirements</li> </ul> <p>The auditor interviewed the Vice President of Correctional Programs for Northeast and Southern Ohio at Oriana House. He stated that he has oversight responsibilities for the facility. He explained that his role includes reviewing all substantiated and unsubstantiated allegations, evaluating recommendations and discussing potential solutions, and reviewing the reasons why certain recommendations were adopted or rejected. Additionally, he monitors investigator responses, ensures retaliation monitoring is conducted, and critically examines processes to enhance overall facility safety and compliance.</p> <p>Policy 1080</p> <p>Program Administrator job description</p> <p>PREA Compliance and Wellness Administrator job description</p> <p>Agency Table of Organization</p> <p>Operations Table of Organization</p> <p>Interview with PREA Coordinator</p> <p>Interview with VP of Administration and Legal Counsel</p> <p>Interview with Program Manager</p> <p>Interview with Program Administrator</p> <p>Interview with VP of Correctional Programs Northeast and Southern Ohio</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A: The PREA Coordinator reports to the auditor that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf

	of the Oriana House
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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.</p> <p>The agency provided the auditor with its most recent staffing plan for CROSSWAEH, along with the annual review report. The staffing plan includes:</p> <p><b>Physical Layout:</b></p> <p>The facility has a male and female building that shares a parking lot. The male building is designed to house 58 male offenders, while the female facility is designed to house 36 female offenders. The agency has identified beds in each building that are reserved for residents that have been screened as being vulnerable to abuse.</p> <p><b>Composition of Resident Population:</b></p> <p>The facility is currently operating with an average of 65 residents, with the average age range between 22–71 years old. The average length of stay is 126 days. The staffing plan was based upon the facility housing 94 residents. The facility houses residents that are from placements classified as probation, post release control, judicial release, and intervention in lieu of conviction. During 2023, the facility housed 30 residents classified as <i>highly abusive</i> and 24 residents classified as <i>highly susceptible</i>.</p> <p><b>Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse:</b></p> <p>A review of substantiated and unsubstantiated allegations will be reviewed to identify any trends that would warrant any facility or programmatic changes to the staffing plan. During 2023, the facility had no substantiated incidents of sexual abuse, one unsubstantiated incident of sexual abuse, and two pending investigations in which a determination has no yet been made.</p> <p><b>Any other relevant factors:</b></p>

Hiring issues were taken into consideration during the staffing needs assessment.

**Adequate staffing:**

The facility has a staffing plan that provides for appropriate coverage and resident supervision. Each shift has a minimum staffing requirement that needs to be met in order for the prior shift to leave their designated post. The minimum staffing levels are as follows:

- Female Facility
  - (1st shift 6a-2p): 2 full-time security staff
  - (2<sup>nd</sup> Shift 2p-10p): 2 full-time security staff
  - (3<sup>rd</sup> Shift 10p-6a): 2 full-time security staff
- Male Facility
  - (1<sup>st</sup> Shift 6a-2p): 3 full-time security staff
  - (2<sup>nd</sup> Shift 2p-10p): 3 full-time security staff
  - (3<sup>rd</sup> Shift 10p-6a): 2 full-time security staff

It is the policy of Oriana House (policy 3002), that facilities be staffed so as to maximize the use of personnel in conjunction with the needs of the residents, including how best to protect residents against sexual abuse. The facility employs enough security staff members to cover each shift, which does include supervisory staff to meet these staffing requirements.

**Deviations to Staffing Plan:**

The facility documented the following deviations to the 2023 staffing plan:

<b>Deviation</b>	<b>Justification</b>
Call offs	Sick/COVID
Resignations	Could not fill position due to hiring issues
Suspended by IA	Could not work
No call/no show/job abandonment	Not able to fill position

**Video Monitoring System and Other Monitoring Technologies:**

The facility has twenty-two cameras strategically placed throughout the interior and exterior of the male facility and fifteen cameras in the female facility. In addition to the cameras, the facility has 31 (female) and 23 (male) push button wall mounted two-way intercoms throughout the facility. These intercoms ring directly into the central control area. The Program Administrator, Program Coordinator, and Lead Resident Supervisor also have access to review camera footage on the computers located in their offices. The Program Administrator has a laptop and remote access as well. There is one camera in each building that monitors all enhanced searches.

This camera is covered during all enhanced searches and only visible to Oriana House, Inc. Internal Affairs staff and Facility Leadership. All other cameras are controlled and viewed from the main post areas. There is 6 microphones attached to the DVR's. Located above the main post in both facilities, intake (male), quiet room (female), and activity room (female and male) in facilities. Observation mirrors are included in specific areas to minimize blind spots. The facility has a total of 19 mirrors (6 mirrors in the female building and 13 mirrors in the male building).

**Security Monitoring:**

In addition to the video surveillance capabilities, all exterior doors of the facility are alarmed and secured by staff. Staff offices are not under camera surveillance, except for the medication room. Blind spots were previously identified in staff offices and dorms rooms. Observation mirrors are included in all areas to minimize blind spots. Security checks, also known as circulation and whereabouts, are conducted by Resident Supervisor staff. Whereabouts are conducted 3 times per shift on all 3 shifts. Increased whereabouts are documented at 6 times per shift on clients who have an identified PREA status of either Highly Abusive or Highly Susceptible. Increase of circulation is conducted in problem areas or if there are client concerns such as behavior issues and/or mental health issues. Increase of circulation is conducted in problem areas or if there are client concerns such as behavior issues and/or mental health issues.

**Annual Review:**

The facility conducted its annual review of the staffing plan in April of 2024. The review included:

- Prevailing staffing patterns
- Deployment of video monitoring system and other monitoring technologies
- Ensuring adequate staffing levels
- Composition of facility population
- Substantiated and unsubstantiated allegations of sexual abuse
- Other factors

The annual staffing plan is completed by the Program Administrator and reviewed by the leadership team. There were no recommendations that required changes to the staffing plan.

Review:

Policy and procedure

Staffing plan 2023

Floor plan

Camera monitors



	<p>Building tour</p> <p>Interview with agency investigators</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Administrator</p> <p>Interview with Lead Resident Supervisor</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• A strip search and/or body cavity search must be conducted in a professional manner that preserves the dignity of the person searched to the highest degree possible.</li> <li>• At the completion of a strip search and/or body cavity search, the staff member who conducted the search must document in the client 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.</li> </ul> <p>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</p>

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

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.

The auditor watched a pat search on a male and female resident while at the onsite visit. The searches were 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.

During the onsite visit, the auditor interviewed the Lead Resident Supervisor, who

explained that pat search training is conducted during onboarding. New hires watch an agency-produced search training video, shadow an experienced staff member during searches, and are supervised while conducting searches themselves. They must demonstrate proficiency before being allowed to perform searches independently. As part of her supervisory duties, the Lead Resident Supervisor conducts camera view checks, which include reviewing staff conducting pat searches to ensure compliance with policy. Additionally, she provides refresher training during monthly staff training sessions to reinforce proper search techniques and policy adherence.

The auditor interviewed Resident Supervisor (RS) staff from all shifts, who all expressed confidence in the training they received, stating they felt capable of conducting searches in a respectful and professional manner. When questioned about cross-gender search training, all male staff confirmed that they are not permitted to conduct searches on female residents under any circumstances. The facility ensures that female staff are scheduled for each shift, allowing female residents to participate in programming outside the facility without any limitations.

As part of the supportive documentation provided before the onsite visit, the auditor reviewed the training curriculum for staff responsible for conducting pat searches. The curriculum covered appropriate pat search techniques for cross-gender and transgender searches, as well as guidance on respectful communication with LGBTI residents. The training emphasized conducting pat searches in a professional, respectful, and minimally intrusive manner, in alignment with security needs.

Additionally, the facility provided the auditor with the PREA Cross-Gender Viewing Log. This log documents anytime a member of the opposite gender views a body scan image. The staff member must be of supervisory rank and document the reason for viewing the scan. The log also documents any cross-gender incidental viewing that occurred while in the commission of official work duties.

The auditor also reviewed staff training completion sheets for searches, confirming that staff had successfully completed this training. The training, which includes both video and hands-on components, demonstrates to staff how to perform cross-gender searches (permitted only in exigent circumstances) and transgender/intersex searches.

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 facility has two housing units each in both the male and female buildings.

Male Building:

- Restrooms: The male building includes three client restrooms, one of which is located in a separate housing unit. This restroom has:
  - Sinks and Mirrors: Three sinks with mirrors directly across from an open entrance

- Toilet and Urinal: One urinal within a stall (no door) and one toilet stall with a half door.
- Shower/Changing Area: A shower curtain blocks the view of the shower/changing area, which contains two single-use showers, each with its own curtain.

The other two restrooms are located in the main housing unit:

- First Restroom: This restroom has three sinks with mirrors across from the open entrance, two toilet stalls with half doors, and one urinal that is not visible from the entrance. There are three single-use showers, each with a shower curtain.
- Second Restroom: This restroom has four sinks with mirrors, two toilet stalls with half doors, and one urinal. It also contains four individual shower stalls with curtains located on the opposite side of a divided bathroom area.

All shower curtains in the male restrooms are designed to allow staff visibility of the lower half of residents without exposing the breast, buttocks, or genital areas. Additionally, there is a single-use bathroom with a door in the client intake area, which is available for use by transgender or intersex residents upon request.

Female Building:

- Restrooms: The female building also has two housing units with designated restrooms.
  - Small Unit Restroom: In the self-contained unit, the restroom entrance lacks a door but has an opaque shower curtain for added privacy. Inside, there are two sinks with mirrors, two toilet stalls with half doors across from the sink area, and two individual shower stalls with curtains.
  - Main Housing Unit Restrooms: Both restrooms in the main housing unit have two sinks with mirrors, two toilet stalls with half doors, and two individual shower stalls with curtains.

Similar to the male building, there is a private single-use bathroom in the intake area available for transgender or intersex clients upon request.

This setup ensures that residents have privacy during showering and changing, while also allowing staff appropriate visibility to maintain safety and security.

During the onsite visit, the auditor interviewed sixteen residents regarding search procedures and cross-gender knock and announce practices. Residents reported receiving only pat and enhanced pat searches, conducted by staff members of the same gender. Male residents noted that male staff typically conduct all searches, although female staff occasionally use a handheld wand for screening but do not conduct pat searches. Female residents confirmed that only female staff have

conducted any type of search for them. No residents reported experiencing a strip search or body cavity search. All residents confirmed that staff consistently announce themselves before entering dorm and bathroom areas, respecting resident privacy.

The agency has implemented a policy to ensure the appropriate housing, search procedures, and showering arrangements for any transgender or intersex resident. Transgender or intersex residents would be offered private shower times, and facility leadership would consult with them before deciding which gender of staff would conduct searches and urinalysis screenings (UDS). The policy strictly prohibits staff from physically examining a transgender or intersex resident solely to determine genital status.

The auditor discussed this process with the PREA Coordinator, Program Coordinator, and Program Manager. The PREA Coordinator explained that the agency convenes a Transgender Review Committee before the placement of a transgender resident to determine the most suitable Oriana House facility for the resident's safety, security, and overall well-being. This committee also considers options for private shower times, dorm and bed placement, and assigns an appropriate case manager to meet the resident's needs.

The facility has housed a transgender resident in the past; however, it has not housed one within the past twelve months.

Review:

Policy 1080

Policy 8089

Facility tour

Interview of residents

Interview of staff

Interview of PREA Coordinator

Interview of Program Administrator

Interview of Lead Resident Supervisor

Training curriculum

Training acknowledgements

Cross-gender viewing log

**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. This plan specifies that, during intake, each resident is asked about their preferred communication method and if they have any language barriers, literacy challenges, or sensory impairments. If a barrier is identified, assistance is provided at no cost to the resident, either by a staff member or another qualified individual. The plan outlines available supports, including closed-captioned videos (in both English and Spanish), auxiliary aids for residents who are deaf/hard of hearing or blind/visually impaired, and interpreter services. Additionally, staff are required to read the agency's "Guide for Client Sexual Abuse and Sexual Harassment Prevention" to each resident during intake to ensure understanding.

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.

Staff are trained on how to help residents with disabilities and/or who primarily speak another language. Staff are informed that the facility can access translation services for most world languages, and that contact information for translation services can be located in the Staff Guide at the main post desk. Until professional services can be obtained, staff are allowed to use a client to provide interpretation, if available, or to use simple language, avoid jargon, and allow the resident to express themselves as best as they can. The Staff Guide also contains the contact information for interpreter services for residents who are deaf.

The facility has a portable tablet allowing deaf residents to make phone calls to non-deaf people. If a resident has their own personal Video Remote Interpreting device prior to entering the facility, the resident would be allowed to use their personal device for the purpose of accessing VRI.

The Program Administrator conducts an orientation group at both the male and female buildings. The PREA orientation education includes:

- Review of zero tolerance policy
- Review of sexual abuse and sexual harassment definitions
- Review of ways to report
- Review how to access confidential supportive services
- Review good faith vs bad faith allegations
- Review disciplinary sanctions for false reports
- Watch PREA videos
- Watch search and security video

The Program Administrator reports that all videos related to providing residents with appropriate information related to pat searches, how to report PREA allegations, access to community providers, shower curtain/ toilet stalls, definitions, good faith/ bad faith reporting, ways to report (verbal, anonymous, third-party), and the inability to consent to a relationship with a staff member are available with closed captions and in Spanish. She would work one-on-one with any resident that had a

	<p>cognitive disability to ensure that the understood all the ways the facility has to protect them from sexual abuse and sexual harassment.</p> <p>The staff state the facility has not had a resident who needed a translator or an auxiliary aid in order to benefit from the program. The staff report that they have not had a resident that is limited English proficient, or was in need of auxiliary aids.</p> <p>The auditor interviewed any resident that identified as having a reading or cognitive disability, physical disability, or limited English proficient. 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.</p> <p>Review:</p> <p>Policy 8004</p> <p>Policy 1080</p> <p>PREA staff guide</p> <p>PREA Plan to Assist Residents with Disabilities</p> <p>Resident intake materials</p> <p>Interviewed target residents</p> <p>Interviewed Program Administrator</p> <p>Interviewed PREA Coordinator</p> <p>Interviewed RS staff</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>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 treats 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</p>

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.

Policy 3003 states that any employee who is interested in a posted position, should submit a letter of interest to the contact person on or before the deadline date. The interviewer will review personnel files for all internal candidates. The interviewer must also contact the candidates' supervisor in order to obtain a supervisory recommendation for an interview. Candidates may not be selected for an interview due to unacceptable personnel file review, poor supervisory recommendation, etc.). An employee who is promoted will be promoted on the basis of merit, specified qualification, suitability for the position, and need of the agency. The interviewer must ask candidates question related to the agency's Client Sexual Abuse and Sexual Harassment Prevention policy. Candidates who have engaged in sexual abuse, have been convicted of sexual abuse, or have been civilly or administratively adjudicated to have engaged in the activity described in PREA standard 115.217 are not eligible for hire or promotion at the agency.

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 3003

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><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The VP of Correctional Programs Northeast and Southern Region reports that the facility has not acquired any new facility nor is it planning any substantial expansion or modification to the current facility. He states that the facility plans on upgrading the flooring in both buildings. This will mean that the residents will need to consolidate while the work is being completed. Have reports that residents that are currently in assigned PREA beds will have their housing addressed to ensure that the residents are safe.</p> <p>The facility has not made any changes to its technology monitoring. The VP reports that the facility has made a request to place cameras in the dorms. Should the facility be granted this request, the facility will implement a bathroom dress policy.</p> <p>Review:</p> <p>Interview with VP of Correctional Programs Northeast and Southern Region</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency has a policy that requires all allegations of sexual abuse and sexual harassment, regardless of how it was reported, to be administratively and/or criminally investigated. All administrative investigations will be investigated by a specialized trained investigator. All allegations that appear to be criminal will be referred to the Seneca County Sheriff's Office, who have the legal authority to conduct such investigations. The facility has an MOU with this office. The MOU states that the Seneca County Sheriff's Office agrees to:</p> <ul style="list-style-type: none"> <li>• Investigate all criminal allegations of PREA with a uniform evidence protocol adapted from the 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 will have specialized training in conducting investigations in confinement settings</li> <li>• Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available</li> </ul>

electronic monitoring data; interview victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving suspected perpetrators

- Investigations will be documented in a written report that contains a thorough description of physical testimonial and documentary evidence with attached copies of all documentary evidence where feasible
- Substantiated allegations of conduct that appears to be criminal will be referred for criminal prosecution

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

Residents that are in need of a forensic medical examination will be taken to Blanchard Valley Health System in Finley, Ohio. The Emergency Room Head Nurse reports that residents that are brought into the hospital will receive a medical and forensic exam free of charge. She states that a SANE nurse will expedite to a private room and will receive a medical examination to rule out any acute injury, before a forensic exam by a SANE will be performed. The hospital website provides this overview of the examination process:

- The SANE will provide an overview of the sexual assault kit and obtain written consent to proceed with the forensic examination. A narrative history of the assault will be obtained. After the history has been collected, a thorough physical assessment will be performed with swabs to collect DNA. Forensic photography may also be taken. The exam is comprehensive, lasting three to four hours. After the assessment has been completed, the SANE will offer medications that are recommended and encouraged for prophylaxis of STDs, HIV, and pregnancy. Follow-up care and a safety plan will be individualized for each victim upon discharge.

A rape crisis counselor or advocate will also be called to provide emotional support and assist in guiding the victim through the legal process.

The facility has a MOU with Cocoon Incorporated. The MOU states that the center will agree to:

- Accompanying and supporting the victim through the forensic examination process
- Accompanying and supporting the victim through the investigatory interview
- Provide emotional and crisis support
- Provide information on community resources
- Provide psycho-educational support groups as needed
- Provide follow-up (legal advocacy and face-to-face crisis intervention services)
- Provide flyers and brochures with organization contact information

	<p>The facility provided the auditor with documentation of a MOU with Cocoon for rape crisis, victim advocacy, and emotional support services. Services in the MOU include a toll-free hotline number, emergency room advocates, emotional support, crisis intervention, community resource referrals, and assistance during law enforcement interviews and/or court proceedings.</p> <p>The facility has two trained Victim Support Person staff members. The auditor was able to interview the VSP staff during the onsite visit. The VSP staff state that they received training from the Ohio Department of Rehabilitation and Correction. They report that they can immediately assist the resident upon request until an advocate from the rape crisis center can be on scene. They can also provide ongoing support to the resident if necessary. The VSP staff report providing services to victims during the past twelve months.</p> <p>Review:</p> <p>Policy 1080</p> <p>MOU with Seneca County Sheriff's Office</p> <p>MOU with Cocoon (SAAFE Center)</p> <p>Interview with Administrative Investigators</p> <p>Interview with PREA Coordinator</p> <p>Interview with Victim Support Person staff</p> <p>Victim Support Person training certificates</p> <p>Phone interview with Emergency Room Head Nurse</p> <p>Blanchard Valley Health System website</p> <p>Phone interview with Cocoon (SAAFE Center)</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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.</p> <p>The auditor reviewed the agency's website ([<a href="http://www.orianahouse.org/accreditations/prea/prea.php">www.orianahouse.org/accreditations/prea/prea.php</a>])(<a href="http://www.orianahouse.org/accreditations/prea/prea.php">http://www.orianahouse.org/accreditations/prea/prea.php</a>) to confirm that the investigative policy for PREA allegations was posted. The website states</p>

that all allegations of sexual abuse will be referred to the local legal authority for criminal investigation. It also specifies that all allegations—whether criminal or non-criminal—will undergo an administrative investigation conducted by a trained investigator. Administrative investigations of sexual abuse allegations will occur following the conclusion of any criminal investigation. Additionally, the criminal investigatory agency will refer cases to the local prosecutor for prosecution as appropriate, based on their agency's policy.

The facility has had six allegations during the past twelve months. The auditor reviewed the allegations with the administrative investigators.

Investigation #1: The facility received an allegation that a staff member made inappropriate comments to a resident in the bathroom after entering without giving a cross-gender announcement. The allegation was reported to Internal Affairs for an administrative investigation. The investigator was unable to corroborate the victim's statements, and discovered that the alleged victim did not provide credible statements. The allegation was determined to be unsubstantiated.

Investigation #2: Resident report to staff that another resident propositioned him sexually and later looked over the bathroom stall. The resident also reported that, during a separate incident, tried to touch the alleged victim while using the bathroom. The victim requested a victim advocate and wanted to report the incident for a criminal investigation. The Seneca County Sheriff's Office came to the facility and took a report, and referred the report to the prosecutor's office. The prosecutor's office state that there was insufficient evidence to bring a case against the alleged abuser. The residents were separated and placed on increased whereabouts. The alleged abuser was later terminated from the program due to another allegation.

Investigation #3: The facility received a third party report that a staff member was having an inappropriate relationship with a resident. The allegation was referred to Internal Affairs for an administrative investigation. The investigation uncovered some boundary issues, but nothing that was considered sexual abuse, sexual harassment, or staff sexual misconduct. The allegation was determined to be unsubstantiated. The staff member received additional training.

Investigation #4: A staff member reported some suspicion of a staff member having an inappropriate relationship with a resident. The allegation was referred to Internal Affairs for an administrative investigation. The investigator could not corroborate any sexual abuse, sexual harassment, or staff sexual misconduct; however, did find staff violated agency boundary policies. The staff member resigned from the facility. The allegation was determined to be unsubstantiated.

Investigation #5: The facility received a third party resident report of a staff member sending sexual pictures to a resident. The facility also received a report from an outside third person concerning this staff member having an inappropriate relationship. The staff member was terminated for refusing to cooperate during the investigation. The administrative investigator did not find sexual harassment, sexual abuse, or staff sexual misconduct; however, found that the staff member



	<p>violated agency boundary policies.</p> <p>Investigation #6: The facility obtained information in a resident's phone that indicated that the resident was having an inappropriate relationship with a staff member. The allegation was referred to Internal Affairs for an administrative investigation. The investigation did not uncover any sexual harassment, sexual abuse, or staff sexual misconduct; however, the staff member was terminated for violated agency boundary policies.</p> <p>Review:</p> <p>Policy 1080</p> <p>Agency website</p> <p>Investigation reports</p> <p>Interview with administrative investigators</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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.</p> <p>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.</p> <p>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.</p> <p>In addition to the required training dictated by the standard, the facility also provides training on the following related topics:</p>

- Policy and procedure
- Code of Ethics
- Client 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 training during monthly staff meetings. Every month, each facility conducts a training on a PREA subject directed by the agency.

- Common reactions of sexual abuse and sexual harassment victims (male and female)
- Client Privacy
- Completing an Incident Report
- Encouraging Residents to Report
- Client Support Services
- Effects of Abuse
- Professional Communication and Boundaries
- First Responder Duties
- Investigations
- Ways Residents can Report
- Monitoring for Safety and Security
- Helping Clients Who Primarily Speak Another Language
- Reporting Knowledge, Suspicion, and Information
- PREA Basics

The auditor interviewed programming and security staff, all of whom confirmed they received onboarding training that included PREA. Staff explained that they initially travel to the agency's administrative office in Akron, Ohio, to complete paperwork and undergo preliminary training with Human Resources. Following this, they attend Academy Training conducted via Zoom, with instruction from various subject-matter experts. The final week of Academy Training is a self-paced online program featuring videos developed by the agency on topics such as reporting obligations, first responder duties, LGBTI communication, searches, trauma-informed care, detecting and responding to suspected abuse or harassment, retaliation, and identifying red flags.

Staff reported that these trainings are reinforced on-site through On-The-Job Training (OJT) and monthly PREA refresher sessions. If they need further guidance on addressing allegations or incidents of sexual abuse or harassment, they can refer to a "PREA Book" available at the main post. Staff also noted that both the Program Administrator and Lead Resident Supervisor maintain an open-door policy, allowing them to bring up any concerns or questions at any time.

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 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

The Human Resource Director outlined the agency’s comprehensive training practices, noting that all staff receive cross-training on PREA gender-specific topics, as staff may work with both male and female residents across various Oriana House-operated facilities. Additionally, the agency offers gender-specific training on PREA-related topics to address unique needs and responsibilities. Each facility also provides training tailored to building-specific PREA issues, which may cover topics such as working with transgender residents, conducting PREA assessment interviews, the coordinated response plan, and first responder duties. This ensures that staff are well-prepared to address the particular needs and protocols of each facility.

The auditor was provided training sign-in sheets to verify training - onboarding and monthly refresher.

Review:

Policy 1080

PREA training PowerPoint

Training records

Refresher training material

Interview with Human Resource Director

Interview with Program Administrator

Interview with staff

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

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 explained the agency's tiered training system for contractors and volunteers, which determines the level of PREA training required based on their role and access level.

- Level One- individuals receive a three-hour training on the agency's policies for preventing, detecting, responding to, and reporting sexual abuse and harassment.
- Level Two- individuals participate in a thirty-minute training, which includes a fifteen-minute instructional video and fifteen minutes of facilitated instruction.
- Level Three- individuals are required to read and sign a PREA acknowledgment form, which outlines the agency's zero-tolerance policy and includes an agreement to adhere to these rules.
- Level Four- individuals are escorted by staff throughout the facility and do not receive formal training.

The auditor, assigned a level three status, read and signed the PREA acknowledgment form daily during the onsite visit, acknowledging the agency's zero-tolerance policy and commitment to PREA standards.

Documentation of completed training is forwarded to the Compliance/Accreditation Manager. Once recorded, individuals with a level one or two status receive a special name badge indicating that they have completed PREA training, allowing security staff to recognize that these individuals do not need to sign the PREA acknowledgment form daily. However, if a level one or two contractor or volunteers forgets their badge, they are required to read and sign the PREA acknowledgment form as a precaution.

The Program Administrator reports that the facility volunteers and contract staff include:

- Ministry volunteers
- Aspire
- Vending
- Aramark
- Summit Psychological Associates
- Seneca County Health District

The facility did not have a volunteer, contractor, or vendor on site during the onsite visit.

	<p>Review:</p> <p>Policy 1080</p> <p>PREA training PowerPoint</p> <p>Training records</p> <p>Visitor sign-in sheet acknowledgement form</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Administrator</p>
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<b>115.233</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>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.</p> <p>The auditor reviewed a copy of the intake packet provided to all residents, including transfers. This packet includes the program rules, which outline potential sanctions for violating the facility’s zero-tolerance policy, and is signed and dated by the resident to acknowledge understanding. Additionally, the packet contains a *Guide for Sexual Abuse and Sexual Harassment Prevention*, which provides information on reporting methods, contact details (phone numbers and addresses) for facility, local, and state reporting agencies, confidentiality limitations, and personal safety tips. This guide is also signed and dated by the resident.</p> <p>The intake packet further includes a form explaining the facility’s search policy and detailing the types of searches conducted. Residents acknowledge receipt and understanding by signing and dating this form as well, ensuring they are fully informed about facility policies and their rights from the outset.</p> <p>Resident education for PREA includes:</p> <ul style="list-style-type: none"> <li>• Review of zero tolerance policy</li> <li>• Review of sexual abuse and sexual harassment definitions</li> <li>• Review of ways to report</li> </ul>

- Review of access to confidential support services
- Review of good faith vs bad faith allegations
- Review disciplinary sanctions for false reporting
- Review of PREA video (produced by Oriana House)
- Review of search and security video

The auditor reviewed the materials provided to residents during intake, which are written at a 9th-grade reading level. To ensure comprehension, all residents are asked to read a passage as part of the intake process. If a resident is unable to read or fully comprehend the material, a staff member will read all intake information to them. This ensures that all residents, regardless of reading ability, receive and understand essential information about facility policies and procedures.

The Program Administrator conducts an orientation group at both the male and female buildings. The PREA orientation education includes:

- Review of zero tolerance policy
- Review of sexual abuse and sexual harassment definitions
- Review of ways to report
- Review how to access confidential supportive services
- Review good faith vs bad faith allegations
- Review disciplinary sanctions for false reports
- Watch PREA videos
- Watch search and security video

The Program Administrator reports that all videos related to providing residents with appropriate information related to pat searches, how to report PREA allegations, access to community providers, shower curtain/ toilet stalls, definitions, good faith/ bad faith reporting, ways to report (verbal, anonymous, third-party), and the inability to consent to a relationship with a staff member are available with closed captions and in Spanish. She would work one-on-one with any resident that had a cognitive disability to ensure that they understood all the ways the facility has to protect them from sexual abuse and sexual harassment. 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 facility has posters that provide information on ways to report sexual abuse and sexual harassment, along with contact information for internal and external reporting entities.

The auditor interviewed sixteen residents to assess their understanding of the PREA information provided during intake. Residents confirmed that they received information on reporting methods, free medical services, confidentiality, sanctions, and search procedures. Most residents noted that they were already familiar with PREA before arriving at the facility, and mentioned that posters throughout the facility provide reporting information if needed. They expressed that they feel the facility is safe and indicated they do not believe PREA-related incidents occur in

	<p>environments like CROSSWAEH.</p> <p>Review:</p> <p>Policy 1080</p> <p>Resident intake packet</p> <p>Resident handbook</p> <p>PREA posters</p> <p>PREA reporting phone numbers</p> <p>Resident files</p> <p>Interview with residents</p> <p>Interview with RS staff</p> <p>Interview with Program Administrator</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 1080 requires all administrative investigators to receive specialized training. The agency has three investigators as well as the PREA Coordinator. The PREA Coordinator and one investigator received in-person training from the Moss Group, while the other investigator received training from Bureau of Community Sanctions. The training from both agencies provided includes:</p> <ul style="list-style-type: none"> <li>• techniques for interviewing sexual abuse victims,</li> <li>• proper use of Miranda and Garity warnings,</li> <li>• evidence collection in a confinement setting,</li> <li>• required evidence to substantiate a case for administrative action or criminal referral.</li> </ul> <p>The agency retains completion of training certificates as proof of training. The investigators receive refresher training on specialized investigator training.</p> <p>The auditor was able to review the curriculum and training material provided by the Moss Group and the Ohio Bureau of Community Sanctions. The training was appropriate to the requirements of this standard.</p> <p>The auditor interviewed both administrative investigators and the PREA Coordinator. Each was able to discuss their training in detail, with the PREA Coordinator noting</p>

	<p>her role in delivering training—she holds a “train the trainer” certificate for administrative investigations and provides instruction to new investigators through the Ohio Bureau of Community Sanctions. One investigator, a former police officer, brings extensive experience in crime investigation. Another investigator is a long-time agency employee with experience across various facilities, while the third has completed the required training and has a solid understanding of their investigative role and responsibilities.</p> <p>The investigators demonstrated an understanding of Garrity warnings, though they acknowledged that, as a private non-profit organization, Garrity warnings do not apply in their context.</p> <p>The agency policy prohibits administrative investigators from conducting a criminal investigation. All criminal investigations will be conducted by the local legal authority.</p> <p>Review:</p> <p>Policy 1080</p> <p>Training curriculum and material</p> <p>Training certificates</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 1080 requires specialized training for medical and mental health care employees who work regularly in individual facilities are trained in specific areas related to their job duties specific to resident sexual abuse and sexual harassment. Depending upon their status with the agency, medical and mental health practitioners will also receive the same training that is mandated for employees or the same training that is mandated for independent contractors, vendors, inters, and volunteers. The agency will maintain documentation that the designated staff has received the specialized training.</p> <p>The facility has counselors and contract medical staff. The auditor interviewed the crisis counselor. She confirmed that the counselors received the facilities annual PREA training (monthly during staff meetings) as well as receiving specialized training for medical and mental health professionals. The auditor was also able take with a nurse who states that she has completed the PREA Medical and Mental Health training.</p>



	<p>The specialized training, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, was developed by the National Institute of Corrections.</p> <p>All resident medical care is taken care of in the community including sexual assault examinations. Medical staff in the facility manage client care until the clients are allowed community access.</p> <p>The agency provided the auditor with training certificates for the medical and mental health practitioners.</p> <p>Review:</p> <p>Policy 1080</p> <p>Training certification</p> <p>Interview with nurse</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 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:</p> <ul style="list-style-type: none"> <li>• a. Whether the resident has a mental, physical, or developmental disability</li> <li>• b. The age of the resident</li> <li>• c. The physical build of the resident</li> <li>• d. Whether the resident has a prior conviction for sex offenses against an adult or child</li> <li>• e. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, gender non-conforming, or intersex</li> <li>• f. Whether resident has previously experienced sexual victimization</li> <li>• g. The residents own perception of vulnerability</li> <li>• h. Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse</li> </ul>

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 provided with the screening instrument used by the agency to assess a resident's risk for victimization or to be abusive. The form includes all required elements and a scoring system that dictates a resident's classification as:

- Highly Susceptible for victimization
- Susceptible for victimization
- Not Susceptible for victimization
- Highly Abusive
- Abusive
- Not Abusive
- Susceptibility: This classification assesses the client’s risk of sexual victimization. This includes: age, build, disability or limitation, identifies or is perceived as LGBTQI, history of sexual victimization, prior sex offense conviction, client’s perception of vulnerability to sexual victimization, and/or nonviolent criminal history.
- Abusiveness: This classification assesses the client’s risk of being sexually abusive. This includes: committed prior acts of sexual abuse, prior conviction for a violent offense, and/or has a history of prior institutional violence and/or committing sexual abuse in a prison, jail, or community confinement setting.

Resident Supervisor (RS) staff are responsible for conducting the initial PREA risk screening during intake. They reported receiving training during onboarding, which includes instruction on how to conduct the screening effectively. RS staff stated that they read the screening questions aloud to each resident and, if a resident does not understand a term or question, they simplify the language or provide examples for clarity. They may also ask follow-up questions based on the resident's responses. Importantly, RS staff clarified that residents are not disciplined for refusing to answer any questions.

Once a resident’s classification is determined, they are assigned a bed accordingly. While the details of the risk report are shared only on a need-to-know basis, the classification level—particularly for residents identified as Highly Susceptible or Highly Abusive—is provided to staff to ensure appropriate monitoring.

The resident's case manager is responsible for conducting the 30-day reassessment, as well as any reassessment following a PREA allegation or the receipt of new, relevant information impacting the resident’s risk classification. Case managers review the initial assessment and verify alignment with information from the referring agency. They are trained to perform these assessments, and the Clinical Coordinator conducts quality assurance checks on both initial assessments and reassessments to maintain consistency and accuracy.

The Clinical Coordinator reports to the auditor that she is responsible for conducting

quality assurance on all clinical staff. She observes individual sessions and group sessions; reviews documentation for quality and accuracy; and makes referrals to mental health for residents. She also serves as the Victim Support Person.

The facility has a database system that tracks PREA risk screenings. The information in the database includes:

- Resident's name
- Transfer or new intake
- If transferred, the initial facility
- Intake date
- Intake screening date
- Classification results
- Staff that completed the risk assessment
- Reassessment due date
- Reassessment completed date
- Reassessment classification
- Staff that completed reassessment

Residents interviewed recalled undergoing an assessment during intake, noting that RS staff explained the assessment process. Many residents, especially those with prior incarceration experience, were already familiar with the assessment procedure. Residents who had been at the facility for more than 30 days were also asked about the reassessment process. Some remembered a second assessment, while others could not recall, though they all expressed feeling safe at the facility.

The Program Administrator explained that these assessments are conducted within the ORION resident database system, where the information is protected. While staff are informed of the resident's classification, they do not have access to the specific details that contributed to the assessment score, ensuring privacy while maintaining essential security measures.

Review:

Policy 1080

Intake Risk Screen

Placement Review Screen

Incident Screen

Interview with case manager

Interview with Resident Supervisor staff

Interview with Program Administrator

Interview with Clinical Coordinator

ORION database system

<b>115.242</b>	<b>Use of screening information</b>
	<p data-bbox="280 181 978 215"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 259 563 293"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1453 741">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.</p> <p data-bbox="280 786 1465 1021">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 Administrator or the Lead Resident Supervisor can remove a resident from the increased whereabouts checks.</p> <p data-bbox="280 1066 1465 1301">During the onsite visit, the auditor reviewed the whereabouts check sheet, which included verification of increased checks for residents with specific PREA statuses. The auditor also observed the designated PREA rooms and beds. The Lead Resident Supervisor explained that after completing the initial risk assessment, he assigns the resident to a dorm and/or bed based on the assessment results, ensuring appropriate placement for safety and monitoring.</p> <p data-bbox="280 1346 1473 1626">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 case manager will then make the appropriate referral to an outside professional to address and correct the underlying reasons and motivations for susceptibility or abusiveness.</p> <p data-bbox="280 1671 1465 1995">The auditor interviewed two case managers during the onsite visit. The case managers report that they are required to meet with any resident that scores as Highly susceptible or Highly abusive weekly. They state that the meeting does not need to be long, but enough of a check in to ensure the resident does not have any concerns for their safety. The staff report that the information is used to develop a resident's individual program plan. The residents are able to attend group programming to address issues and/or individual counseling sessions. The group or individual counseling will be completed in the community.</p> <p data-bbox="280 2029 1465 2063">Agency policy 8091 states the facility will make reasonable efforts to provide for the</p>

safety of residents identified as transgender or intersex. The agency will decide placement and programming assignments on a case-by-case basis to ensure the resident's health and safety, taking into consideration the resident's own views with respect to his or her own safety that is consistent with the agency's mission and security guidelines. The resident's views will not be the sole determining factor, but will be given serious consideration. Once placed, the Transgender Review Committee will determine the appropriate procedures for pat down searches, urine drug screens, and shower accommodations.

The agency has developed a comprehensive plan to ensure the safety of transgender and intersex residents within Oriana House facilities. This plan involves an initial review by key personnel, including the PREA Coordinator, PREA Administrator, admissions personnel, and a crisis counselor, to address specific concerns associated with the placement of a transgender resident. Once an appropriate facility is identified, the intake department informs supervisory staff at the proposed facility to prepare for the resident's arrival.

To ensure that placement decisions are individualized and case-specific, the facility considers the transgender resident's expressed concerns regarding safety, housing placement, programming, preferred name and pronouns, shower preferences, and search procedures. This approach supports a respectful, safe, and responsive environment for transgender residents based on their individual needs and preferences.

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 in regards to you 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 explained that, once a transgender assessment is completed, the results are forwarded to the review committee. While the resident's preferences are seriously considered, they are not the sole factor in placement decisions; safety, security, and facility staffing are also carefully weighed. After a review and

	<p>placement decision, staff are notified and prepared to ensure the resident's safe management.</p> <p>The Program Administrator noted that the facility has not housed a transgender resident during this audit cycle. Additionally, the facility does not have a dedicated unit for residents who identify as LGBTI. Instead, LGBTI residents are placed in safe and appropriate dorms or beds with clear lines of sight for staff. All residents identified as higher-risk, including LGBTI individuals, receive increased whereabouts checks.</p> <p>The auditor interviewed residents who identified as gay or bisexual, all of whom reported no experiences of discrimination. They also did not feel that their housing assignment was influenced by their sexual orientation. These residents expressed feeling safe within the facility and indicated that they could directly approach the Program Administrator if they ever felt threatened, sexually or otherwise.</p> <p>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.</p> <p>Review:</p> <p>Policy 1080</p> <p>Policy 8091</p> <p>Facility tour</p> <p>Risk Screens</p> <p>Web search</p> <p>Interview with residents</p> <p>Interview with Clinical Coordinator</p> <p>Interview with case manager</p> <p>Interview with Program Coordinator</p> <p>Interview with Program Administrator</p> <p>Interview with RS staff</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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

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

Residents are able to report allegations directly to any staff member, contractor, volunteer, or to/on behalf of a third party. The phones are equipped to record all calls except those that are blocked due to reporting requirements. Residents are reminded during intake, orientation, and during case manager meetings that all reports will be taken seriously and investigated.

The auditor utilized the phone in the male dayroom to contact various reporting options, including the in-house reporting system, an external agency hotline, and a local rape crisis center. The agency hotline is answered by an answering machine that informs callers of the facility's duty to investigate all allegations and assures them that reporting incidents will not result in retaliation. Callers are encouraged to leave detailed information but can choose to remain anonymous. The auditor left a message and received a call back from an agency administrative investigator with a few hours of the call.

Similarly, the outside reporting agency's hotline, managed by the Ohio Bureau of Community Sanctions, is also answered by a machine that requests detailed incident information while allowing for anonymity. The auditor received a prompt return call from the Assistant Bureau Chief, on the same day the call was made.

For the rape crisis hotline, the auditor was presented with selectable options for different types of support. Choosing to speak with an office worker, the auditor inquired about the services available to residents, their cost, the confidentiality of shared information, and any mandated reporting obligations. This thorough approach ensures residents have access to necessary support and that reporting mechanisms are responsive and clear.

During intake, residents receive a handbook that details the agency's strategies for preventing, detecting, reporting, and responding to allegations of sexual abuse and harassment. This handbook includes clear definitions of sexual abuse, sexual harassment, and retaliation, along with reporting options and contact information

for both in-house and external reporting agencies.

Additionally, the handbook explains the investigative process and outlines various services available to victims at no cost. The information in the handbook is reinforced during orientation groups and in individual meetings with the residents' case managers.

As part of the orientation, residents watch three PREA videos produced by Oriana House. These videos provide education on the definitions of sexual abuse and harassment, the concepts of good faith and bad faith reporting, and the different ways residents can report incidents—whether verbally, anonymously, or through a third party. This comprehensive approach ensures that residents are well-informed about their rights and the resources available to them.

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. Resident can also send mail to reporting agencies.

The auditor conducted interviews with a total of sixteen residents, focusing on their understanding of reporting mechanisms, including private and anonymous options. The residents successfully identified multiple ways to report incidents and expressed confidence in at least one staff member they felt comfortable approaching regarding PREA-related issues. Overall, the residents conveyed a belief that staff would respond appropriately to any allegations made. This feedback indicates a positive awareness of reporting processes and trust in staff support within the facility.

The facility had six allegations during the past twelve months. Four allegations were reported by residents to staff. All allegations that were reported were forwarded to the agency investigators.

All interviewed staff members were asked about their reporting obligations regarding allegations or suspicions of sexual abuse or harassment. They reported that during onboarding training, they receive written instructions detailing their responsibilities for reporting. The auditor was provided with the relevant form, which outlines these reporting duties and the option for confidential reporting.

Staff emphasized that the Program Administrator has fostered an environment in which both staff and residents feel comfortable coming forward to report allegations. This supportive atmosphere is crucial for encouraging transparency and ensuring that concerns are addressed appropriately.

The facility provides staff with training on how to report PREA. Staff are informed that they can report privately by:

- Telling your immediate supervisor
- Telling the Facility Manager or Administrator
- Filling out the PREA reporting form



	<ul style="list-style-type: none"> <li>• Calling the PREA hotline</li> <li>• Emailing the incident details to the designated reporting group based on the facility's region</li> </ul> <p>Review:</p> <p>Policy 1080</p> <p>Client Sexual Abuse and Sexual Harassment Reporting Form</p> <p>Resident handbook</p> <p>PREA information sheet</p> <p>Staff training curriculum</p> <p>PREA posters</p> <p>Agency website</p> <p>Reporting hotline numbers</p> <p>Interview with Administrative investigators</p> <p>Interview with staff Interview with residents</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Administrator</p> <p>Interview with external reporting agencies</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator informed the auditor that the agency does not have specific administrative procedures for handling resident grievances related to sexual abuse. However, there is a comprehensive policy (Policy 1080: Resident Sexual Abuse and Sexual Harassment Prevention) that outlines the agency’s compliance with PREA standards. According to the Coordinator, any grievance filed by a resident alleging sexual abuse or harassment will be investigated in accordance with this policy.</p> <p>During orientation, residents receive information about the reporting and investigation procedures, including a review of the grievance process and the types of offenses that can be grieved. This ensures that residents are aware of their rights and the appropriate channels for reporting concerns.</p>

	<p>Review:</p> <p>Interview with PREA Coordinator</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>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.</p> <p>The facility has prominently displayed posters in both English and Spanish throughout the building, providing the contact information for local victim advocates and emotional support services. Additionally, the resident handbook includes a comprehensive list of addresses and phone numbers for local, state, and national victim advocacy agencies.</p> <p>CROSSWAEH has established a Memorandum of Understanding (MOU) with the Cocoon Rape Crisis Center in Bowling Green, Ohio. This MOU grants the facility permission to share Cocoon’s toll-free hotline number and address with clients. In return, Cocoon agrees to provide emotional support and crisis services to these clients. The auditor received a copy of the MOU for review, which confirms the collaboration between CROSSWAEH and the crisis center to ensure residents have access to vital support services. The MOU states that Cocoon Rape Crisis Center has agreed to the following:</p> <ul style="list-style-type: none"> <li>• Accompanying and supporting the victim through the forensic examination process</li> <li>• Accompanying and supporting the victim through investigatory interview at the hospital</li> <li>• Provide emotional and crisis support</li> <li>• Provide information on community resources</li> <li>• Provide follow-up (legal advocacy and face to face crisis intervention services)</li> <li>• Provided posters with organization contact information (address and telephone number)</li> <li>• Provide a telephone number that any client can anonymously call to report</li> </ul>

sexual abuse

- Provide an address that any client can anonymously send a letter to report sexual abuse

During the tour portion of the onsite visit, the auditor used a phone in the housing unit. When first picking up the phone, the message prompts for language selection. After the language selection, the next option is for PREA. Once a resident selects the PREA option, the message then has the following prompts:

- Option #2 = Oriana House reporting
- Option #3 = ODRC reporting
- Option #4 = Rape Crisis
- Option #6 = SARNCO Rape Crisis
- Option #7 = Sexual Support Hotline

The call to the rape crisis hotline has selectable options for what type of support the caller needs, the auditor selected an office worker in order to discuss the services provided to the residents, if the services are free of charge, confidentiality of the information, and any mandated reporting responsibilities.

Policy 1080 mandates that residents be informed prior to accessing communication about how such communications may be monitored and the extent to which reports of abuse will be forwarded to authorities under mandatory reporting laws. Residents are made aware that they have the right to privacy when reporting sexual abuse to outside agencies; however, due to state and federal laws, the agency may be obligated to report allegations.

This information is included in the resident handbook, which states:

- Residents have the right to privacy when making reports of sexual abuse to outside agencies. Telephone calls will remain private and not be monitored. While there are rules protecting resident privacy, federal, state, and local laws require certain reports to be made. The facility will maintain confidentiality to the extent possible, but may have to disclose information as required by law.

Residents reported to the auditor that their case managers explain the limits of confidentiality and mandatory reporting laws during their initial meetings. Case managers confirmed that in Role Clarification meetings, they inform residents that all information related to sexual abuse and harassment will be immediately reported and that outside agencies also have their own mandatory reporting obligations. This clear communication helps ensure residents understand their rights and the reporting process.

Review:

Policy 1080

	<p>PREA Postings</p> <p>MOU with Cocoon Rape Crisis Center</p> <p>Resident Handbook</p> <p>Interview Rape Crisis Center Interview with case managers</p> <p>Interview with residents</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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>It appears the facility is taking steps to provide accessible reporting mechanisms for residents and third parties, meeting key PREA (Prison Rape Elimination Act) standards. Here's a summary of the actions observed:</p> <ol style="list-style-type: none"> <li>1. <b>Internal and External Hotline Accessibility:</b> Both the agency's and the outside reporting agency's hotlines are available for reporting incidents, with the option for callers to remain anonymous. An answering machine message reassures callers of non-retaliation policies and the facility's responsibility to investigate all reports.</li> <li>2. <b>Timely Response:</b> The auditor's call to the agency hotline was followed up by an agency investigator on the same day, which indicates a prompt response protocol.</li> <li>3. <b>Third-Party Reporting Information:</b> Notices regarding third-party reporting options are prominently displayed, including the hotline numbers and an email address, making it accessible for visitors to report sexual abuse or harassment on behalf of a resident.</li> </ol> <p>These measures collectively demonstrate compliance with PREA standards, fostering a transparent and supportive environment for reporting. Any additional comments or observations on response effectiveness, such as caller wait times or ease of use, could further clarify the system's efficacy.</p> <p>The facility received one third-party report during this audit cycle. The report was from an outside party on behalf of a resident that was in fear of imminent abuse.</p>

	<p>The allegation was immediately reported to 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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Oriana House policy1080 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 Client 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.</p> <p>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.</p> <p>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.</p> <p>The PREA Coordinator reviewed the process with the auditor. According to the Coordinator, the staff are to:</p> <ul style="list-style-type: none"> <li>• Immediately email the Client Sexual Abuse Response Team</li> <li>• Report any sexual abuse allegation between staff and a federal resident to the Federal Bureau of Prison’s Residential Reentry Manager</li> <li>• Documenting the allegation, including verbal reports to management staff</li> </ul>

- 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.

Staff are also required to sign and date an acknowledgement of receiving the following information:

- Client confidentiality
- Code of ethics
- Employee discipline
- Clients rights and grievance procedure
- Ethics and accountability
- PREA annual acknowledgement

The agency uses a web-based resident database system that restricts access to resident information and PREA allegations based on assigned user rights. Staff are required to submit incident details to a regional reporting email, limiting access to only administrators included in the email chain.

- During interviews, the auditor questioned staff on agency reporting policies, the code of ethics, and maintaining boundaries. Staff confirmed that they are trained to report any information regarding incidents or reports of sexual abuse or harassment immediately to their supervisor, document the details on a "Client Sexual Abuse/Harassment Reporting Form", and email the form to administrative investigators. The facility provides training on multiple reporting options for staff, including:

Notifying their immediate supervisor,

- Reporting to the Facility Manager or Administrator,
- Completing the PREA reporting form,
- Calling the PREA hotline, and
- Emailing incident details to the designated reporting group based on the facility's region.

Staff also receive training on recognizing "red flags" and maintaining professional boundaries. During the interviews, staff provided examples of how they maintain boundaries and respond appropriately when residents attempt to become overly familiar. Onboarding training emphasizes how to identify behaviors that require attention, both in terms of personal conduct and observing potential issues among

	<p>coworkers. All interviewed staff confirmed they would immediately report any suspicion, report, or allegation to their supervisor.</p> <p>The auditor spoke to a staff member who discussed her experience with reporting a staff member based on her suspicions. She states that her training allowed her to recognize the “red flags”, and that it was not her responsibility to investigate her suspicions: only to report it.</p> <p>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).</p> <p>Review:</p> <p>Policy 1080</p> <p>Policy 1005</p> <p>Employee files</p> <p>Resident files</p> <p>PREA staff guide book</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 facility. The agency can also move an alleged staff abuser to another facility or place on administrative leave during an investigation.</p> <p>The facility received one report from a third party that a resident at the facility felt “unsafe” and at risk for imminent sexual abuse by another resident. The residents were immediately separated to ensure that they did share the same dorm or bathroom. The residents were also placed on increased whereabouts checks. After the allegation was administratively investigated, the residents remained separated and on increased whereabouts checks.</p>

	<p>The Program Administrator and Program Manager both state that the facility has several options for ensuring the safety of residents. They report that anytime an allegation is brought forward, the team will talk with the alleged victim to address any concerns for safety. The facility has the ability to allow a resident to sleep in view of staff, move dorms, and ultimately to another Oriana House facility if necessary. They emphasized that any resident reporting feelings of threat, bullying, or victimization would be placed on increased watch and separated from the alleged abuser to prevent further risk and ensure the resident's well-being.</p> <p>Review:</p> <p>Policy 1080</p> <p>Investigation reports</p> <p>Third-party report</p> <p>Interview with administrative investigators</p> <p>Interview with Program Manager</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Agency policy 1080 states that upon receiving an allegation that a resident was sexually abused while confined at another confinement facility, the Program Director/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>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>One allegation that was reported to the facility was required to be reported to another confinement facility. The Program Administrator provided an email report to the sheriff at the Huron County Jail concerning the allegation. The email reported the alleged abuse, along with contact information should the facility need to contact the resident.</p> <p>The Program Administrator reports that the facility did not receive any allegations from other confinement facilities. Any allegation reported to the facility from another confinement facility or if a resident makes a report for another confinement</p>



	<p>facility is required to be reported to the PREA Coordinator.</p> <p>Review:</p> <p>Policy 1080</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Administrator</p> <p>Email to Huron County Jail</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Oriana House policy 1080 outlines first responder duties for any allegation of sexual abuse. The policy instructs first responders to:</p> <ul style="list-style-type: none"> <li>• Separate the alleged victim and abuser</li> <li>• 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</li> <li>• 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.</li> <li>• 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</li> <li>• Staff shall not collect evidence or disturb the crime scene as much as possible</li> </ul> <p>In addition, the required first responder steps mandated by this standard, the policy also requires first responders to:</p> <ul style="list-style-type: none"> <li>• Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director.</li> <li>• Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via</li> </ul>

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 (Rape Crisis Center of Medina and Summit Counties). 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 any report of sexual abuse or sexual harassment, the facility will ensure that the alleged abuser and victim separate. The victim will be placed on increased whereabouts, and any other precaution required would be implemented. The facility has not had to use the first responder steps beyond separating and increased whereabouts.

Review:

Policy 1080

First Responder Duties SOP

Interview with staff

Investigation report

PREA book

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 181 976 215"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 259 561 293"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1166 371">Policy 1080 list the coordinated response plan as the following:</p> <ul data-bbox="352 439 1474 1099" style="list-style-type: none"> <li data-bbox="352 439 1474 551">• Staff shall immediately notify, by telephone, Management staff following the internal chain of command and shall notify by telephone the Clinical Director.</li> <li data-bbox="352 562 1474 674">• Management staff will contact appropriate law enforcement and notify the Client Sexual Abuse Response Team appropriate to the designated region via email.</li> <li data-bbox="352 685 1474 887">• 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</li> <li data-bbox="352 898 1474 1099">• Residents who request to talk with a counselor immediately will be referred to emergency mental health services (Rape Crisis Center of Medina and Summit Counties). 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.</li> </ul> <p data-bbox="280 1133 1449 1256">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.</p> <p data-bbox="280 1290 1262 1323">The Coordinated Response to an Incident of Client Sexual Abuse Plan:</p> <ul data-bbox="352 1391 1461 1760" style="list-style-type: none"> <li data-bbox="352 1391 778 1424">• Enact first-responder duties</li> <li data-bbox="352 1435 1075 1469">• Management staff shall contact law enforcement</li> <li data-bbox="352 1480 1461 1592">• 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</li> <li data-bbox="352 1603 1433 1671">• Offer to contact rape crisis services, at 330-434-7273, for victim advocate services</li> <li data-bbox="352 1682 948 1715">• Document incident as a violation report</li> <li data-bbox="352 1727 943 1760">• Follow all directives of law enforcement</li> </ul> <p data-bbox="280 1805 1394 1883">The auditor was given a copy of the coordinated response plan and viewed the posted plan during the onsite visit.</p> <p data-bbox="280 1917 392 1951">Review:</p> <p data-bbox="280 1984 443 2018">Policy 1080</p>

	<p>PREA Book</p> <p>Coordinated Response to an Incident of Client Sexual Abuse</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>N/A: The 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>Employee files</p> <p>Interview with Human Resources Director</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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, housing unit 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>The report will encompass regular status checks, a review of resident disciplinary records, housing changes, program modifications, and any negative performance evaluations or staff reassignments. It will be disseminated to relevant facility and administrative team members. Residents under 90-day retaliation monitoring will also be added to the facility's “whereabout” checklist for more frequent checks.</p> <p>The facility employs a comprehensive strategy for monitoring retaliation. The Program Administrator oversees official monitoring and status checks, completing a</p>

	<p>PREA Compliance Manager Activity Report. This report captures details from meetings with staff or residents, documenting any instances of retaliation, the need for emotional support services, and relevant disciplinary records, housing changes, or negative performance evaluations. The Program Administrator receives the necessary form from the PREA Coordinator, conducts meetings privately, and forwards the findings to the designated regional client sexual abuse email.</p> <p>Security staff will monitor residents for retaliation through more frequent “whereabout” checks. The Lead Resident Supervisor has stated that security staff will not be privy to specific investigation details or confidential information. Instead, they will be informed that the resident is on the increased monitoring checklist, which prompts them to be more vigilant about that resident and their interactions with others.</p> <p>Any issues or concerns regarding the resident will be documented by the staff and reported to the Program Administrator. This approach aims to ensure a heightened level of awareness and responsiveness to potential retaliation while maintaining the confidentiality of the ongoing investigation.</p> <p>This structured approach ensures accountability and support for those potentially affected by retaliation within the facility.</p> <p>The Clinical Coordinator also serves as the Victim Support Person and states that she can provide emotional support to any resident or staff that has reported an allegation or cooperated in an investigation.</p> <p>The facility provided the auditor with documentation of retaliation monitoring for the allegations that were reported at the facility. The documentation is for weekly check ins and reports statements of retaliation and/or needs for additional services.</p> <p>Review:</p> <p>Policy 1080</p> <p>Whereabout checklist</p> <p>Interview with Program Administrator</p> <p>Interview with Clinical Coordinator</p> <p>Retaliation monitoring form</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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 Akron City Police 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.

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:

- Name of all victims, witnesses, and abusers
- Names of staff working during incident
- Date, time, and location of incident
- Type of incident
- How the incident was reported
- Description of incident
- Medical and/or counseling treatment (SANE services/Rape crisis)
- Statements from all available sources
- Separation from abuser
- Increased supervision
- Transfer to another facility
- LGBTI status
- Gang affiliation
- PREA Screening Status
- Law enforcement referral
- 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, including the PREA Coordinator and the Vice President of Administration and Legal Counsel, who have also completed administrative investigator training. The training, conducted by the Moss Group, covered essential topics such as techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and the criteria and evidence required to substantiate cases for administrative action or referral for prosecution.

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 six allegations the facility has had during this audit cycle (see standard 115.222).

The process of investigation, referral, and outcome determination was explained to the auditor. The PREA Coordinator stated that the agency prohibits administrative investigators from requiring polygraph examinations or other truth-telling devices during an investigation, and does not allow them to conduct any criminal investigations. All criminal investigations are handled by the local legal authority, with administrative investigators staying in contact with criminal investigators to remain updated on the investigation's progress. Both the PREA Coordinator and agency policy specify that the departure of the alleged abuser or victim from employment or the facility's control does not provide grounds to terminate an investigation.

Investigators noted that they do not question a suspected abuser during an active criminal investigation. The administrative investigation only begins after the criminal investigation concludes or if permission is granted by the legal authority. Investigators also reported their responsibility to maintain and secure investigation reports for at least five years after the alleged abuser's departure from the facility—whether due to incarceration or, in the case of staff abusers, employment termination.

Review:

Policy 1080

Investigation Report

Interview with PREA Coordinator

Interview with Administrative Investigators

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<p><b>Auditor Discussion</b></p> <p>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>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>The auditor reviewed the investigation reports from the past audit cycle to verify the standard of proof used. The allegations were determined with that standard.</p> <p>Review:</p> <p>Policy 1080</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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 style="list-style-type: none"> <li>• The employee is no longer working at the resident's assigned facility</li> <li>• The employee is no longer employed by the agency</li> <li>• The agency learns the employee has been convicted on a charge related to sexual abuse within the agency</li> <li>• The agency learns the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• The agency learns that the alleged resident abuser has been convicted on a charge related to sexual abuse in the facility</li> </ul> <p>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</p>



	<p>determination.</p> <p>The facility had six allegations during the past twelve months. The victim was notified in each case when they were still at the facility. The facility documents notification on the administrative investigation form.</p> <p>The PREA Coordinator tracks all investigations to ensure each requirement of the PREA standards have been completed after the report of an allegation. The checklist includes:</p> <ul style="list-style-type: none"> <li>• Date allegation was received</li> <li>• Allegation type</li> <li>• Confirmation of first responder duties</li> <li>• Type of investigation initiated</li> <li>• Victim support person notified</li> <li>• Notification to Ohio Department of Rehabilitation and Correction</li> <li>• Completion of rescreening</li> <li>• Investigation completed</li> <li>• Victim Notification Sent</li> <li>• Incident Review Completed/date</li> <li>• 90-day Retaliation Monitoring</li> </ul> <p>The PREA Coordinator documents when the notification was given to the resident or if the notification could not be delivered due to the victim no long residing in the facility.</p> <p>Review:</p> <p>Policy 1080</p> <p>PREA Sexual Abuse Victimization Notification report</p> <p>PREA Coordinator checklist</p> <p>Interview with administrative investigators</p> <p>Interview with PREA Coordinator</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>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.</p>

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's progressive disciplinary plan, outlined in the employee handbook, specifies that any staff member found to have engaged in sexual abuse will be terminated. Additionally, if a staff member resigns or would have otherwise been terminated for violations related to Client Sexual Abuse and Sexual Harassment Prevention, this will be reported to law enforcement and relevant licensing bodies. The handbook also states that employees who are aware of resident victimization and fail to report it will face termination.

The auditor interviewed the Human Resource Director, who confirmed that it is standard practice to place any staff member on administrative leave during an investigation. The HR Director emphasized that the agency enforces its zero-tolerance policies strictly, terminating employees found in violation of PREA policy or who, despite an unsubstantiated allegation, have committed major violations of boundaries or integrity.

All employees are required to sign an acknowledgment of receiving the employee handbook and the agency's zero-tolerance policy. For disciplined employees, the Notice of Employee Disciplinary Action form is completed, documenting the disciplinary charge, appeal information, and sanction. None of the disciplinary records reviewed were related to PREA. When asked about disciplinary actions that do not meet the strict definition of sexual abuse or harassment, the HR Director stated that the agency will terminate any employee with significant boundary issues with residents. She also clarified that employees still in the orientation phase cannot appeal disciplinary sanctions.

During the onsite visit, all interviewed staff reported that termination is the presumptive disciplinary action for any staff member, contractor, or volunteer who violates the agency's zero-tolerance policy. Newer staff members noted that during new hire orientation, the PREA administrative investigator provides training on boundaries, recognizing red flags, and understanding that residents do not have the capacity to consent. Staff are informed that, in addition to termination, violations may also lead to criminal charges and potential loss of licensure, reinforcing the serious consequences of violating PREA standards.

The facility had six allegations reported during the past twelve months, five

	<p>involving staff members. All allegations were determined to be unsubstantiated; however, staff who were deemed to have violated policy in other ways were disciplined according to agency guidelines. Two staff members were terminated for boundary violations.</p> <p>A summary of the allegation can be found in standard 115.222.</p> <p>Review:</p> <p>Policy 1080</p> <p>Policy 3037</p> <p>Employee handbook</p> <p>Investigation reports</p> <p>Interview with Human Resource Director</p> <p>Interview with staff</p> <p>Interview with administrative investigators</p> <p>Termination notices</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 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>The agency ensures that interns, contractors, and vendors are informed of the agency's zero tolerance policy. The notification states that the contracting agency agrees to comply with the PREA standards and that if at any time the facility becomes aware that the intern, contractor, or vendor is no longer in compliance with any part of the PREA standards, the facility reserves the right to deny admittance into its facility. The notification goes on to say that the agency has the right to terminate the agreement.</p> <p>During the onsite visit, the auditor reviewed all allegations reported within the past audit cycle. There have been no allegations against a contractor or volunteer.</p>

	<p>Review:</p> <p>Policy 1080</p> <p>Investigation reports</p> <p>Interview with Human Resource Director</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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.</p> <p>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.</p> <p>The policy 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.</p> <p>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 Client 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.</p> <p>The PREA information sheet given to residents during orientation group. The sheet gives the residents a clear understanding of what is a good faith report of sexual abuse or sexual harassment versus a bad faith or false/misleading report. The sheet states that residents can be charged with a level three sanctions for falsification.</p> <p>The auditor was able to review signed and dated acknowledgements of receiving a</p>

	<p>handbook and PREA education.</p> <p>The facility had one resident-resident allegation in the past twelve months. The allegation was investigated and determined to be unsubstantiated. The residents were separated, but no one received any disciplinary action. At a later date, the alleged abuser received another allegation and was terminated from the facility.</p> <p>The facility did not have an incident of non-consensual resident-to-staff sexual harassment or abuse.</p> <p>Residents interviewed confirmed that they received a handbook at intake, which informed them of the potential sanctions related to sexual abuse and sexual harassment, including termination for substantiated allegations. They were able to describe the education they received during the orientation group led by the Program Administrator, which covered program rules and disciplinary procedures. This orientation provided residents with a clear understanding of the facility's zero-tolerance policy and the serious consequences of engaging in sexual misconduct.</p> <p>Review:</p> <p>Policy            1080</p> <p>Resident handbook</p> <p>PREA information sheet</p> <p>Interview with residents</p> <p>Investigation reports</p> <p>Interview with administrative investigators</p> <p>Interview with Program Administrator</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>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.</p> <p>The PREA Coordinator reports that residents who experience sexual victimization would be offered services provided by the agency's Victim Support Person. The VSP would be available for immediate support or to complete weekly status checks. The</p>

agency would refer sexual abuse victims to community rape crisis counseling or other appropriate community resources.

The Victim Support Person staff report that they would meet with the resident regularly and perform status checks. While meeting with the resident the VSP would collect the following information:

- Support Services Offered/Provided:
  - Local Rape Crisis Center Support
  - Accompany and support through the forensic medical examination
  - Accompany and support through the investigatory interviews
  - Emotional support services
  - Crisis intervention
  - Information
  - Referrals
  - Client declined victim support services
  - Client declined mental health services
- Victim Support Person Comments
- Weekly Observation Reports (12 weeks)
- Retaliation Monitoring (90 days)

Residents that are in need of a forensic medical examination will be taken to Blanchard Valley Health System in Finley, Ohio. The SANE will provide an overview of the sexual assault kit and obtain written consent to proceed with the forensic examination. A narrative history of the assault will be obtained. After the history has been collected, a thorough physical assessment will be performed with swabs to collect DNA. Forensic photography may also be taken. The exam is comprehensive, lasting three to four hours. After the assessment has been completed, the SANE will offer medications that are recommended and encouraged for prophylaxis of STDs, HIV, and pregnancy. Follow-up care and a safety plan will be individualized for each victim upon discharge.

The facility provided the auditor with documentation of a MOU with Cocoon for rape crisis, victim advocacy, and emotional support services. Services in the MOU include a toll-free hotline number, emergency room advocates, emotional support, crisis intervention, community resource referrals, and assistance during law enforcement interviews and/or court proceedings.

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

	<p>medical and mental health care at no cost to the resident</p> <ul style="list-style-type: none"> <li>• Once staff become aware of an incident involving the sexual abuse of a resident, they will follow the initial staff first responder duties</li> <li>• The alleged victim will be afforded unimpeded and timely access to emergency medical and/or mental health services</li> <li>• 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</li> <li>• 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</li> <li>• Ongoing medical and/or mental health services that are related to incidents of sexual abuse, will be provided to the resident at no cost</li> </ul> <p>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.</p> <p>The PREA Coordinator reports that all residents are offered appropriate services related to their specific allegation. The facility had one allegation where the resident requested VSP services and eventually was removed from the facility in order to address a more severe adverse reaction to the incident.</p> <p>Policy 1080</p> <p>Medical Response Plan</p> <p>Victim Support Person Activity Report</p> <p>Interview with PREA Coordinator</p> <p>Interview with Victim Support Persons</p> <p>VSP report</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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.

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.

During mandatory PREA training, staff are informed of the agency's PREA Medical Response Plan. The auditor reviewed the plan, which specifies that staff must ensure unimpeded access to both emergency and ongoing medical and mental health care for residents. The PREA Coordinator confirmed that any ongoing medical or mental health care provided to residents is determined by the medical provider and is offered at no cost to the resident. The facility is responsible for an annual review of the Medical Response Plan to verify that service provider information is up-to-date and that the range of services remains available. Details of the plan can be found in standard 115.282.

The policy also includes provisions for pregnancy-related medical services in cases of sexual abuse resulting in pregnancy. In such cases, the resident would receive timely, comprehensive information and access to all lawful pregnancy-related medical services.

The auditor spoke to the Crisis Counselor. She states she will provide services for any resident that has experienced past sexual violence. She also states that residents have access to community counselors and treatment groups. She reports that while residents have reported previous incidents of sexual, they have the option of receiving or refusing to address the previous trauma. The facility had one resident who reported an allegation at the facility that triggered an intense adverse response due to a previous assault while in prison. The resident was transferred to a medical facility in order to address those issues.

The Program Director reports to the auditor that the facility has not housed a resident that is a known resident-to-resident abuser. 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.

Review:

Policy 1080

Medical Response Plan

Interview with PREA Coordinator

Interview with Program Director

Interview with Victim Support Person staff

VSP report



<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 181 978 215"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 259 563 293"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1442 577">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.</p> <p data-bbox="280 618 1398 689">According to agency policy and as well as the PREA Coordinator, the team shall consider the following when reviewing the allegation and investigation:</p> <ul data-bbox="352 763 1461 1211" style="list-style-type: none"> <li>• Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse</li> <li>• Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility</li> <li>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse</li> <li>• Assess the adequacy of staffing levels</li> <li>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff</li> </ul> <p data-bbox="280 1252 1466 1619">The team is responsible for preparing a report of its findings and any recommendations for improvement, then submitting the final report to the Vice President of Administration and Legal Counsel. This Vice President will distribute the report to the Executive Team. The Executive Team, with input from the PREA Coordinator, will review the recommendations and determine which will be implemented or document the reasons for not implementing certain recommendations. The regional Vice President of Corrections is tasked with distributing the report to facility management and overseeing the implementation of all approved recommendations.</p> <p data-bbox="280 1659 1449 1771">The facility had five allegations that required a SART review during the past twelve months. All five allegations were determined to be unsubstantiated. The committee consist of:</p> <ul data-bbox="352 1845 1198 2040" style="list-style-type: none"> <li>• VP of Correctional Programs Northeast and Southern Ohio</li> <li>• PREA Coordinator</li> <li>• Administrative Investigators</li> <li>• Human Resource Director</li> <li>• VP of Behavior Health</li> </ul>

- Compliance and Accreditation Manager
- Admissions Director
- Program Administrator
- Assistant to the VPs

The facility provided the auditor with the SART committee's reports. The Client Sexual Abuse Review form documents a summary of the allegation/investigation, the members of the committee, standard considerations, committee recommendations, executive staff review recommendations, approval of recommendations, reasons why recommendations are not approved, responsible staff for recommendations implementation, PREA Coordinator follow up on recommendations.

The committee made several recommendations based on the investigation findings. These recommendations included refresher training, camera placement when funding allows, and building reassignments for staff.

The auditor interviewed members of the Sexual Assault Response Team (SART) and the Executive Committee. Team members reported that their primary goal is to review any contributing factors that may have led to incidents of abuse, with the objective of implementing procedures to prevent future occurrences. The Program Administrator is tasked with implementing any recommendations, while the PREA Coordinator conducts follow-up to ensure these recommendations are fully implemented. The Executive Committee plays a critical role in removing any barriers that might prevent the recommendations from being put into practice.

Review:

Policy 1080

Client Sexual Abuse/Harassment Reviews

Investigation reports

Interview with PREA Coordinator

Interview with VP of Administration and Legal Counsel

Interview with VP of Corrections Northeast and Southern Ohio

Interview with Program Administrator

Interview with Program Manager

Interview with Human Resources Director

Interview with Administrative Investigators

**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 has a tracking system for each facility as it 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.

The information on the form is aggregated and listed in the agency’s annual PREA report. The report is posted on the agency’s website, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.orianahouse.org/assets/cms/l2xdt0lxpjhb/77E1sq76vgkNC136bwruX/f6138cc6111580aa505ccb7ff9af1c30/2022\_Annual\_Report.pdf.

For the 2022/2023 calendar years, the facility had the following outcomes:

<b>Category of Abuse- 2022</b>	<b>Unfounded</b>	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Total</b>
Resident-Resident Sexual Abuse	0	0	0	0
Staff-Resident Sexual Abuse	0	0	0	0
Volunteer/ Contractor-Resident Sexual Abuse	0	0	0	0
<b>Category of Abuse- 2023</b>	<b>Unfounded</b>	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Total</b>
Resident-Resident Sexual Abuse	0	0	1	1
Staff-Resident Sexual Abuse	0	0	5	5
Volunteer/ Contractor-Resident Sexual Abuse	0	0	0	0

Oriana House Agency aggregated total for 2022:

<b>Allegation Category- 2022</b>	Unfounded	Substantiated	Unsubstantiated
Resident-Resident Sexual Abuse	9	3	14
Staff-Resident Sexual Abuse	5	3	11
Volunteer/Contractor-Resident Sexual Abuse	0	0	0

The auditor accessed the agency's website and reviewed the 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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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 style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Taking corrective action on an ongoing basis</li> <li>• Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole</li> </ul> <p>The 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</p>

year's reports. The report states that the agency has:

- Twenty-five reported incidents of sexual abuse during calendar year 2022
- Twenty-one male victims and four female victims
- Average age is 32 years old
- Nine victims were Persons of Color while fifteen were white
- Training is mandated for all staff with refresher training provided monthly
- Updated memos are sent to facility managers to assist with training staff and handling PREA allegations
- Executive staff ensure policies and procedures are regularly reviewed and updated
- All PREA incidents are reviewed by a multi-disciplinary committee
- Recommendations are reviewed for feasibility and applied to minimize risk
- Residents are provided extensive PREA education and materials upon admission
- The following preventative measures were implemented:
  - Re-evaluated camera angles and made adjustments to ensure better coverage of identified blind spots
  - Review the quality assurance process for camera reviews and the policy for these reviews
  - Enhance documentation requirements for whereabouts and circulations
  - Review and update the agency's visual search process
  - Review screening process to ensure overrides are necessary when additional factors are considered
  - Update and re-assign gender-specific PREA training-Women in Corrections

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.

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:

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/  
[https://www.orianahouse.org/assets/cms/l2xdt0lxpjhb/77E1lsq76vgkNC136bwrux/f6138cc6111580aa505ccb7ff9af1c30/2022\\_Annual\\_Report.pdf](https://www.orianahouse.org/assets/cms/l2xdt0lxpjhb/77E1lsq76vgkNC136bwrux/f6138cc6111580aa505ccb7ff9af1c30/2022_Annual_Report.pdf).

Review:

Policy 1080

Agency website

Annual report

Interview with PREA Coordinator

<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 (2022) 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><b>RECOMMENDATION:</b></p> <p>The auditor made note that the report for calendar year 2023 needs to be posted.</p> <p>Review:</p> <p>Policy 1080</p> <p>Oriana House website</p> <p>PREA annual reports 2014-2022</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>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.</p> <p>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>The auditor was granted full access to the facility during the onsite visit, with agency administration and facility management escorting the auditor and opening all doors as needed. The tour included all interior and perimeter areas, allowing the auditor to observe housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administrative areas. During the walkthrough, the auditor had informal interactions with both staff and residents, observing staff-resident interactions firsthand.</p> <p>Prior to the visit, the auditor received documentation on the agency and facility through the PREA OAS web-based audit system, and additional requested documentation was provided onsite. The auditor also reviewed electronic documentation, including camera footage and the ORION resident database system.</p> <p>Appropriate audit notices were posted in conspicuous areas throughout the facility, including locations frequented by residents, staff, and visitors. The notices contained the auditor’s mailing and email addresses. Additionally, the PREA Coordinator emailed photos of the posted notices to the auditor. During the onsite visit, a resident requested to speak with the auditor, and their concerns were discussed with the PREA Coordinator and facility management.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has published on its agency website, <a href="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>

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



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

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

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

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

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



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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

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

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

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

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

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



	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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	na

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes



	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

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



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

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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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



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

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